# 2018-2019, Branford - School Based Health Centers, Mental Health Services (Grades Prek-12)

Mary T. Murphy, Walsh Intermediate, Branford 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.

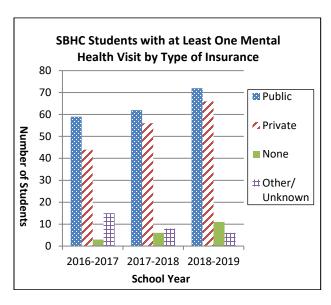
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 19	\$305,591*	\$0	\$0	\$2500	\$222,602	\$530,693
Estimated SFY 20	\$305,591*	\$0	\$0	\$0	\$225,000	\$530,591

Sponsoring Agency: Branford Board of Education

Partners: Parents, Students, CASBHC, DPH, Yale New Have Health, Yale Child Study Center, School Based Health Alliance, Board of Education, Branford Counseling Center, East Shore Health Department, Community Dining room, End Hunger, Chart wells, Soundview YMCA, Branford Parks and Recreation, Opioid Prevention and Education Network.

#### **How Much Did We Do?**

Access and Utilization



### Story behind the baseline:

During the 2018-2019 school year, the total student population for all 3 schools was 2,128. The total number enrolled in the SBHC was 2,013 (94.6%). The number of students served was 155 enrolled students out of 2,013 (7.7%) enrolled students. The average number of visits per student was 14 (2,189 visits for 155 students).

Of the 155 students utilizing the SBHC for mental health visits in 2018-2019, 72 (46%) had public insurance, 66 (43%) had private insurance, 11 (7%) had no insurance, and 6 (4%) had other/unknown insurance status. There was considerable effort made to acquire public insurance for students who qualified, who previously had a status of none in previous years. However, there was an influx of undocumented students or students without health insurance that entered the school district. There was also a huge push to obtain insurance information for those listed as other/unknown or none throughout the school year, which would account for the reduction in Other/Unknown over the past school year

There was an increase in the number of students served from 2016-2017 (121) to 2018-2019 (155), the SBHC with an increase from 5-7% of the total population being served by the SBHC mental health clinicians. Also, it should be noted that there is a decrease in the overall student population for the district. With that said, our SBHC enrollment has increased by 253 students since 2016

The SBHC Clinicians made a visit to every health class to inform the students about both the Mental Health and Medical services offered at the SBHC. The Murphy LCSW met with every educator and

every classroom to provide training in class on mindfulness. At Walsh, the LCSW met with all of the support staff and administrators to provide information about the SBHC and how to refer a student. She also provided support and input into the Climate Committee when this group viewed Resilience, as well as when putting together a program for next year regarding social and emotional development curriculum. At Branford High the LCSW was part of a panel during the viewing of ANGST where she discussed how to access services at the SBHC, as well as when there was a viewing of "Chasing the Dragon".

Students' Population, Enrollment, Mental Health Visits and Students Served at Branford's 3 Schools 2018-2019									
Schools	Population	Enrolled	MH Visits	MH Served					
Murphy	384	377	960	32					
Walsh	896	843	682	54					
Branford HS	848	793	547	69					
Total	2,128	2,013	2,189	155					

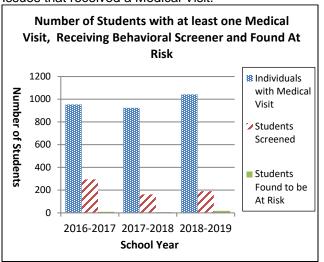
Trend: [▲]

**How Well Did We Do?** 

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



### Story behind the baseline:

In 2018-2019, 1043 were seen for a medical visit and a PHQ2 or the built in screener in the Electronic Health Record (EHR) system was conducted on 191 students. Of those screened, 17 (9%) were considered at risk (positive). Those that screened positive during the medical visit were then immediately referred to the SBHC LCSW for a follow up screener (if over the age of 12 the LCSW administered the PHQ9). In earlier years, only the students that received a physical were required to have a screener done. However, this year we moved (mid-year because of the National Quality Improvement project through the CT Association of School Based Health Centers) to screening every student over the age of 12, who has a medical visit, with an annual PHQ2. Walsh and Branford High are consistently utilizing the PHQ2 during all medical visits. Each student receives a PHQ2 assessment during at least an annual medical visit. Any student with a positive score is introduced to the SBHC LCSW who conducts a follow up visit and completes a PHQ9 during the assessment. Any student with

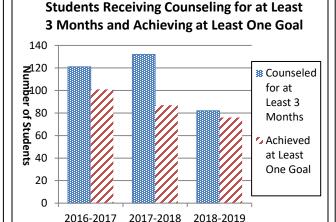
positive score resulting from the PHQ9 is offered mental health services. This significant change has allowed providers to assess and refer students for mental health services that would not have otherwise been assessed for services during a routine medical sick visit.

The percentage of students identified early for be at risk for depression using either the EHR screenings or the PHQ2 & PHQ9 increased from 3% in 2019 to 9% in 2018.

Trend: [▲]

## Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



## Story behind the baseline:

In the 2018-2019 school years, 155 students engaged in therapy. Out of 155 students 82 (53%) were counseled for 3 or more months. Of those 82 students, 76 (93%) achieved at least one therapeutic goal. There was an increase in students over the 3 school years, with 84% of students in 2016-2017 to 93% in 2018-2019 achieving at least one therapeutic goal. This year we saw a large increase in parent participation in treatment, as well as educators seeking out advise and support within the classroom and a real authentic desire to learn

School Year

how to support students in the classroom so they are successful.

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:

 Twice a year the SBHC staff will pull data on insurance status, compare insurance information to the Electronic Health Record and update. If information needs to be updated by a guardian, a letter will be mailed home with requested information updates.

#### How Well Did We Do:

 Students 12 and older will received an annual PHQ2 completed at a medical visit. Should students score positive on the PHQ2, they will be referred to the SBHC LCSW for a PHQ9 and should they score positive on the PHQ9, the student will be offered mental health services.

### Is Anyone Better Off:

 Staff will continue to support students with selfmanagement goal setting throughout the school year.

## **Data Development Agenda:**

- 1. Identify through the EHR all those screened using the PHQ2 during a medical visit.
- 2. Work with EHR to ensure all data can be easily exported to DPH. (Any updates made to the EHR should be written out here.)
- 3. Provide professional development regularly on billing and coding changes as well as provide the Administrative Associates with ACCESS training given directly by DPH. We will also be altering our encounter forms to address the documentation needs of our staff in ACCESS.