

CONNECTICUT ASSOCIATION OF SCHOOL BASED HEALTH CENTERS



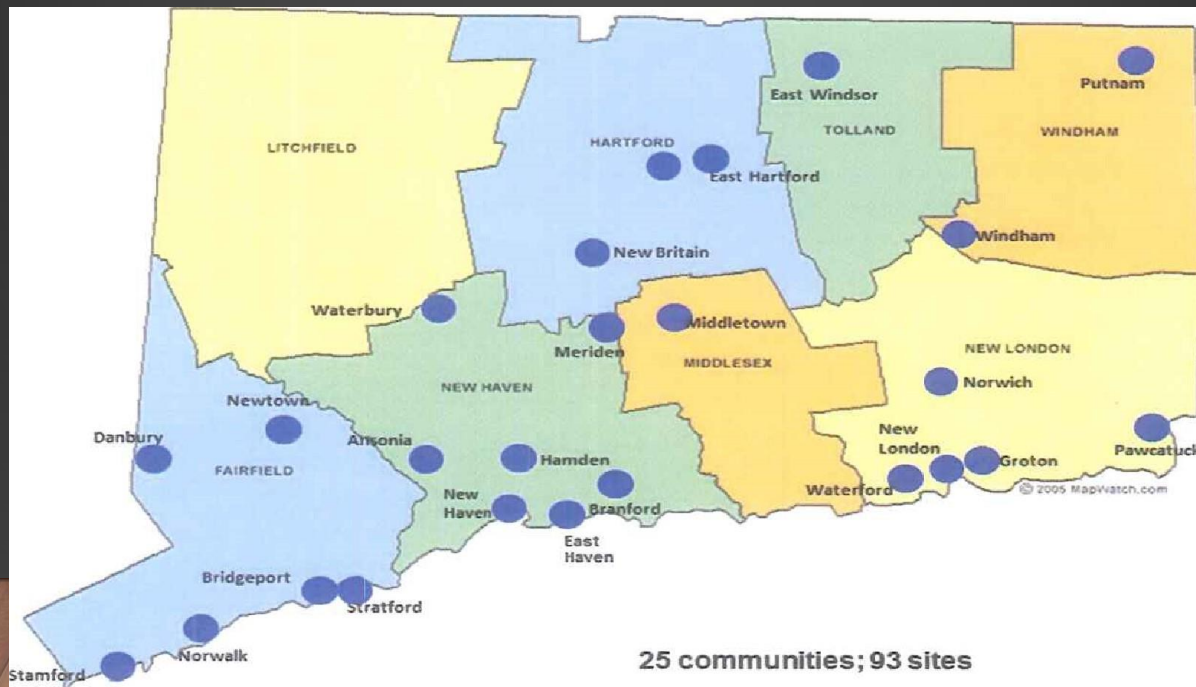
“HEALTHY KIDS MAKE BETTER LEARNERS”

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**Executive Director, Connecticut Association of School Based Health Centers
(CASBHC)**

SCHOOL-BASED HEALTH CENTERS IN CT

- School based-health centers now provide services in 28 communities
 - 25 Communities have DPH funding



QUICK FACTS: SCHOOL BASED HEALTH CENTERS IN CT

- Connecticut's school-based health centers have been delivering comprehensive health care to students in schools for 38 years.
- School-based health centers provide services annually to over 44,000 students.
- There are 93 state funded school-based health centers in 25 communities.
- SBHC's are fully-licensed primary care facilities.
- Parents must sign a Parent Permission Form for students to receive services
- SBHC's bill both HUSKY and commercial insurance for all eligible services.

SBHC LICENSING & STAFFING

- Licensed by the Connecticut Department of Public Health (DPH) as hospital satellite clinics or outpatient clinics.
- Licensed by the Department of Children and Families, Department of Public Health or both to provide mental/behavioral health services.
- SBHCs are staffed by an interdisciplinary team of professionals with expertise in child and adolescent health.
- Care is provided under the clinical direction of a medical director/designated physician.
- Minimum staffing includes a licensed Advanced Practice Registered Nurse (APRN)/Physician's Assistant and a licensed Mental Health Clinician (MHC).

WHO WE SERVE/ENROLLMENT



All students who attend a school with a school-based health center are eligible to receive services.



There is never an out-of-pocket cost to student or family for SBHC services.



All DPH funded School-Based Health Centers should have at least 65% of students registered for SBHC services.



Per DPH contract, at least 50% of registered students should be users.

WHY SCHOOL- BASED SERVICES?

➤ **Timely admission to school**

- To be in compliance with State of CT regulations, students need to have a school entry physical
- Usual wait for community providers in 4-8 weeks

➤ **Children miss fewer days of school**

- Asthma *Acute illness *Follow up

➤ **Children with behavioral health needs can receive services in school**

- On-site and services for students with mental health challenges that impact their overall functioning and ability to learn

➤ **Working parents can access important services for their child without missing valuable work time/wages**

➤ **Reduction of barriers**

- Transportation
- Inconvenient hours of operation or lengthy wait for appointments with community provider
- Inadequate/no insurance coverage
- Accessibility
- Provided in the child's familiar environment
- SBHCs adhere to state and federal standards and utilize best practices

SBHC Types

School Based Health Center Sites	Expanded School Health Sites
<p>A health clinic that provides comprehensive on-site medical and behavioral health services to children and adolescents.</p>	<p>A health clinic that provides medical or behavioral services, which may include but not limited to dental services, counseling, health education, health screening and prevention services to children and adolescents.</p>



SBHC ADMINISTRATORS



- Hospitals
- Community Health Centers
- Federally Qualified Health Centers
- Boards of Educations
- Health Departments
- Private Non – Profits
- Mental Health / Social Services Agencies

SBHC FUNDING SOURCES



- State Funding
- HRSA Maternal and Child Health Block Grant (MCHBG)
- Third Party Billing/Reimbursement (State and Private Insurance)
- Local Boards of Education, municipal and local funds, private funds, and in-kind services.

SERVICES PROVIDED: MEDICAL

Well-child care (physical examinations)

- New entry to school district
- Annual school MMR
- Camp or work physicals

Immunizations

- Required for school
- i.e .IPV, Tdap, MMR, etc.
- Recommended by American Academy of Pediatrics
- i.e. Flu, HPV, Menactra

Acute care visits

- Colds, URI, strep throat, conjunctivitis, etc.

SERVICES PROVIDED: MEDICAL

**Collaboration with student's community
care provider**

Referral for primary care provider(s)

**Chronic Conditions Education &
Management**

Asthma

**Weight Management (nutrition and physical
activity counseling)**

Mental Health Screens

PSC, PHQ2/PHQ9, CRAFFT

SERVICES PROVIDED: MENTAL HEALTH

**Psycho-social
assessments,
diagnosis, and
written treatment
plans**

**Provide evidence-
based therapy in
schools**

**Individual, family
and/or group
therapy as
clinically indicated**

Crisis Intervention

**Consultation to
school staff**

**Psychoeducational
and classroom
presentations**

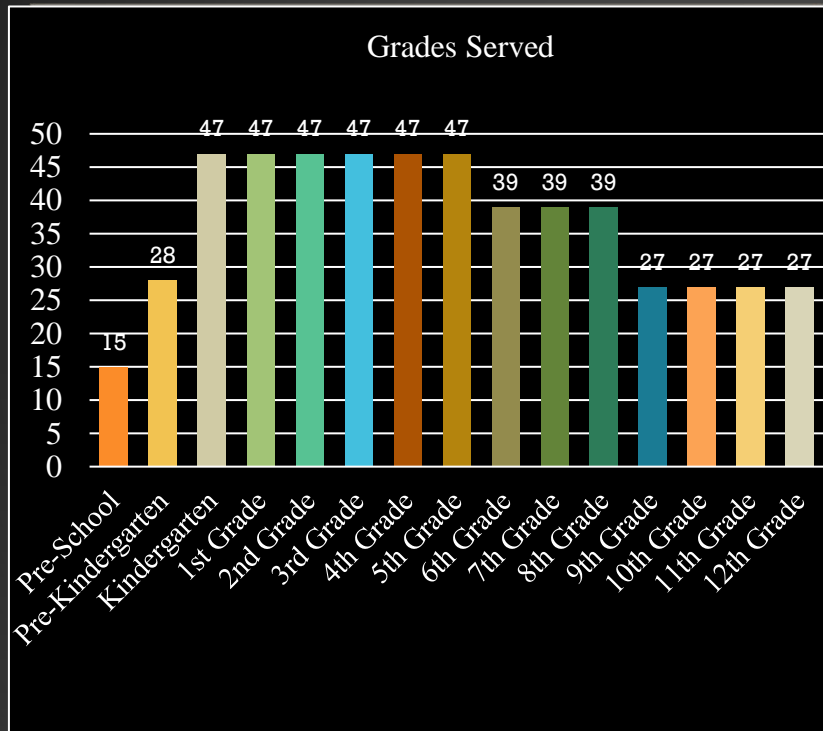
**Referral to follow-
up services**

ENROLLMENT AND SERVED DATA

	2018-2019	2019-2020	2020-2021
Student Population	69,926	69,804	67,206
Enrolled	39,776	38,869	35,958
Served	23,109	20,148	12,953
% of Population Served	33%	29%	19%

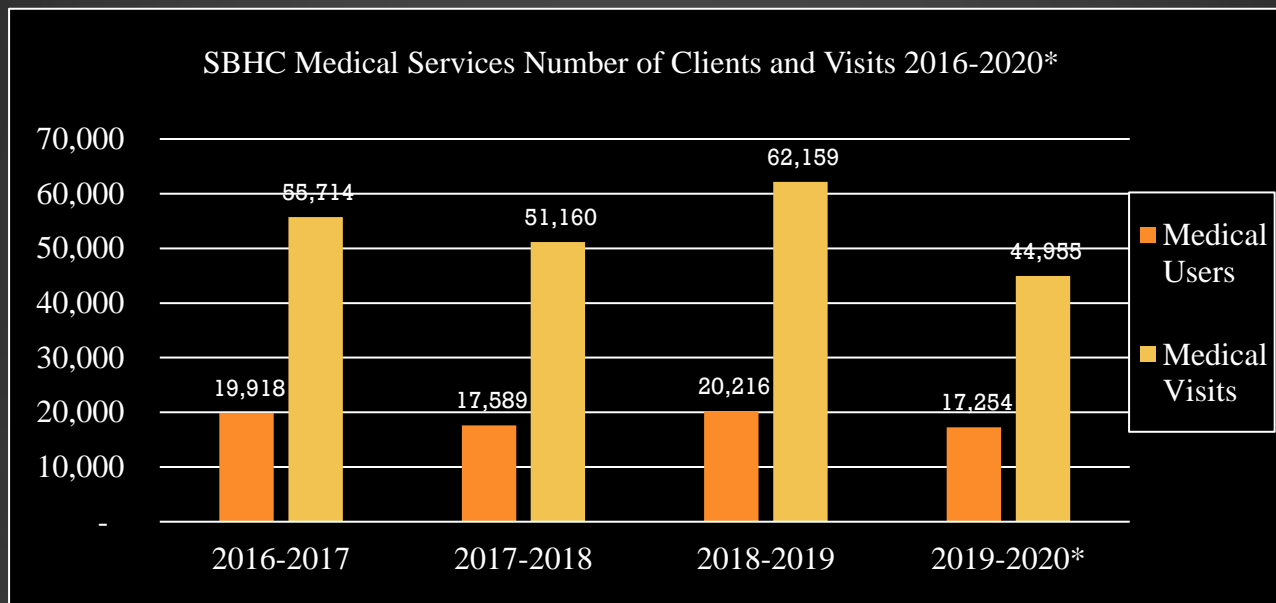
Source: DPH SBHC Year-end Reports.

GRADES SERVED



- The school-based health centers serve as the principal vehicle for promotion and improvement of adolescent health services with more than 20,000 students receiving one or more service visit per year (approximately 29% of the student population).
- The number of visits to the SBHCs total more than 100,000 per year.
- In 2019-2020, a total of 17,254 students made 44,955 medical visits, an average of 2.6 visits per student.
- A total of 4,344 students made a total of 49,297 mental/behavioral health visits, an average of 11.3 visits per student.
- A total of 3,181 students made 5,914 dental visits, an average of 1.9 visits per student.

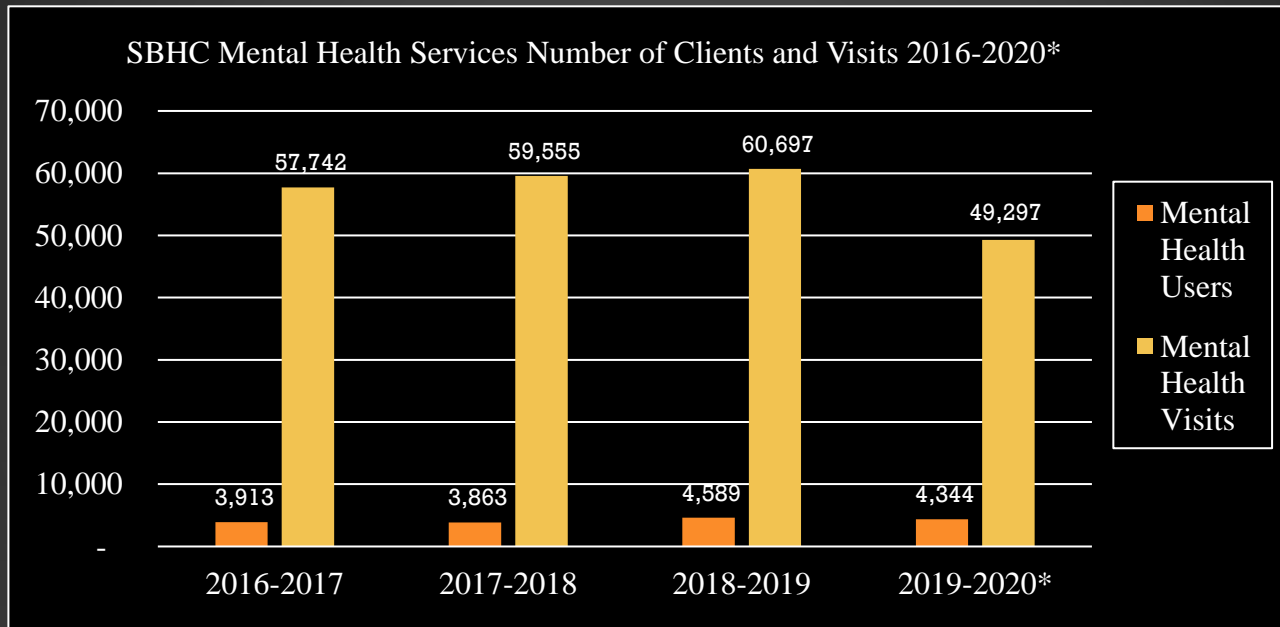
MEDICAL USER INFORMATION



Source: 2019-2020 DPH SBHC Year End Reports.

* 2019-2020 Numbers are severely reduced due to COVID-19 and school closures mid-March

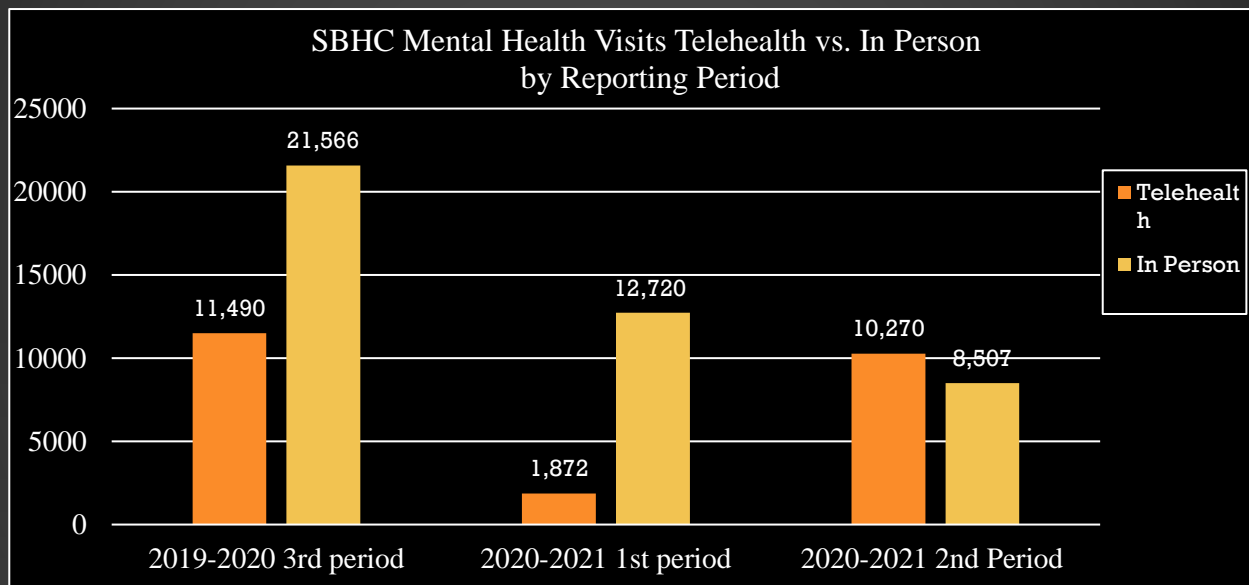
MENTAL HEALTH USER INFORMATION



Source: 2019-2020 DPH SBHC Year End Reports.

* 2019-2020 Numbers are severely reduced due to COVID-19 and school closures mid-March

TELEHEALTH AND MENTAL HEALTH

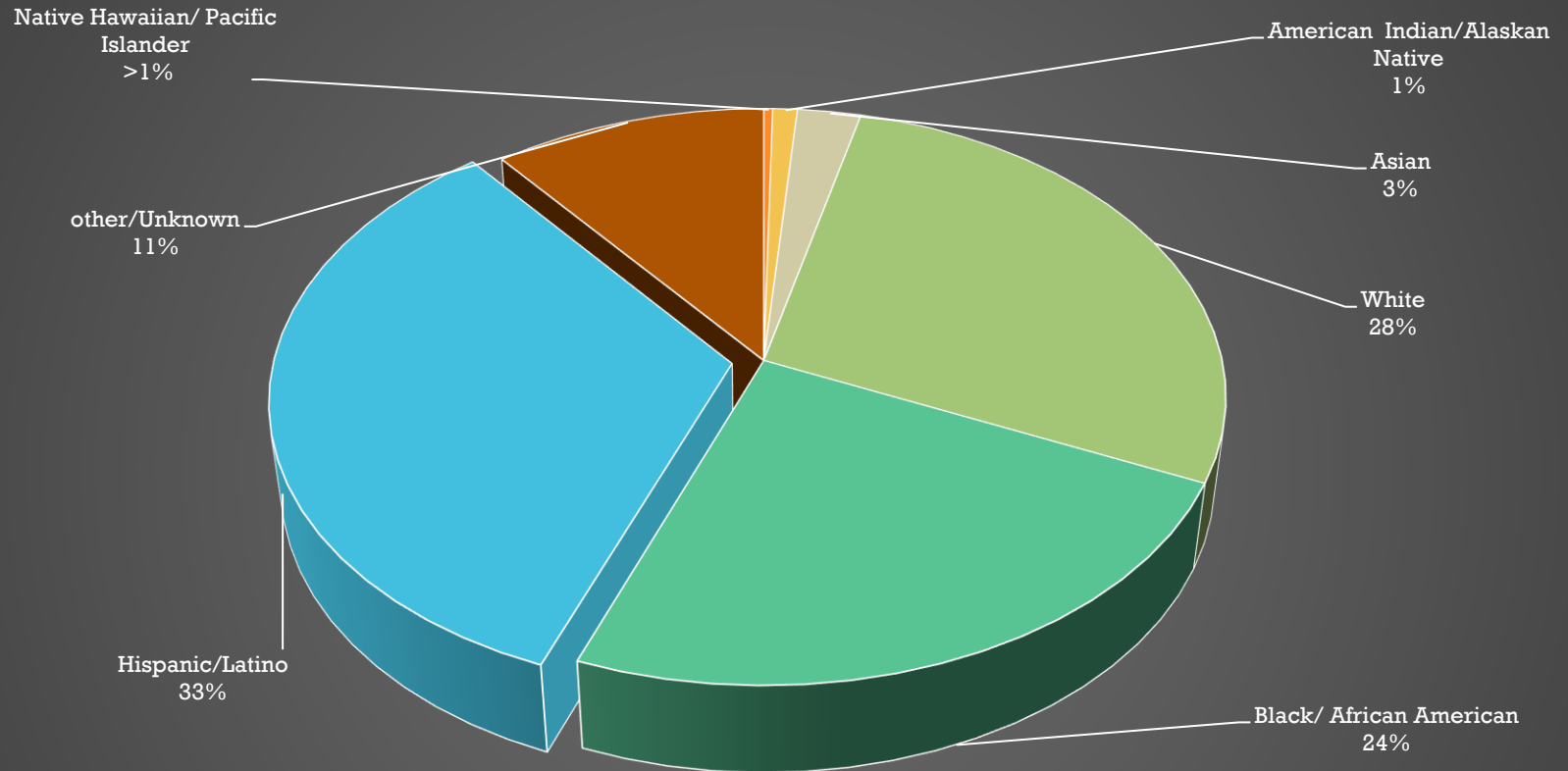


Source: DPH SBHC 2019-2020 3rd Period Reports through 2020-2021 2nd Period Reports.

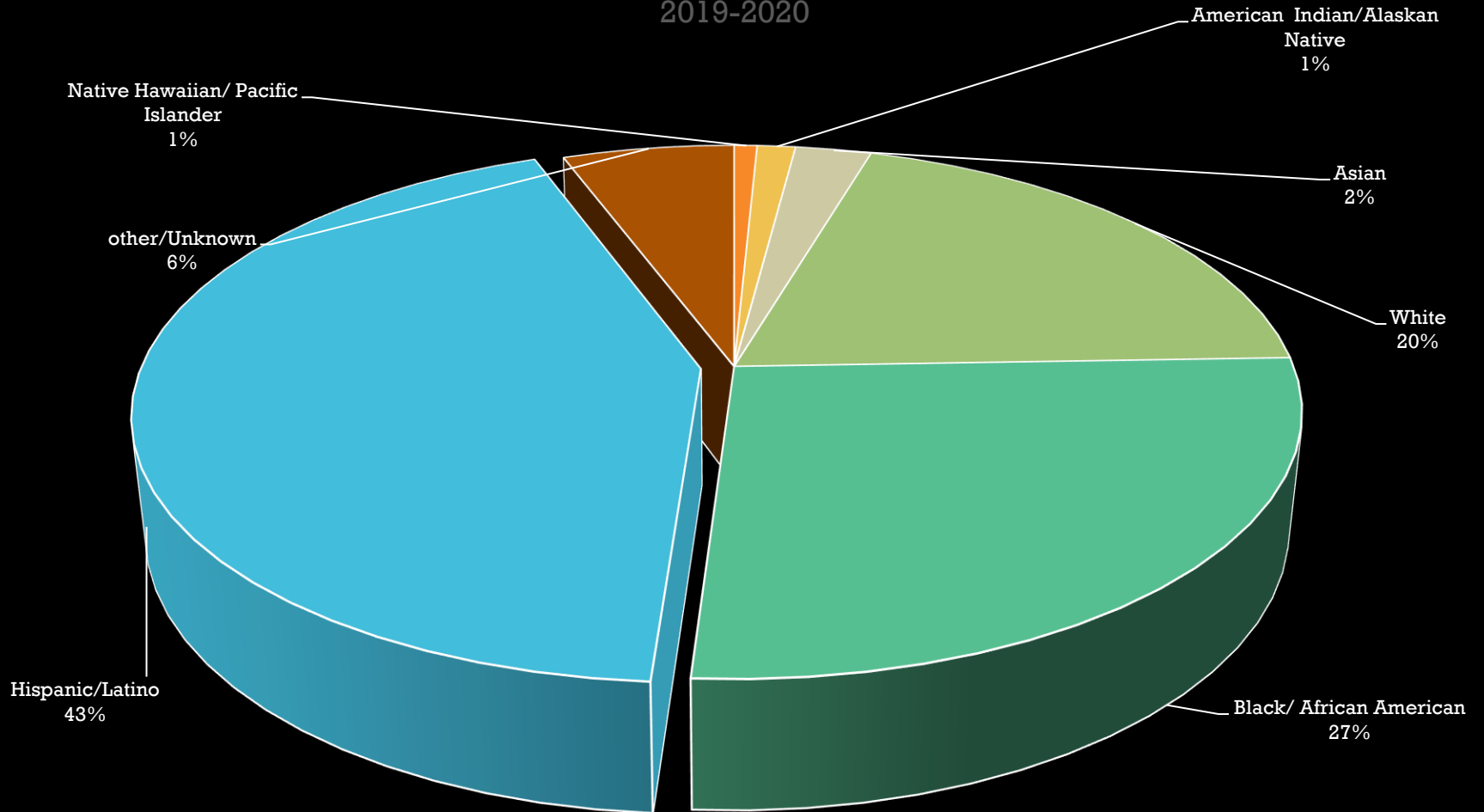
RACE/ETHNICITY

SBHC #	Native Hawaiian / Pacific Islander	American Indian/ Alaskan Native	Asian	White	Black/ African American	Hispanic/ Latino	other/ Unknown	Total
2018-2019	87	240	619	6,884	5,947	8,230	1,102	23,109
2019-2020	155	259	513	4,002	5,352	8,708	1,159	20,148
2020-2021	60	151	349	2,774	2,973	5,629	1,017	12,953

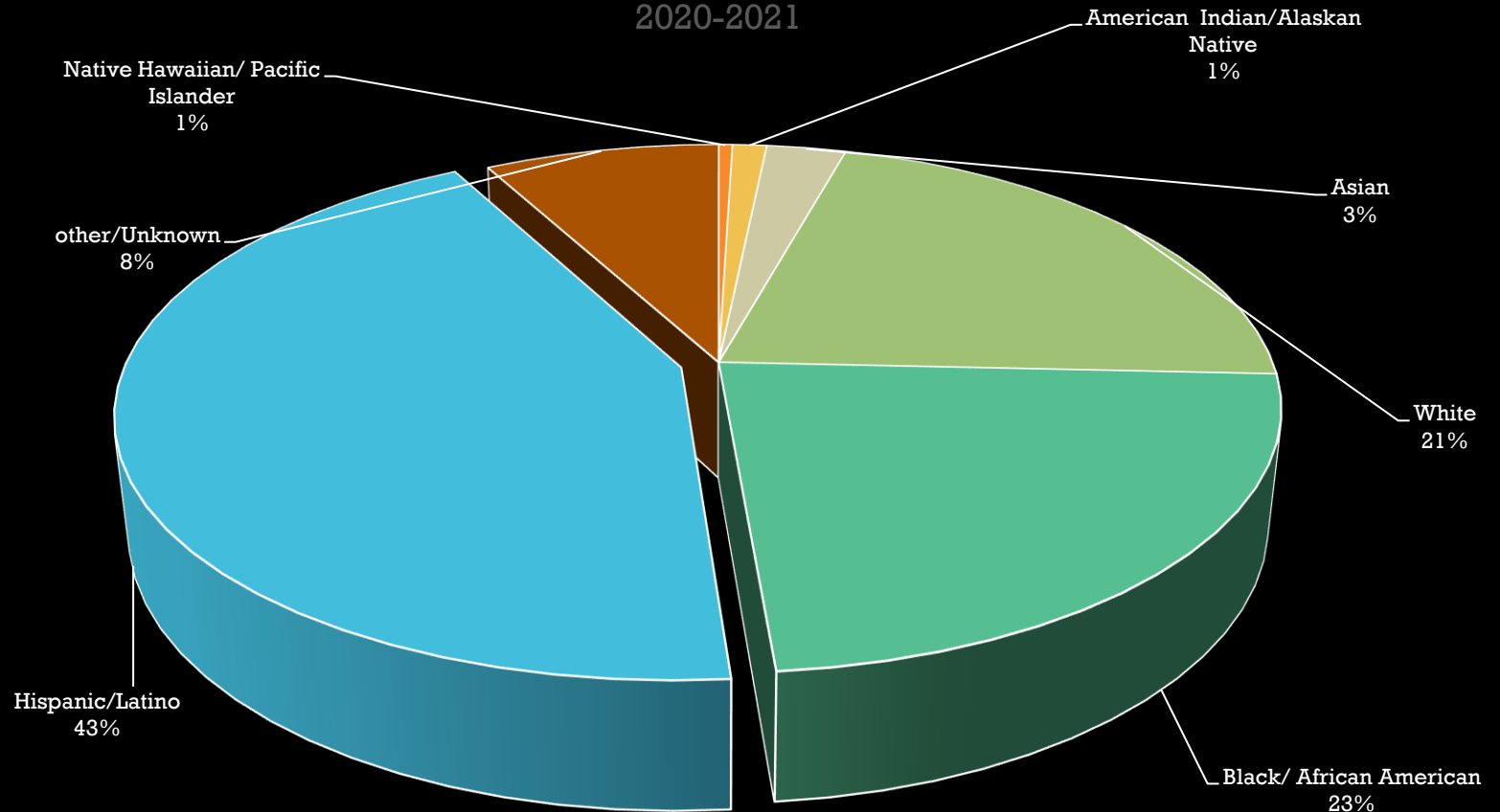
SBHC Clients by Race/Ethnicity 2018-2019



SBHC Clients by Race/Ethnicity 2019-2020



SBHC Clients by Race/Ethnicity
2020-2021



EFFECTS OF CLOSING OF SCHOOLS

- Increase in symptoms of
 - Depression
 - Anxiety
 - Loneliness



CHALLENGES TO TELEHEALTH



- Contact information not accurate
 - Telephones out of service
 - Guardians not answering
 - Blocked numbers
- Connecting took time
- Students and guardians overwhelmed
- Lack of schedules kept by students
 - High no show rate
- Decrease in referrals from schools
- Students expressing a privacy concern

Discover the power of custom layouts

SBHC SUCCESS

- After initial telehealth set up: no breaks in coverage
- Guardian contact better and participation in treatment planning increased
- More frequent guardian engagement with provider

**MORE THAN
40% OF HIGH
SCHOOLERS
FELT
'PERSISTENTLY'
SAD, HOPELESS
DURING COVID
PANDEMIC:
CDC**

- A landmark study conducted by the Centers for Disease Control and Prevention found that more than one-third of high school students said they experienced “poor mental health” during the COVID-19 pandemic, while nearly half said they felt “persistently” sad or hopeless over the last two years.

CDC SURVEY REPORTS

Conducted over a six-month period in early 2021

Surveyed nearly 8,000 students across the country, and asked them a series of questions about their mental health.

44% of high school students said they felt “persistently sad or hopeless”

7% of students said they experienced poor mental health over the last year

EMOTIONAL ABUSE

- 55% of students said they experienced emotional abuse
 - including being sworn at, insulted or put down, by a parent or adult within their home



PHYSICAL ABUSE



- 11% said they experienced physical abuse during the pandemic, and nearly one-third said that one or both of their parents lost jobs during the COVID outbreaks

RECOMMENDATION
ON HOW TO
MAGNIFY OR
IMPROVE SBHC
ACCESS

- Funding
 - Appropriations just passed an increase of 7 million dollars to the SBHC line item and now awaiting Governor's signature
- Continued advocacy and education around the mental health needs of children and the benefits of SBHCs
- Partnerships



- Why do you think SBHC's are not being sought out by each district?
- Where do you see opportunities for partnerships?

How can we work better together to provide MH services and meet the needs of the children?

Who should we be talking to?

A group of five students, three boys and two girls, are walking away from the camera on a paved path. They are all wearing backpacks. The student on the far left is a boy in a red shirt and blue jeans, with his arms outstretched. Next to him is a girl in a white shirt and light-colored pants, also with her arms outstretched. In the center is a boy in a dark shirt and jeans. To his right is a girl in a light blue shirt and jeans. On the far right is a boy in a dark shirt and jeans. They are walking towards a school building with large windows and a tree with red leaves in the background.

**FOR MORE
INFORMATION:**

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