2014-2015 Program Report Card: Groton School Based Health Centers (Grades Pre-K-12)

(Fitch High, West Side Middle, Cutler Middle, Kolnaski Elementary, Chester Elementary)

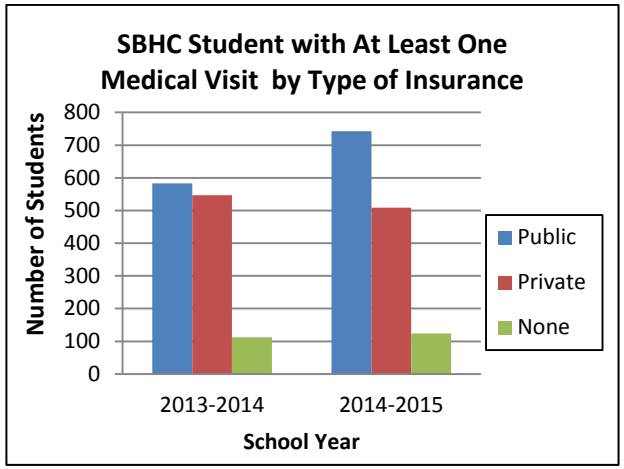
Quality of Life Result: All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed.
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 15	$503,190	$0	$0	$9,165*	$60,042	$572,397
Estimated SFY 16	$384,077	$0	$0	$6,288*	$45,534	$435,899

Sponsoring Organization: Child and Family Agency of Southeastern Connecticut, Inc.
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, SWAT Program

How Much Did We Do?

Access and Utilization



Story behind the baseline: In 2013-2014 the school population was 2,787. Of those, 1,941 (70%) were enrolled in the SBHC. Of those enrolled, 1,242 (64%) had at least one medical visit. For those 1,242 students, 583 (47%) were publically insured; 547 (44%) were privately insured; 112 (9%) reported no insurance.

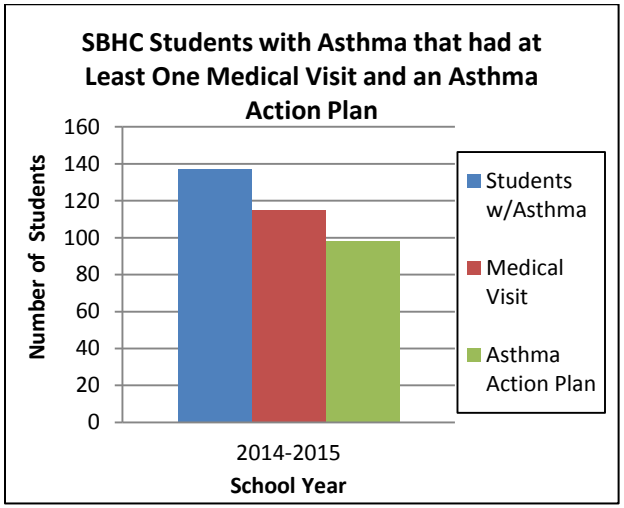
In 2014-2015 the school population was 2,730. Of those, 1,811 (66%) were enrolled in the SBHC. Of the enrolled, 1,376 (76%) had at least one medical visit. For those 1,376 students, 743 (54%) were publically insured; 509 (37%) were privately insured; 124 (9%) reported no insurance.

The number of privately insured is likely a factor of both the demographics of the community and the utilization of the health center by children of active duty/retired military as this is the home of the U.S. Submarine Base. Although the military-related children have the ability to receive care at the Base, there is a need for SBHC care due to availability of appointments at the Base as well as the situation of having one parent deployed while the other is working.

Trend: [▲]

How Well Did We Do?

Reduce the severity and frequency of asthma symptoms among students who utilize the SBHC.



Asthma has been chosen to demonstrate the positive impact that the school based health centers are making in terms of ensuring that students have good asthma control. Asthma is a persistent health concern in southeastern Connecticut. A local hospital confirmed this in their 2007 and 2013 Regional Community Health Needs Assessments, especially among Hispanic and non-Hispanic Black children. Asthma is cited by school officials as a primary cause of school absences. Absenteeism caused by asthma puts vulnerable children at risk for academic failure (CT Department of Public Health). Asthma can be a very serious condition and if not adequately treated can lead to a critical life-threatening event. Having an Asthma Action Plan is important because it serves as a tool to help reduce or prevent flare-ups and emergency department visits.

In 2014-2015, 136 (10%) students that utilized the SBHCs had an asthma diagnosis. Of those, 115 (84%) had at least one medical visit. Of those, 98 (85%) had an Asthma Action Plan.

The flu vaccine has been a recommendation for individuals with asthma by the American Academy of Pediatrics, The American Academy of Family Medicine, and the National Heart, Lung, and Blood Institute. Thirty five (26%) of the SBHC students with asthma received a flu vaccine at the SBHC. The very low number was likely due to the fact that many of the students have a primary care provider (PCP) in the community or the Sub Base or chose not to receive the vaccine (particularly in the high school).

Trend: ◄►

Trend Going in Right Direction? ▲Yes; ▼ No; ◄► Flat/ No Trend

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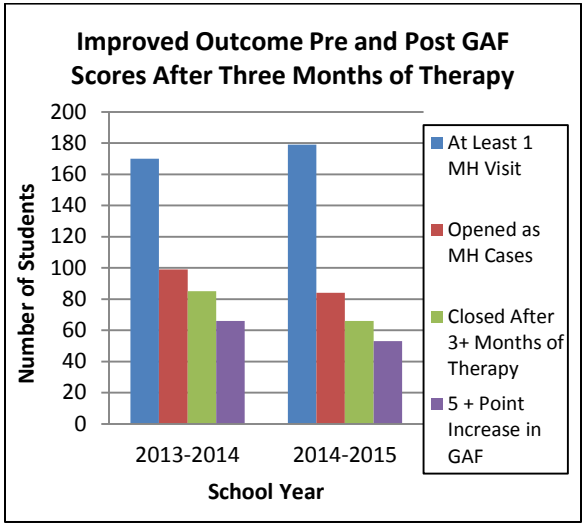
Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In 2014-2015, 179 students (14% of users) had a least one mental health (MH) visit. Some were seen only once, others may have been evaluated but did not want to engage in therapy (or the parent declined treatment). Others may already be in treatment with a community provider.

Eighty-four (47%) of them were opened as "cases" for continued therapy services by the clinician and were administered the Global Assessment of Functioning Scale (GAF) to determine a baseline level of psycho-social functioning. Of those 84 students initially assessed using the GAF, 66 (79%) received 3 or more months of therapy. Those 66 students were re-administered the GAF after three or more months of therapy. Fifty-three (80%) students significantly (by 5 or more points) increased their GAF score. This is slightly more than the 78% improvement calculated in 2013-2014. The 13(20%) students whose cases closed but did not improve their score graduated, moved, or did not want to continue in therapy. As for the 18 (21%) students who did not receive three or more months of therapy: they/their parent(s) didn't want to continue treatment, moved out of district, didn't attend therapy regularly, or were referred to a higher level of treatment such as the partial hospitalization program.

The number of students with at least one mental health visit increased by 5% from 2013-2014 to 2014-2015.

The SBHC nurse practitioners continue to do behavioral health screening on all students having physicals or who present to them with vague complaints. Those who have a positive (high) score are referred to the mental health clinician for further evaluation. The parent is informed of this by the nurse practitioner. If they are in therapy with a community provider, an offer to call that provider is made to the parent. In the event that a student is at high risk for suicide, either the emergency mobile psychiatry services are called or 911 for transport to the emergency room.

Trend: [▼]

Notes: *Other Funding is from United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

- Information and registration forms in English and Spanish will be given to Welcome Center/registrar at the school for all incoming students. Information and forms are also available on Agency and school website.

Asthma Improvement:

- The SBHC APRNs will work closely with the school nurses to identify students with asthma not enrolled in the SBHCs who will be provided enrollment forms and information about the availability of the flu vaccine through the Center.

- SBHC APRNs will identify any new SBHC users with asthma to determine if they have an Asthma Action Plan in place and, if one is needed, will ensure that one is developed and implemented.

Mental Health Services:

- With the institution of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), the Ohio Scales, brief measures of outcome for youth receiving mental health services will be used in the coming years as a measure of improvement. The GAF scale will no longer be utilized.

- SBHC mental health clinician will incorporate Trauma Based Cognitive Behavioral Therapy (TFCBT) with many of the students with mental health issues based in past trauma.

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) groups will be offered in all schools next year.

- The SBHC APRN will expand the behavioral health screening protocol to at least 30% more students that utilize the SBHC (in addition to those having physicals).

Data Development Agenda:

- 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.)