

2014 Program Report Card: Trantolo SBHC @East Hartford High School Grades 9-12

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

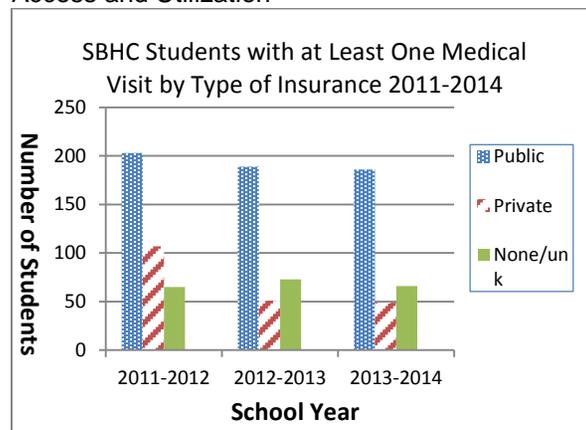
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 14-15	\$244,984	\$0	\$0	\$5,000 *	\$32,000	\$306,230
Estimated SFY 15-16	\$201,974	\$0	\$0	\$0	\$40,000	\$251,974

Partners: EHHS, EH Administration, Parents, Students, CASBHC, DPH, DSS, The CT Chapter of the AAP, School Based Health Alliance, EHYS, EH Board of Education, Goodwin College, School Readiness Council, EH Child Plan, Intercommunity, First Choice, Child First, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline: The total school population has decreased from 1,670 in 2011-2012 to 1,587 in 2013-2014. (Enrollment in the SBHC has decreased from 972 to 798 within this time frame due to a process of a thorough chart cleansing audit. In the 2013-2014 school year, total enrollment in the school increased to 1,638 and the SBHC enrollment increased from 798 to 907, a 12% increase. Marketing strategies for SBHC services have continued through information sent home, attendance at open house events, presentations to classes, providing permission forms to teachers, guidance counselors, school nurses, central registration, information on services through e-mail to faculty, etc. The SBHC staff has a great reputation for quality care, which helped to make the program very successful.

The number of students with at least 1 medical visit has decreased annually over this 3 year period from 374, 313,

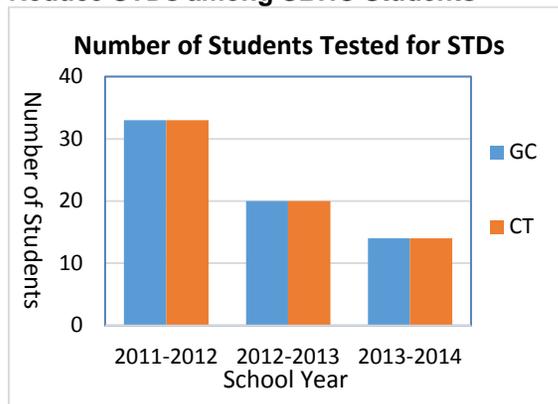
to 301 respectively. This is likely due to the change in nurse practitioner staff. In all three school years, the majority of medical visits were made by students who were publicly insured (55%), followed by privately insured (29%), followed by uninsured/unknown (18%).

The number of students who utilized the center for at least 1 mental health visit showed an increase from 2012 (81) to 2013 (102) and stayed the same for 2014- minus 1 visit (101). The number of students seen for 3 months or more has increased over the last two school years. (This data was not gathered during the 2011-2012 year).

Trend: [▲]

How Well Did We Do?

Reduce STDs among SBHC Students



Story behind the baseline: The goal established by the SBHC is to screen 85% of the sexually active students for STDs annually. This goal was exceeded both in 2012-2013 with 163 of 165 (98.8%) students tested and in 2013-2014 with 147 of 161 (91.3%) students tested. Data from 2011-2012 is not available for review.

While the number of STD tests performed decreased yearly from 2011 through 2014, fewer positive results were also reported. This resulted in an overall unchanged prevalence amongst the students that were tested. Two hundred and eight (208) students in 2011-2012, 163 in 2012-2013 and 147 in 2013-2014 were tested. Sixteen percent (16%) of students in 2011-2012, 12% in 2012-2013 and 14% in 2013-2014 tested positive for STDs. Students that tested positive were treated on site and counseling/education was provided to ensure students notified partners appropriately to prevent further exposure of these students to STDs. All positive cases were reported to the Department of Public Health. The APRN additionally presented sexual health/STD information to health classes at the high school on several occasions. This provided another opportunity for the SBHC to educate the school population on the transmission of sexual illness and the availability of the SBHC as a resource for testing and treatment. As a result of these information/education sessions, enrollment and testing increased the total number enrolled at the SBHC.

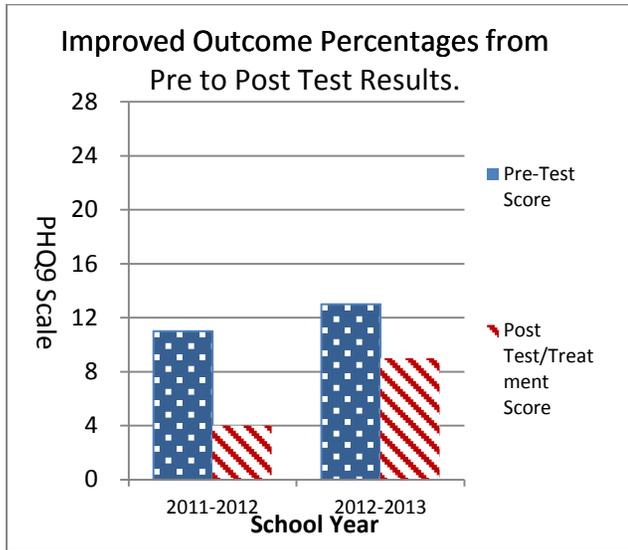
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Is Anyone Better Off?

Mental Health Improvement

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Story behind the baseline:

2011-2012 Eighty one (81) students used mental health services at least once. (Data for clients seen for 3 + months was not gathered this year). Of the 81, 22 (27%) completed the Patient Health Questionnaire-9 depression scale (PHQ-9) pre-test and 20 of the 22, (90%), completed both pre and post-test. Eighteen (18) of the 20 clients (90%) improved their score at post-test. This average change in score reflects a drop from a moderate to minimal level of depression on the scale. Average pre-test score was 11, post-test score 4.

2012-2013 One hundred and two (102) students were seen at least one time. Of these, 33 (32%) completed the PHQ-9 pre-test. (Of the students seen for 3+ months, 71% completed the pre-test). Of the 102, 46 clients (45%) were seen for 3 + months; [of the 46, 42 (91%) had improved scores on the Global Assessment of Functioning Scale (GAF)]. Of the 46, 30 (65%) completed both PHQ-9 pre/post- tests. Of the 30, 27(90%) improved their score. This average change in score reflects a drop from a moderate level of depression score (13) to mild (9).

2013-2014 One hundred and one(101) students were seen at least once. Using a new survey tool (Ohio Mental Health Scale), 37 (36%) completed the pre-test. (Of the students seen for 3+months, 74% completed the pre=test). Fifty (50), (49%) clients were seen for 3+months. Of the 50, 44

(88%) showed improved scores on the GAF. Of the 37 pre-test takers, 23 (62%) completed the post-test. Of the 23, 21 (91%) showed improved post-test scores.

The students in each time period who did not show improvement (10%,10%, and 8% respectively), were identified as having mental health needs that exceeded the scope of services provided through the SBHC and were referred to an outside mental health agency for treatment.

The average pre-treatment scores on the PHQ-9 were 11 in 2011-2012 and 13 in 2012-2013, both indicating a level of moderate depression. After 3+months of treatment, these scores improved to minimal and mild levels of depression respectively. The Ohio scale was used in 2013-2014; 91% showed improvement from pre to post-test. Pre and post GAF scores for the last 2 years showed 91% and 88% improvement respectively. Social worker (SW) continues to notice an increasing number of students with more severe psychiatric and behavioral symptoms. Obstacles to obtaining pre-tests are students not returning or ending services abruptly.

Trend: [▲]

Notes:

* Reflects funding provided by the local Board of Education Partnership Grant.

** Reflects funding provided by the DPH Nutrition, Physical Activity and Obesity Prevention Program.

***Data regarding the health habits of students with a BMI>85 in the 2013-2014 school year is currently being analyzed and will be available January 2015.

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.

STD Reduction:

- 2) To increase STD testing rates of the student population, awareness campaigns will be devised to promote testing. The APRN will make presentations to health classes and promote testing at physical exams, as well as to any student who presents with risk factors.

Mental Health Services:

- 3) SBHC staff will provide SBHC orientation sessions to all new and existing school personnel. Orientation will include 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 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
2. Develop tools to measure the success of the social skills groups that are offered to students.