

2015-2016 Stamford - School Based Health Centers, Mental Health Services (Grades 6-12)

Stamford High School, Westhill High School, Dolan Middle School, Cloonan Middle School,
Rippowam Middle School/Academy of Information Technology and Engineering High School

Quality of Life Result: All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed.

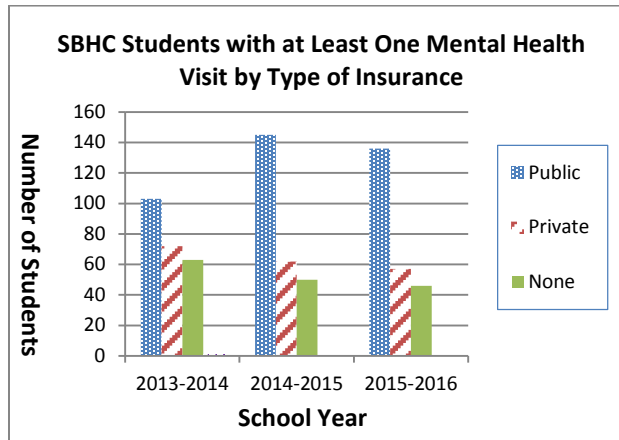
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Program Funding
Actual SFY 16	\$852,795*	\$0	0	\$395,389**	\$156,009	\$1,404,193*
Estimated SFY 17	\$792,289*	\$0	0	\$395,389**	\$160,000	\$1,347,678*

Partners: Parents, Students, CASBHC, DPH, DSS, DMHAS, The CT Chapter of the AAP, School Based Health Alliance, KIDS' FAN Program, Stamford Board of Education, Child Guidance of Southern Connecticut Emergency Mobile Psychiatric Services, Family Centers SBHC Advisory Board, Young Parents Program, Nurturing Families Network, Connecticut Oral Health Initiative, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

In 2015-2016, the total student population for the 5 Stamford schools was 6,334, and the total enrolled in the SBHCs was 3,207 (51%). The number of students served with a mental health visit was 239 (7.5% of enrolled). While the number of students who utilized the center for mental health visits decreased this year from 257 in 2014-2015 to 239, the average number of visits increased – from 8.5 and 7.4 sessions per student to 10.2 sessions per student in 2015-2016. What does that mean? For mental health it could be a reflection of the increasing complexity of the students we are working with that requires more

time. It is also a reflection of an increasing success rate in student's engagement in therapy.

Of the 239 students who had a mental health visit in 2015-2016, 136 (57%) had public insurance, 57 (24%) had private insurance, and 46 (19%) had no insurance. When a student/family is found to be uninsured, they are referred to our Certified Insurance Enroller who helps eligible families enroll in public and private insurance for which they qualify.

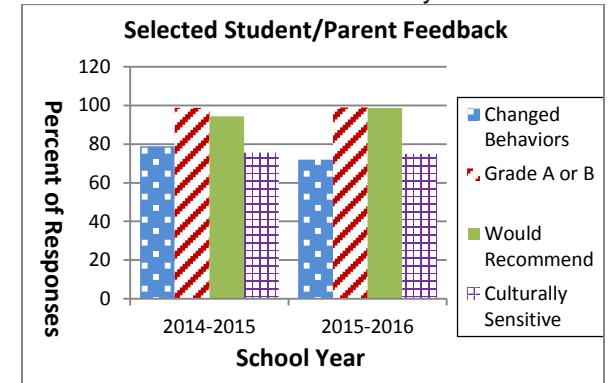
Marketing efforts were increased this past school year in addition to an increased number of health education events in schools with SBHC clinics leading to an overall increase in enrollment. Also, SBHC mental health clinicians and administrators were asked to sit on various mental health panels throughout the school year, leading to an increase in enrollment outreach and overall number of mental health visits over the prior year (3,207 vs.2,568). English and Spanish pamphlets with a focus on health literacy were sent home with every student. SBHC Staff also presented information about the SBHC to parents of all incoming students and at open houses for parents. SBHC staff visited every classroom in school to present information about the clinic and resources available. The SBHC staff has a great reputation for quality care, which helped to make the program very successful with the highest enrollment to date.

Student Population, Enrollment, Number of Mental Health Visits and Number Served in Stamford's SBHCs, 2015-2016				
SBHC/ Site	School Population	Enrolled	MH Visits	MH Served
Dolan/Toquam	501	248	321	38
Stamford HS	1,729	985	723	71
Rippowam/AITE	1,479	582	471	52
Westhill HS	2,090	1,079	481	47
Cloonan MS	535	313	412	31
TOTAL	6,334	3,207	2408	239

Trend: [▲]

How Well Did We Do?

Student/Parent Satisfaction Survey Results



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Story behind the baseline:

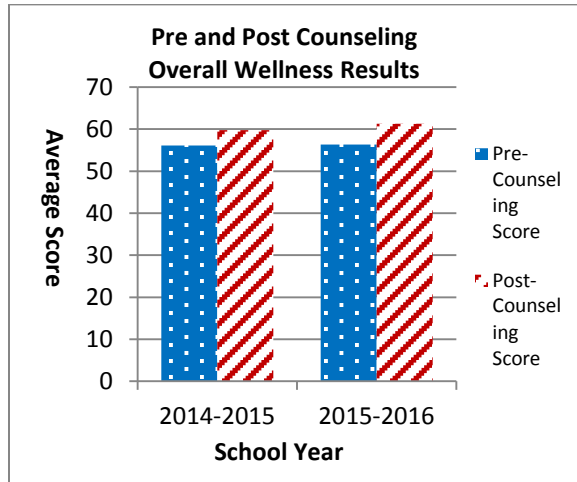
Each year, Family Centers SBHC administers a client survey to clinic users and their parents. The survey is used to measure satisfaction with services, utilization, referrals and perceptions of outcome. There were 213 surveys taken and completed anonymously. In 2015-2016, the demographics of the returned surveys mirror the demographic of clinic users, more females than males, more Hispanics (50%) than African Americans (23%) or Caucasian (54%). Of the respondents, 3% were parents.

In both school years, the clinics maintained a high rating among users. In 2015-2016, over 99% of respondents gave the SBHCs a grade of A or B, 72.08% changed their behaviors, 98.59% stated they would recommend the SBHC to their friends, and 75% said the SBHCs were culturally sensitive. The feedback indicates that school personnel are more involved in referrals than previously thought (we thought that friends provided more referrals than any other cohort). This helps inform our outreach strategies. While the cultural responsiveness could be higher, it is undoubtedly tied to language barriers. We make every effort to have at least one Spanish speaking staff at each site, but it is not always ideal having to translate. Our recruitment efforts emphasize the need for Spanish speaking professionals, but we have difficulty finding qualified candidates. Overall, Family Centers School Based Health Centers are doing an excellent job at meeting the needs of their student users.

Trend: [◀▶]

Is Anyone Better Off?

Pre and Post Counseling Wellness Scores



Story behind the baseline:

In 2015-2016, 239 students enrolled in the SBHC had at least one mental health visit during the school year. Of those that had at least one mental health visit, 210 students (88%) received a mental health assessment at intake to obtain a baseline level of functioning. Of the 210 that received a mental health assessment and problem severity score, 50 (24%) completed three months of regular therapy and were re-administered the mental health assessment to see if any changes in overall problem severity occurred.

In 2014-2015, before participation in therapy, the average problem severity pre-treatment scores was 56.15. It increased to 59.77 after treatment. In 2015-2016, the pre-counseling score was 56.39. It also increased to 61.28 showing greater improvement. During the two school years, an increasing number of students with more severe psychiatric and behavioral symptoms were seen in the health center than in prior years. This is also reflected in the number of students engaged in psychiatry at our clinics.

Trend: [▲]

Notes:

* Reflects funding provided to the SBHCs for Medical and Mental Health Services

**Grants were received from Stamford Public Schools, Inner City Foundation, Near and Far Aid, Hearst Foundation and proceeds from Family Centers annual fundraising event.

Proposed Actions to Turn the Curve:

How Much Did We Do:

- SBHC staff will conduct additional orientations to all students and will attend the first Parent Night meeting to share information about the SBHC with parents/guardians.
- SBHC information will also be included on the school website; in the school newsletter and on school bulletin boards; and through the school message blast system that reaches the households of students attending the school.

How Well Did We Do:

- Focus on cultural diversity training for staff,
- Make extra efforts to hire multi-cultural and bilingual staff when openings arise.

Is Anyone Better Off:

- SBHC staff will provide SBHC orientation sessions to all new and existing school personnel. Orientation will include information on the mental health services offered through the Center, the referral process and the importance of linkages with community service providers and other resources.
- SBHC will work collaboratively with school staff to identify students at risk and ensure a coordinated approach to addressing student/family need.
- SBHC staff will also establish and maintain collaborative relationships with new and existing community based providers to ensure continuity of care and access to needed resources.

Data Development Agenda:

1. Work with Netsmart (EHR Vendor)
 - To align EHR generated reports to meet DPH requirements
 - To streamline the process of exporting our data from EHR to DPH
 - Develop data pulls in EHR that provide results for outcomes in a dashboard presentation.
2. Survey school personnel separately next year.