

2014 Program Report Card: Human Services Council – Dr. Robert E. Appleby School Based Health Centers Briggs High School (9-12)

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

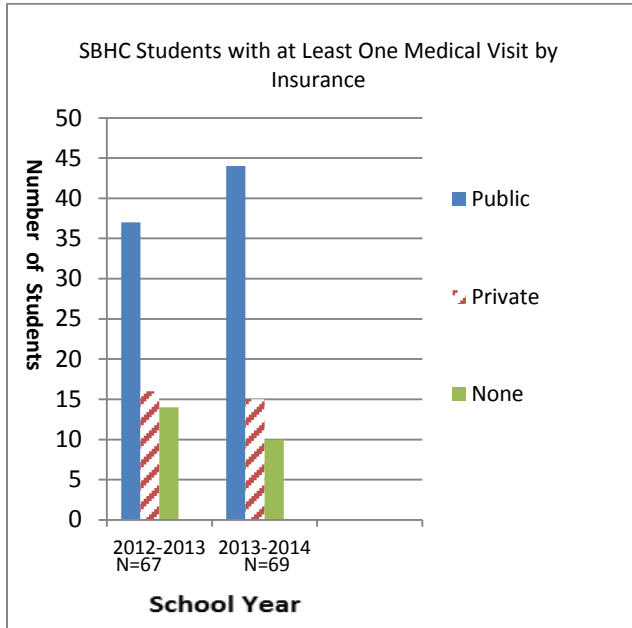
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 14	\$73,084	\$0	\$0	\$13,220 *	\$14,411	\$100,715
Estimated SFY 15	\$83,843	\$0	\$0	\$24,404*	\$17,550	\$125,797

Partners: Parents, Students, Norwalk Public Schools Administrators and Faculty, Norwalk Board of Education, Norwalk Community Health Center, Family & Children's Agency, Norwalk Health Department, Children and Family Guidance, Norwalk Hospital, Connecticut Association of SBHC, DPH, DSS, DMHAS.

How Much Did We Do?

Access and Utilization



Story behind the baseline: Briggs High School is an alternative high school with a transient student population. There was an 8% decrease in school based health center (SBHC) enrollment from 2012-2013 (105 students) to 2013-2014 (97 students) with the number of all student visits decreasing by 18% from 881 visits in 2012-2013 to 722 visits in 2013-2014. In 2012-2013 school year, there

were 417 (47%) medical visits and 364 (50%) in 2013-2014. A decrease was also seen in the number of students who utilized the center for mental health visits from 63 in 2012-2013 to 55 in 2013-2014. There were a total of 464 (53%) mental health visits in the 2012-2013 school year and 364 (50%) in the 2013-2014 school year.

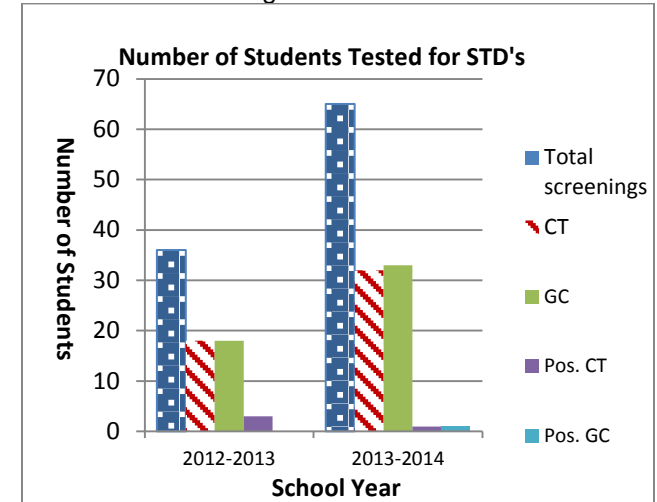
Of the 69 students with a least 1 medical visit in 2013-2014, 44 students (64%) had public insurance, followed by 15 students (22%) who were privately insured, and 10 (14%) were uninsured. A similar distribution of insurance types was observed in the previous school year for those students utilizing health center services.

Marketing efforts were increased and diversified in the 2013-2014 school year. Letters and flyers with information about the SBHC were available in English and Spanish and distributed to every student and family transferring into Briggs. Haitian language letters were developed and made available at the SBHC site. SBHC staff also presented information about the SBHC to parents of incoming students and at open houses for parents. The SBHC developed a flyer listing our services and distributed it to every school staff and faculty member.

Trend: ◀▶

How Well Did We Do?

Reduce STDs among SBHC Students



Story behind the baseline: During the 2012-2013 school year, the SBHC at Briggs H.S. had an enrollment of 105 students compared to 97 in the 2013-2014 school year. There were 36 (34% of enrolled students) Sexually Transmitted Disease (STD) tests performed during the 2012-2013 school year. Of those, 18 students (50%) were tested for chlamydia (CT) and gonorrhea (GC). Of those, 3 (17%) were positive results for CT and none was positive for GC. During the 2013-2014 school year there were 65 (67% of enrolled students) STD tests performed. Thirty-two students (49%) were tested for CT and 33 (51%) were

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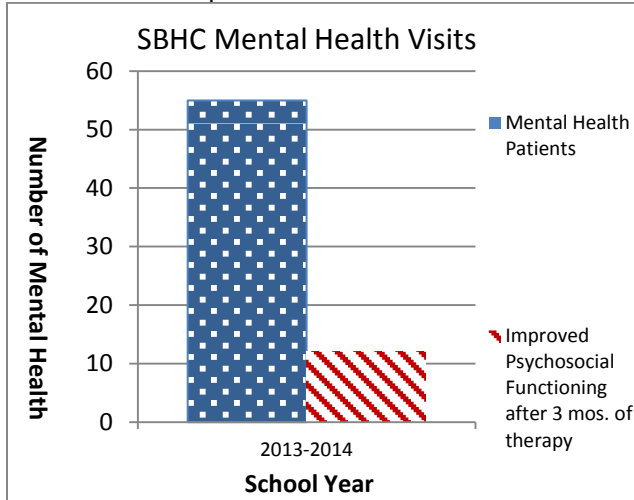
tested for GC. Of those tested for CT, 1 (3%) was positive. Of those tested for GC 1 (3%) was positive.

There was an 80% increase in the number of STD testing performed and a 33% decrease in STD positive test results. The increase in the number of STD test performed can be attributed to a number of variables including: a new medical provider at this SBHC site providing routine screening to this sexually active population.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In the 2013-2014 school year, 97 students were enrolled at the SBHC and 55 students (57% of total SBHC enrollment) had one or more mental health visits totaling 358 visits. One hundred percent of mental health patients (55) received a mental health assessment utilizing the social workers psychosocial interviewing skills to obtain a baseline level of functioning. Of the 20 SBHC mental health patients that completed three months or more of regular therapy and reassessed, 12 (60%) students were determined to have an increase in psychosocial functioning. An increase in psychological functioning was determined by the social worker's professional judgement based on information from some or

all of the following sources: patient self-reporting; parent or school staff reporting to therapist; observation of the therapist and objective measures such as improvement in school attendance and grades.

Of those 12 students who improved, 10 (83%) continued therapy with the SBHC social worker and 2 (17%) completed their therapy. The remaining 8 patients who completed three months or more of therapy didn't show improvement but continued with the SBHC social worker. Of the remaining 35 students who had 1 or more mental health visits, 15 (43%) didn't complete three months of therapy because they transferred out of the school, 12 (34%) started their therapy late in the school year and the remaining 8 (23%) SBHC patients had mental health needs that exceeded the scope of the SBHC and were referred out for additional services (Intensive Outpatient programs). These referrals did not preclude the students from continuing to receive services through SBHC.

In the 2013-2014 school year, four students had a physical exam and all were administered the Rapid Assessment for Adolescent Preventive Service (RAAPS) questionnaire by the medical practitioner. Based on their RAAPS survey results, all 4 students (100%) were referred by the SBHC medical practitioner to the SBHC social worker for further assessment and counseling. Of those 4 students, 1 (25%) remained a patient with the SBHC social worker and 3 (75%) were receiving mental health services with another provider.

Trend: [▲]

Notes:

* **Total Other Funding** reflects funding generated through grants from: City of Norwalk, Foundations, Corporations and agency funding raising events.

Proposed Actions to Turn the Curve: Access and Utilization:

- 1) SBHC staff will identify additional outreach activities to reach students and families including: SBHC Open House; tours; "Ask the Healthcare Provider" information table; and promoting the SBHC Facebook page.

STD Testing

- 1) The APRN/PA-C will offer STD testing to students identified as at-risk and as a routine screening. Patient education on safe sex practices will include both individual counselling and group presentations.

Mental Health Services:

- 1) SBHC staff will provide SBHC orientation 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 on obtaining and implementing Electronic Health Records at the SBHC.
2. Identify tools and refine existing tools to measure the success of the social skills groups that are offered to students.
3. Identify or develop tools to track mental health patient's care coordination.

**Data presented in chart 3 represents 2013-2014 school year and is only to be used as a baseline.