

2014 Program Report Card: Fitch High School Based Health Center (Grades 9-12)

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

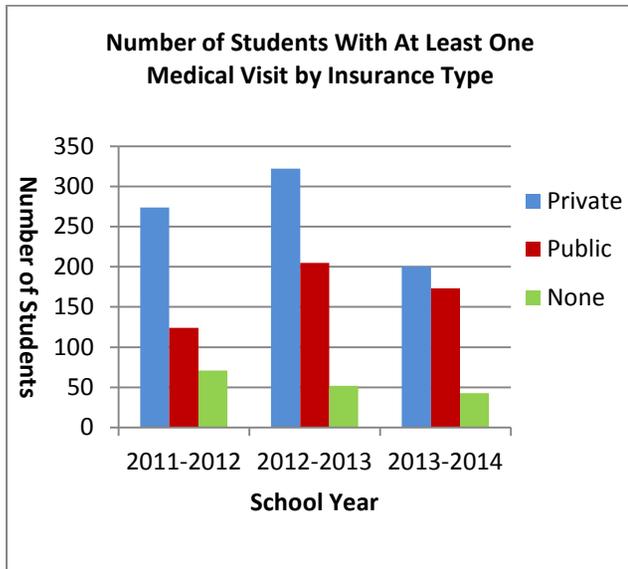
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$160,761	\$0	\$0	\$1,812*	\$49,073	\$211,646
Estimated SFY 15	\$154,106	\$0	\$0	\$1,650*	\$53,751	\$209,507

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

How Much Did We Do?

Access and Utilization



Story behind the baseline: The total school population has decreased 8% from 1202 in 2011-2012 to 1103 in 2013-2014. However, enrollment in the health center has increased from 661 (55%) in 2011-2012 to 718 (65%) in 2013-2014. This is a gain of 10%.

The number of students with at least 1 visit has decreased slightly each year. In 2011-2012, 406 students were seen and in 2013-2014 386 students were seen, representing a 7% decrease. (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.

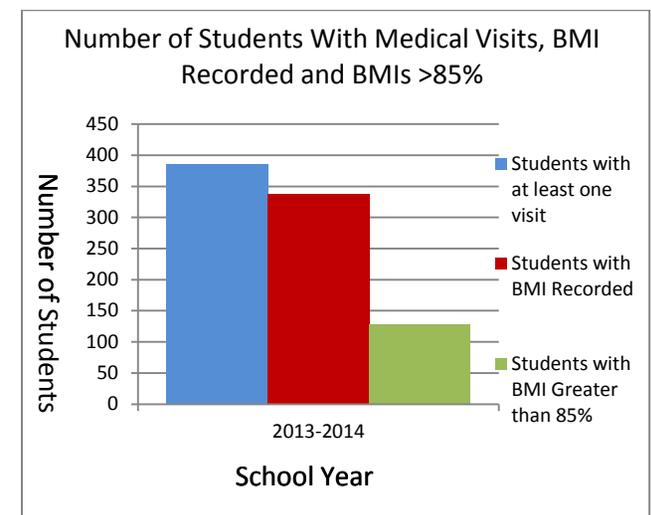
In 2013-2014 more visits were made by students who were privately insured 211 (52%), followed by publicly insured 124 (31%) and those who said that they did not have insurance 71 (17%). This reflects the demographics of the school population. A similar distribution of insurance types was observed in previous school years for those students utilizing health center services.

Attending Open House, providing informational programs in the cafeteria (ex. suicide prevention materials) and occasional classroom presentations are all strategies employed for presenting the SBHC program to parents and/or students with encouragement to enroll.

[▲]

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. The SBHC staff utilized the International Classification of Diseases (ICD-9) to identify the BMI % for students. This year, 84 students had BMIs between the 85th and 95th percentiles, with an additional forty-four students having BMIs recorded at the 95th percentile or higher. The nurse practitioner has provided nutrition counseling to all students at physicals and during episodic visits.

While there was no specific program at Fitch to address obesity, the nurse practitioner (NP) has counseled all students using the 5-2-1-0 model* and Choose My Plate.gov. Both of these sources of

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wellness materials are free, culturally sensitive and available in multiple languages, which is important for our SBHC program.

*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

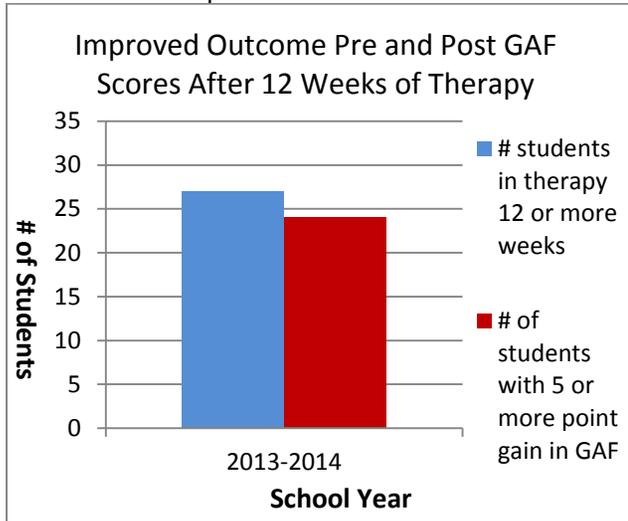
The NP determined that school lunch selections have improved with more healthy choices. Exercise is encouraged for all students regardless of BMI. The economic situation and menu selection at home is beyond the control of our office as parents on a limited financial budget make their meals with more carbohydrates because proteins and fresh fruits and vegetables are more expensive.

We continue to educate our students and work to encourage our cafeteria staff to buy and promote healthy choices.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

In 2013-2014, 44 students had at least one MH visit. Of those, 32 were opened as clinical cases. 27 of them (84%) closed after at least 12 weeks of service. 24 of those 27 (88%) had a 5 point or more gain in their GAF score. The other three who were closed after at least 12 weeks either moved out of district, did not want to

continue in therapy, or were referred to a higher level of care. The same is true of the 5 students who did not complete at least 12 weeks of therapy. The percentage of students with a 5 or more point gain on the GAF was similar to the previous year.

Clinician has been at Fitch for over two years. There is a positive relationship with teachers, school counselors, administrators and school social worker. Clinician has coordinated counseling services with the Juvenile Review Board and Groton Youth and Family Services. Students have advocated for themselves and for their friends to enroll in counseling services. Some parents have contacted the SBHC directly to inquire about mental health services. The nurse practitioner gave mental health screenings to students receiving physicals or who were requesting to be seen frequently by the NP. This resulted in some students being referred for counseling at the SBHC or outside providers.

Family support can be key to success in therapy. In this caseload, approximately 40% had family support.

Trend: [▲]

Notes: * Other Funding is from United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

- 1) SBHC staff will conduct additional orientations to all students and will attend the first Parent Night meeting to share information about the SBHC with parents/guardians. SBHC information will also be included on the school website; in the school newsletter and on school bulletin boards; and through the school message blast system that reaches the households of students attending the school. Continued work with coaches may also yield higher enrollment and utilization.

Obesity Reduction:

- 2) 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:

- 3) Clinician will increase efforts to collaborate with freshman services, making them aware of SBHC, as well as increasing communication with community resources, such as Groton Youth and Family Services. Clinician will increase efforts to communicate with parents encouraging them to engage with their child's treatment.

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.