2014-2015, Meriden – School Based Health Centers, Mental Health/Dental Services (Grades PreK – 5th)

John Barry Elementary, Benjamin Franklin Elementary, Nathan Hale Elementary, Hanover Elementary,
Israel Putnam Elementary, Casimir Pulaski Elementary, Roger Sherman Elementary, Thomas Hooker Elementary

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 15	$ 142,521	$0	$0	$0	$ 1,210,062	$1,352,583
Estimated SFY 16	$142,521	$0	$0	$0	$ 1,210,062	$1,352,583

Sponsoring Agency: Community Health Center, Inc

Partners: Parents, Students, CASBHC, NASBHC, DPH, DCF, DSS, Board of Education, Meriden Health Department, School Administration and Faculty

How Much Did We Do?
Access and Utilization

SBHC Students with at Least One Mental Health Visit by Type of Insurance
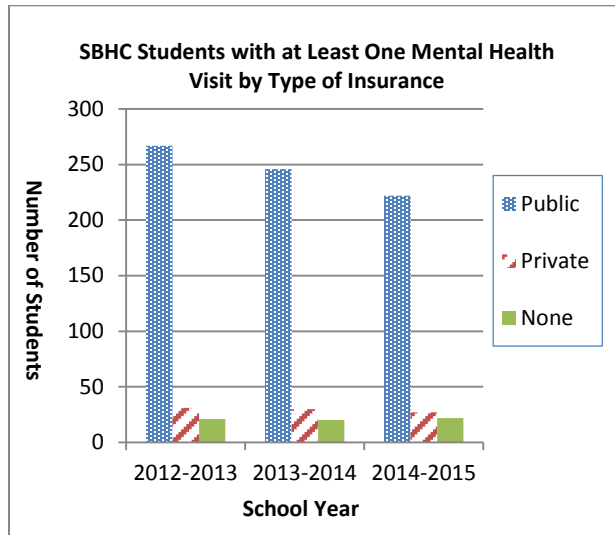
Story behind the baseline: In the 2012-2013 school year, 319 students were seen for mental health services at the seven Meriden Elementary Schools. Of the students utilizing mental health services, 84% (267) had public insurance, 10% (31) had private insurance, and 6% (21) were uninsured. In the 2013-2014 school year, 296 students were seen for mental health services. Of these, 83% (246) had public insurance, 10% (30) had private insurance, and 7% (20) were uninsured. In the 2014-2015 school year, 271 students were seen for a mental health visit. Of these, 82% (222) had public insurance, 10% (27) had private insurance, and 8% (22) were uninsured. These 271 students made 7,464 visits (27.5 visits per student) to the SBHCs. All uninsured students are referred to CHC's Access to Care department to assist in acquiring insurance.

Utilization of the SHBCs remained consistent over the 3 school years.

Student Population, Number of Mental Health Visits, and Number Serviced in Meriden Schools 2014-2015				
Schools	Population	Enrolled	MH Visits	MH Served
Barry	509	129	952	48
Franklin	414	195	1,261	37
Hale	612	193	854	34
Hanover	602	122	659	33
Pulaski	581	204	1,442	41
Putnam	611	185	795	42
Sherman	477	132	1,501	36
TOTAL	3,806	1,160	7,464	271

◄► **Flat/ No Trend**

How Well Did We Do?
Compliance with Family visits

Compliance with Family Visits Scheduled
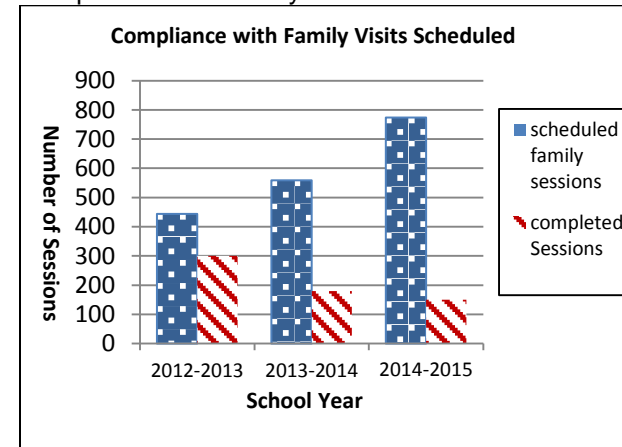
Story behind the baseline: The scheduled family sessions increased considerably during the three years beginning with 2012. In 2012-2013, there were 444 family sessions scheduled among the 7 elementary schools with 300 (68%) completed.

In 2013-2014, scheduled family visits increased to 559 family visits, but the number of completed family visits decreased to 180 (32%). In 2014-2015, scheduled family visits increased from 559 to 774. However, family visits conducted dropped from 180 family visits to a low of 150 (19%) family visits.

Trend: [▼]

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

2014-2015, Meriden – School Based Health Centers, Mental Health/Dental Services (Grades PreK – 5th)

John Barry Elementary, Benjamin Franklin Elementary, Nathan Hale Elementary, Hanover Elementary,
Israel Putnam Elementary, Casimir Pulaski Elementary, Roger Sherman Elementary, Thomas Hooker Elementary

Is Anyone Better Off?
Number of Dental Visits Completed and Number Of Sealants Performed During Dental Visits
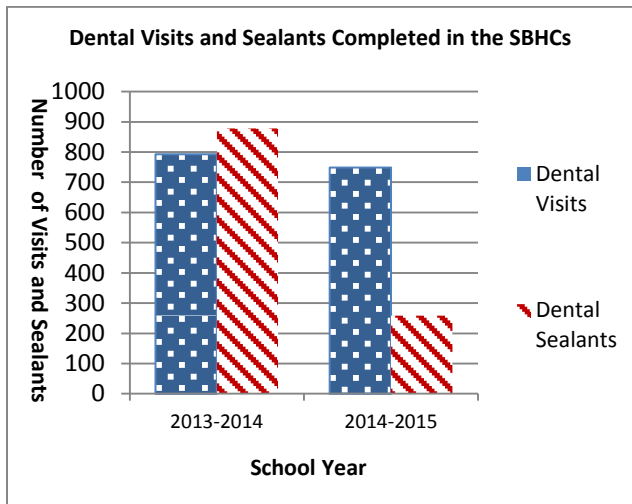
Story behind the baseline:
Dental Services are provided at 7 schools by the Mobile Dental team. In the 2013-2014 school year, there were 793 dental visits completed. Some of these visits were for dental sealants. There were 878 dental sealants completed that year. There was a great push for sealants to be completed during the 2013-2014 school year, which resulted in high numbers of sealants completed. Once a tooth is sealed, it rarely has to be sealed again; therefore, numbers of sealants completed dropped significantly in the 2014-2015 school year. In 2014-2015 only 259 dental sealants were completed. There were a similar number of dental visits completed from the previous year with 749 visits. There were 552 students that had 749 visits (1.4 visits per student).

Student Population, Enrollment, Number of Dental Visits, and Number Serviced in Meriden Schools 2014-2015				
Schools	Population	Enrolled	Dental Visits	Dental Served
Franklin	414	36	49	33
Lincoln	756	299	463	299
Hale	612	36	1	1
Hooker	466	28	2	1
Pulaski	581	101	150	101
Putnam	611	38	69	47
Sherman	477	64	15	15
TOTAL	3,917	602	749	552

Trend: [▼]

Proposed Actions to Turn the Curve

How Much Did We Do:
- SBHC's Staff will attend school functions, including parent nights, provide presentations to health classes, and enhance the publicity of school based services in a variety of mediums including: websites, newsletters, and electronic communications.
- Forms will be available on an electronic platform and posted on district wide websites.

How Well Did We Do:
In an effort to increase family visits, the following actions will be taken:
- Clinical staff will set family visit goals for each student as therapeutically appropriate.
- Staff will track the family session visits through ECW.
- Clinicians will be available before or after school day to accommodate work schedules, and during school open houses and report card nights.
- Clinicians will be expected to provide evidence of their efforts and outreach to parents and family.
- Clinicians will collaborate with school administration to determine effective scheduling solutions for families who experience difficulty in attending family sessions.

Is Anyone Better Off:
- Hygienists will identify students in need of dental follow up or restorative work and refer appropriately.
- Hygienists will complete sealants as needed.

Data Development Agenda:
SBHC program managers will work with BI team to:

- Ensure data can be extracted and sent to DPH.
- Align EHR generated reports to meet DPH requirements.
- Streamline the process of exporting data from EHR to DPH.
- Further refine data collection capability of the electronic record to define parameters for better identification and management of specific conditions (ex. students who have participated in select BH groups, students who have specific BH diagnoses, students who have achieved one BH goal, students identified as needing dental referral, etc.).
- Develop a dashboard which will provide needed data and trends in the moment.

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