

2014 Program Report Card: New London High School Based Health Center

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

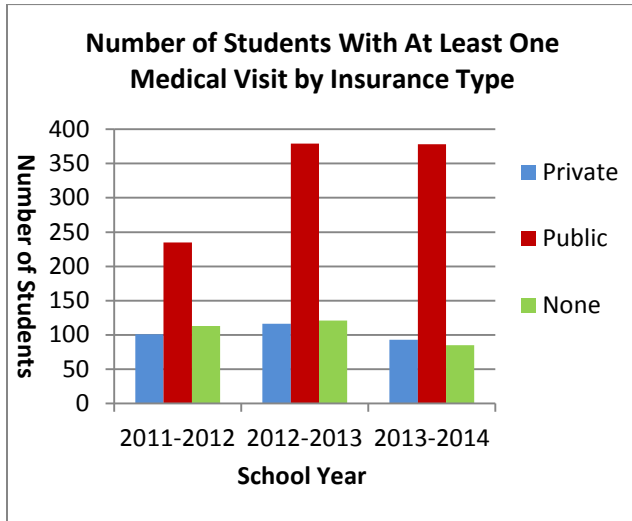
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$160,951	\$0	\$0	\$1,902*	\$59,239	\$222,092
Estimated SFY 15	\$167,839	\$0	\$0	\$2,046*	\$89,888	\$259,773

Partners: Parents, Students, CASBHC, DPH, DSS, DMHAS, DCF, The CT Chapter of the AAP, School Based Health Alliance, Board of Education, Local Health Department, School Nurses, School Administrators and Faculty, Child & Family Agency Programs, especially YPP.

How Much Did We Do?

Access and Utilization



Story behind the baseline: The total school population has decreased 10% from 891 in 2011-2012 to 799 in 2013-2014. However, enrollment in the health center has increased during those years from 710 (80%) in 2011-2012 to 703 (88%) in the 2013-2014 school year. This represents an 8% increase in enrolled students.

In order to increase enrollment, students who are new to NLHS are automatically given the SBHC registration form by the school registrar. SBHC staff members are present at Open House and during Parent/Teacher conferences. Information about the SBHC is available on the school's website, and on bulletin boards outside SBHC offices in the school building. Registration forms are also available on Child and Family Agency's website.

The number of students with at least one visit has remained stable. In 2011-2012, 449 students (63%) were seen and in 2013-2014, 439 students (62%) were seen. (All students seen by the mental health clinician are also seen by the nurse practitioner (NP) to review medical conditions, allergies, medications, etc.) This is done in order to identify any medical issues that may be impacting the student's mental health and to satisfy the meaningful use measures for the electronic health record.

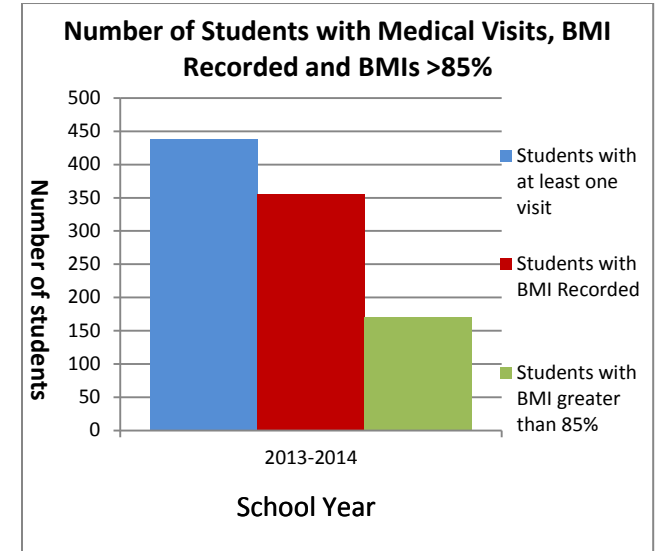
In the 2013-2014 school year there were 427 students (61%) who were publicly insured, followed by 155 (22%) who said that they did not have insurance, and 121 (17%) who were privately insured. A similar distribution of insurance types was observed in the 2011-2012 and 2012-2013 school years.

Students who have utilized SBHC services benefit from having easy access to preventative care as well as acute care treatments which enable them to remain in school on days when they otherwise would not. Many students come to school in order to use the SBHC, and subsequently miss fewer days out of the classroom.

Trend: [▲]

How Well Did We Do?

Reduction in percentage of SBHC users with BMI >85%



Story behind the baseline:

Body Mass Index (BMI) is calculated at the first medical visit and at subsequent visits that occur a minimum of one month or more from the previous measurement. This year the SBHC staff utilized the International Classification of Diseases (ICD-9) to identify the BMI % for students. In the 2013-2014 school year, 171 students (39%) were identified as having a BMI >85%.

These 171 (39%) students identified at risk for obesity were offered educational support based on 5-2-1-0 model* and Choose My Plate.gov. Both of these sources of wellness materials are free, culturally sensitive and available in multiple languages, which is important for our SBHC program.

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*5-2-1-0 (Daily goals for children/adults)

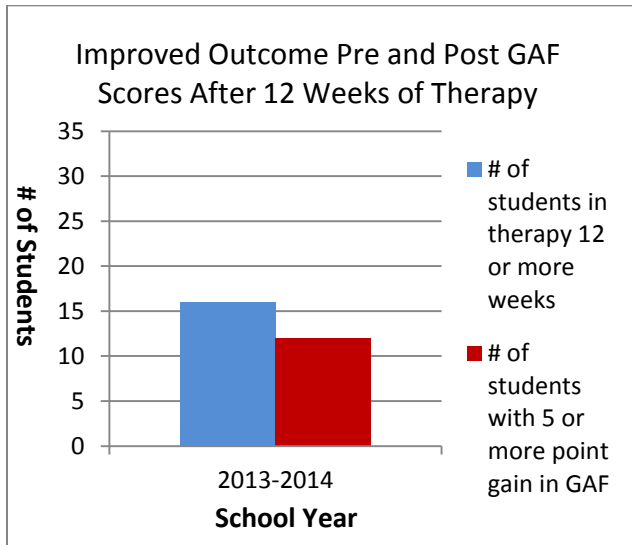
- 5 or more fruits/vegetables
- 2 hours of less of screen time
- 1 hour of activity/exercise
- 0 sugary drinks

This year there were 20 students (5%) with a BMI at or above the 95th percentile who received more individualized weight management plans including nutrition and physical fitness education and counseling.

Of the 20 students who received these additional interventions to reduce their BMI, 8 of them (40%) showed improvement measured by a reduction in BMI; 7 students (35%) increased, and 5 (25%) remained the same. Of those who showed improvement, 5 became involved in some type of physical activity during the school year, either an organized sport or increased physical activity outside of school. Two of those students credited working out with a family member as a persistent motivation for improvement. The ability to afford nutritious meals continues to present a challenge for those trying to lose weight.

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In 2013-2014, 41 students (6% of the 702 students enrolled in the SBHC) had at least one MH visit. Of those 41, 18 of them (44%) were opened as clinical cases and as part of the intake process, were administered the Global Assessment of Function tool (GAF) to obtain a baseline of functioning in the realms of psychological, social, and school functioning. Of those 18 who were administered the GAF, 16 (89%) remained in counseling for at least 12 weeks of service. 12 (75%) on re-administration of the GAF at discharge had a 5 point or more gain in the GAF score. The remaining 4 who did not show a gain after 12 weeks of service, as well as the other 2 who did not complete at least 12 weeks of therapy, either moved to another school district, continued therapy beyond the end of the school year, were discharged to a higher level of care (such as a partial hospitalization program, home-based care, or hospitalization) or left therapy prior to 12 weeks.

Trend: [▲]

Notes: *Other funding is from the United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

In the next year letters for permission to give the flu vaccine will go out at the beginning of the school year with all the other school paperwork. For those students who are not yet enrolled, those forms will be provided to the parents. This strategy is expected to increase the SBHC enrollment and utilization by at least 10%.

Obesity Reduction:

With adolescents, a large part of addressing weight issues inherently includes discussions about body image. Since many overweight teens see no need for weight loss or weight management (even if they are shown that they are at or above the 85th percentile), greater efforts will be to encourage them to increase their investment in their health.

Mental Health Services:

In the next school year the clinician plans to do one or more small groups in order to serve more students and use the group process to enhance the therapeutic response.

In order to increase the percentage of students who achieve the 5 point or more improvement in their GAF, the clinician will increase

focus on specific counseling goals. The clinician will also strive to increase family involvement in the therapeutic process.

Data Development Agenda:

1. Work with Electronic Health Record Vendor:
 - To align EHR generated reports to meet DPH requirements
 - To streamline the process of exporting our 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 programs, students who have an asthma action plan on record, etc.)

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