

2018-2019, New Haven School Based Health Centers, Mental Health Services (preK-6)

Lincoln-Bassett 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.

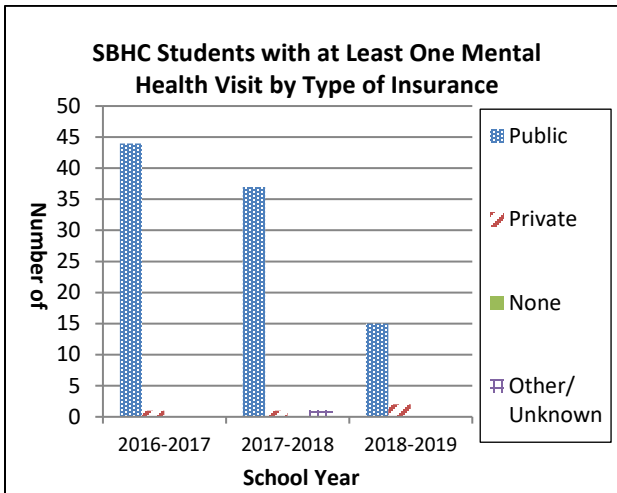
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 19	\$167,000*	\$0	\$1,000**	\$0	\$82,000	\$250,000
Estimated SFY 20	\$170,000*	\$0	\$1,000**	\$0	\$95,000	\$266,000

Sponsoring Agency: Cornell Scott-Hill Health Center

Partners: CASBHC, DPH, DSS, DMHAS, DCF, School Based Health Alliance, School Administrators and Faculty, Utopia Behavioral Health Partnership (BHP), Utopia Child and Family Services, Pulaski Emergency Mobile Psychiatric Services, Smiles Substance Abuse Council, Happy Community Health Center.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

During the 2018-2019 school year, the total student population in the school was 402. The total number enrolled in the SBHC was 357 (89%). The number of students served was 17 (5% of enrolled). The average number of visits per student was 5.7 (97 visits for 17 students).

Of the 17 students utilizing the SBHC for mental health visits in 2018-2019, 15 (88%) had public insurance, 2 (12%) had private insurance.

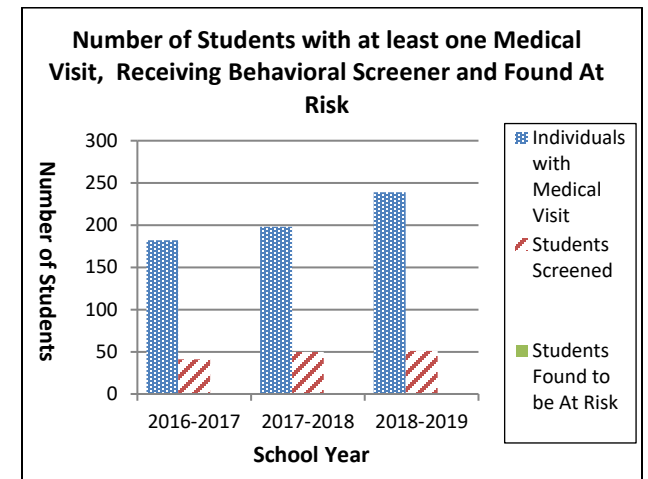
The decrease in the number of visits in 2018-2019 is accounted by the fact that after the previous mental health clinician left at the end of 2018, the new one was hired only in March on 2019.

Students' Population, Enrollment, Mental Health Visits and Students Served at Lincoln-Bassett School 2018-2019				
Schools	Population	Enrolled	MH Visits	MH Served
Lincoln-Bassett	402	357	97	17

Trend: [▼]

How Well Did We Do?

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



Story behind the baseline:

In 2018-2019, 51 (21%) of the 239 students that were seen by the medical clinic received a mental health screener. Of those screened, none was considered at risk (positive). In earlier years, only the students that received a physical were required to have a screener done. This resulted in only 8 (4%) screeners being completed out of the 182 students seen for a medical visit in 2016-2017.

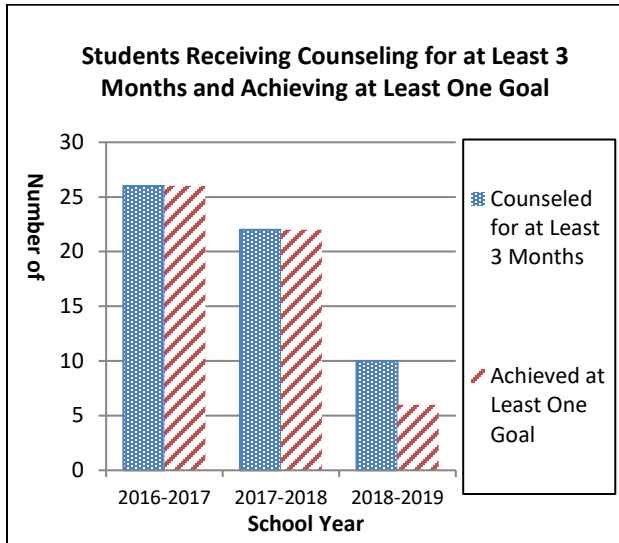
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Trend: [▲]

Is Anyone Better Off?

Students Receiving Counseling Meeting their Goals



Story behind the baseline:

In the 2018-2019 school year, 10 students participated in therapy for 3 or more months. Of those students, 6 (60%) achieved at least one goal.

The number seen for 3 months of counseling went from 22 to 10. The number of students achieving at least one goal also decreased in number and in percent. There was a vacancy in the mental health position and the new mental health position did not start until March, leaving only 4 months of school left and it was difficult to get in 3 months of counseling.

Trend: [▼]

Notes:

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

** Maternal and Child Block Grant Funds

Proposed Actions to Turn the Curve:

How Much Did We Do:

- Survey staff to assess their knowledge of what services are available for both Mental Health and Medical at the SBHC.
- Provide enrollment forms electronically on the district wide website.

How Well Did We Do:

- Provide professional development on how to complete a risk assessment.

Is Anyone Better Off:

- In the upcoming year, a survey and interview will be done on those students who did not attain their goal, and those that went elsewhere for counseling.
- LCSW's will encourage participants to develop self-management goals, both long and short term.

Data Development Agenda:

1. Document in HealthX (district HER) goals that students are trying to reach and progress.
2. Do pre- and post-test screeners on all students that receive counseling.
3. Work with EHR to ensure all data can be easily exported to DPH.