

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

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

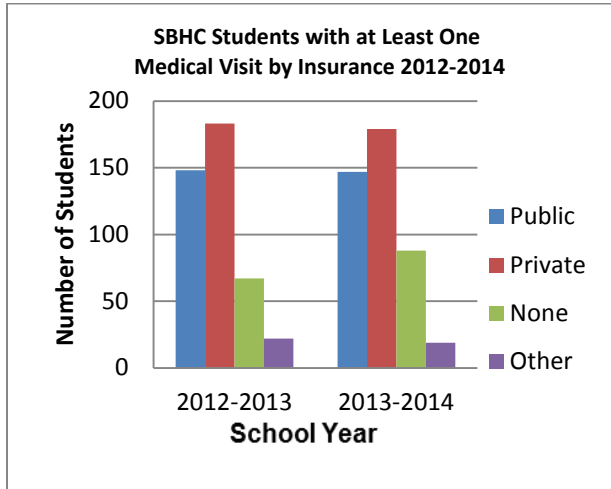
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$131,578	\$0	\$0	\$24,036*	\$26,203	\$181,817
Estimated SFY 15	\$112,827	\$0	\$0	\$32,540*	\$23,400	\$168,767

Partners: Parents, Students, Norwalk Public Schools Administrators and Faculty, Norwalk Community Health Center, Family & Children’s Agency, Norwalk Health Department, Child and Family Guidance, Norwalk Hospital, Norwalk Board of Education, CASBHC, DPH, DSS, DMHAS

How Much Did We Do?

Access and Utilization



Story behind the baseline: Although there was a 6.5% decrease in SBHC enrollment from 2012-2013 (917 students) to 2013-2014 (857 students), the number of all student visits increased from 2372 visits in 2012-2013 to 2432 visits in 2013-2014, a 2.5% increase.

The number of students with at least 1 medical visit has remained relatively steady from 2012-2013 to 2013-2014 school years. In the 2012-2013 school year there were 417 students with at least 1 medical visit and 433 in 2013-2014. In 2012-2013 school year, there were a total of 1495 (63%) medical visits and 1559 (64%) medical visits in 2013-2014. The number of students with at least 1 mental health visit

over the past two years has also remained relatively steady with 62 in 2012-2013 and 60 in 2013-2014. There were 877 mental health visits in the 2012-2013 school year and 873 mental health visits in the 2013-2014 school year.

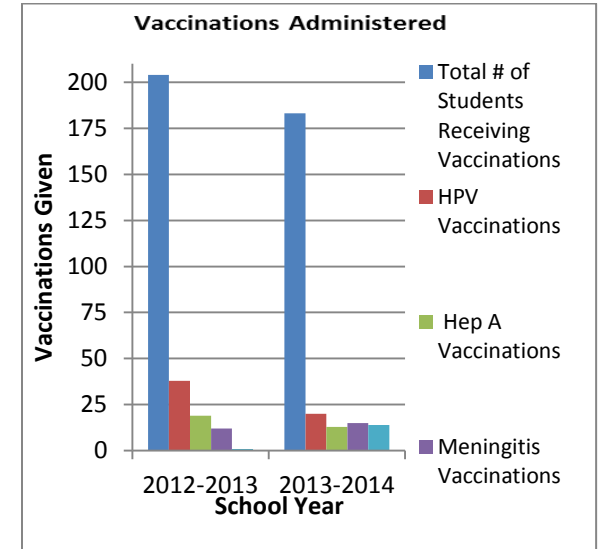
Of the 433 students with at least 1 medical visit in 2013-2014, 179 (41%) students had private insurance, followed by 147 students (34%) who were publicly insured, 88 students (20%) were uninsured and 19 students (5%) had other insurance status. A similar distribution of insurance types was observed in 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 were distributed to every incoming 9th grade student. 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. SBHC information and enrollment forms are included on the school website. The SBHC developed a flyer listing our services and distributed it to every school staff and faculty member.

Trend: [▲]

How Well Did We Do?

Vaccinations Offered and Received



Story behind the baseline: As primary health providers, SBHC practitioners always include routine recommended vaccines as part of the care they deliver. Each patient’s vaccination status is assessed and they are offered recommended vaccines or are referred to their primary care provider (PCP) for recommended vaccinations. During the 2012-2013 school year, 204 vaccinations were provided. In 2013-2014, 183 vaccinations were provided. This represents a 10% decrease. There has been a slight increase in the number of Meningitis vaccines administered at the SBHC. In 2012-

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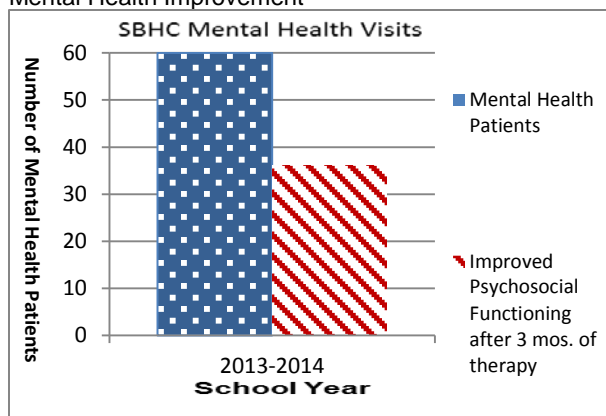
2013 school year, there were 12 Meningitis vaccines administered to students as compared to 15 administered in the 2013-2014 school year. This represents a 25% increase in the number of Meningitis vaccinations administered for that time period.

There has been a slight decrease in the number of Hepatitis A (Hep A) vaccines and Human Papillomavirus (HPV) vaccines administered at the SBHC. In 2012-2013 school year, there were 19 of Hep A vaccines administered to students as compared to 13 administered in the 2013-2014 school year. This represents a 32% decrease in the number of Hep A vaccinations administered for that time period. In 2012-2013 school year, there were 38 HPV vaccines administered to students as compared to 20 administered in the 2013-2014 school year. This represents a 47% decrease in the number of HPV vaccinations administered for that time period. There was an increase in the number of influenza (flu) vaccinations given from 1 in the 2012-2013 school year to 14 in the 2013-2014 school year. This represents an increase of 130%. The medical practitioners continue to educate, counsel and recommend the vaccines to patients and their parents.

Trend: [◀▶]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In the 2013-2014 school year, 857 students were enrolled at the SBHC and 60

students (7% of total SBHC enrollment) had one or more mental health visits totaling 873 visits. One hundred percent of mental health patients (60) received a mental health assessment utilizing the social workers psychosocial interviewing skills to obtain a baseline level of functioning. Of the 46 SBHC mental health patients that completed three months or more of regular therapy and reassessed, 36 (78%) 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 36 students who improved, 18 (50%) continued therapy with the SBHC social worker and 18 (50%) completed their therapy. The remaining 10 patients (22%) who completed three months or more of therapy didn't show improvement but continued with the SBHC social worker. Of the remaining 14 students who had 1 or more mental health visits, 4 (29%) didn't complete three months of therapy because they transferred out of the school and the remaining 10 SBHC patients (71%) 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, 113 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, 4 students (4%) were referred by the SBHC medical practitioner to the SBHC social worker for further assessment and counseling. All 4 students (100%) were seen by the SBHC social worker. Of those 4 students, 2 (50%) remained a patient with the SBHC social worker and 2 (50%) did not follow-up with the services of the SBHC social worker.

Trend: [▲]

Notes:* Reflects grant funding 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; advertising in the school's program during the annual school play and promoting the SBHC Facebook page,

Vaccinations

- 1) The APRN will offer recommended vaccinations to students identified as at-risk. Parent education on the need for recommended vaccines will be a priority. Working with the school nurse, the medical practitioner will request a list of students enrolled in the SBHC who are missing recommended vaccines. Vaccine permission forms will be sent home in order for those vaccines to be administered at the SBHC.

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.