

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

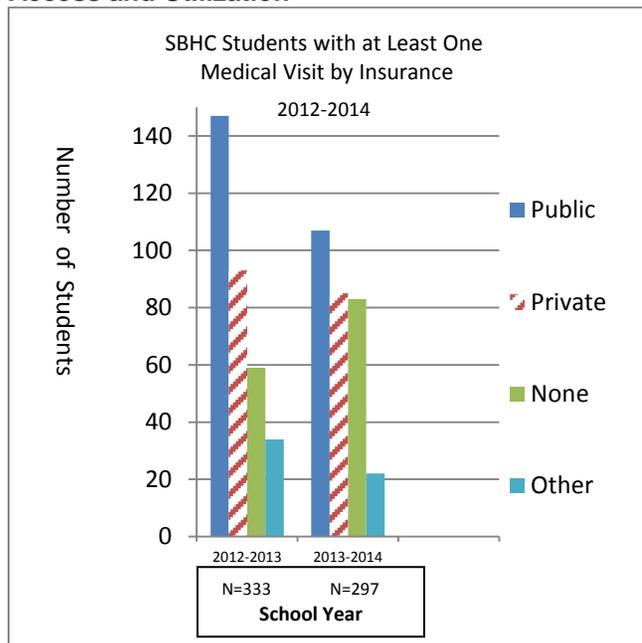
Quality of Life Result: All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed.

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	\$125,803	\$0	\$0	\$22,834*	\$24,893	\$173,530
Estimated SFY 15	\$114,672	\$0	\$0	\$33,443*	\$24,050	\$172,165

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: Although there was an 11% decrease in SBHC enrollment from 2012-2013 (776 students) to 2013-2014 (689 students), the number of all student visits remained relatively unchanged from 1696 visits in 2012-2013 to 1648 visits in 2013-2014. In 2012-2013 school year, there were 1046 (62%) medical visits

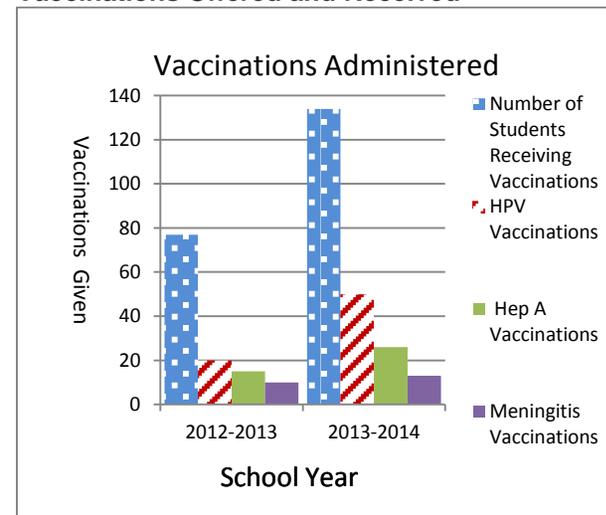
and 916 (56%) in 2013-2014. An increase was seen in the number of students who utilized the center for mental health visits over the past two years. There were 650 mental health visits in the 2012-2013 school year. That number increased to 732 mental health visits in the 2013-2014 school year, an increase of 13%, or 82 mental health visits.

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 333 students with at least 1 medical visit and 297 students in 2013-2014. Of the 297 students with at least 1 medical visit in 2013-2014, 107 students had public insurance (36%), followed by 85 students (29%) who were privately insured, 83 (28%) were uninsured and 22 students (7%) had other insurance status. A similar distribution of insurance types was observed in previous school year with 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 sent home to every incoming 9th grade student. Haitian language letters were developed and made available at each 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, 77 vaccinations were provided. In 2013-2014, 134 vaccinations were provided. This represents an increase of 74%. There has been an increase in the number of Human Papillomavirus (HPV) vaccines administered at the

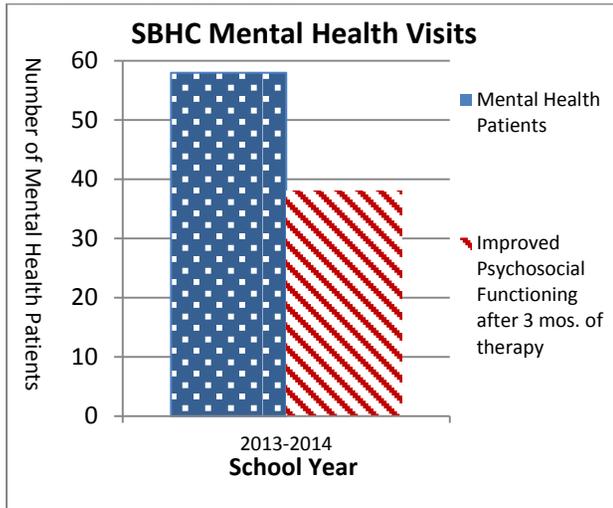
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SBHC. In 2012-2013 school year, there were 20 of HPV vaccines administered to students as compared to 50 administered in the 2013-2014 school year. This represents a 150% increase in the number of (HPV) vaccinations administered for that time period. There has also been an increase in the number of Hepatitis A (Hep A) vaccines and Meningitis vaccines administered at the SBHC. In 2012-2013 school year, there were 15 of Hep A vaccines administered to students as compared to 26 administered in the 2013-2014 school year. This represents a 73% increase in the number of Hep A vaccinations administered for that time period. In 2012-2013 school year, there were 10 Meningitis vaccines administered to students as compared to 13 administered in the 2013-2014 school year. This represents a 30% increase in the number of Meningitis vaccinations administered for that time period. These increases are due to the medical practitioner's education, counselling and recommendation of the vaccine to patients and their parents.

Trend: [▲]

Is Anyone Better Off? Mental Health Utilization



Story behind the baseline:

In the 2013-2014 school year, 689 students were enrolled at the SBHC and 58 students (8% of total SBHC enrollment) had one or more mental health visits totaling 732 visits. One hundred percent of mental health patients (58) received a mental health assessment utilizing the social workers psychosocial interviewing skills to obtain a baseline level of functioning. Of the 42 SBHC mental health patients that completed three months or more of regular therapy and reassessed, 38 (90%) 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 patient by the therapist and objective measures such as improvement in school attendance and grades.

Of those 38 students who improved, 27 (71%) continued therapy with the SBHC social worker and 11 (29%) completed their therapy with the SBHC social worker. Of the remaining 20 patients, 4 (20%) didn't show improvement but continued with the SBHC social worker and 7(35%) didn't complete three months of therapy because they transferred out of the school or were referred out for other services. The remaining nine (45%) 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, thirty-seven 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 (11%) were referred by the SBHC medical practitioner to the SBHC social worker for further assessment and counseling. All 4 (100%) students were seen by the SBHC social worker. Of those 4 students, 3 (75%) remained a patient with the SBHC social worker and 1 (25%) was referred out for direct services.

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; advertising in the school's program during the annual school play and promoting the SBHC Facebook page.

Vaccinations

- 1) The APRN/PA-C 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.