

## 2014-2015 Program Report Card: East Hartford High School, 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.

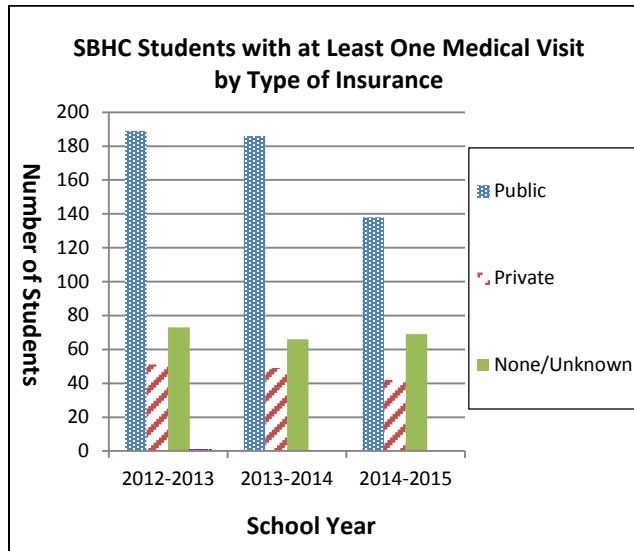
*Contribution to the Result:* School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 15	\$123,083	\$0	\$0	\$0	\$34,681	\$157,764
Estimated SFY 16	\$123,083	\$5,000 **	\$0	\$0	\$40,701	\$168,784

*Sponsoring Agency:* Integrated Health Services Inc.

*Partners:* Parents, Students, CASBHC, DPH, DSS, DMHAS, The CT Chapter of the AAP, School Based Health Alliance, Board of Education, Local Mental Health Agency, School Administrators and Faculty, East Hartford Youth Services, Jane Doe No More, East Coast Training Systems, East Hartford School Business Partnerships, School Health Advisory Council, Emergency Mobile Crisis, EH Youth Services, Intercommunity Mental Health, ECHN, CCMC.

### How Much Did We Do? Access and Utilization



#### Story behind the baseline:

The total school population has continually increased from 1,587 in 2012-2013 to 1,638 in 2013-2014 and to 1,643 in 2014-2015. Enrollment in the health center has varied over the three school years from 798 in 2012-2013 to 907 in 2013-2014 then back down to 746 in 2014-2015. The fluctuation in enrollment can largely be attributed to the inconsistency of medical staff at the center in the 2014-2015 school year. 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.

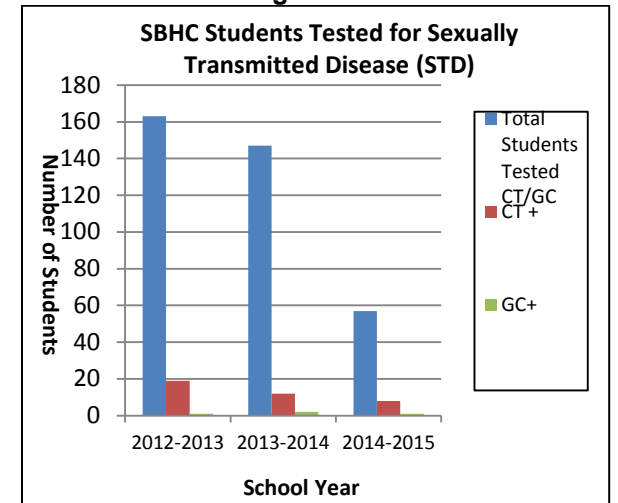
Of the 249 students that had at least one medical visit in 2014-2015. 138 (55%) were publically insured, 42 (17%) were privately insured and 69 (28%) had no insurance.

During these school years, the majority of medical visits were made by students who were publicly insured, 513 (59%), followed by the uninsured, 208 visits (24%) and finally privately insured, 142 (16%). An increase in the number of uninsured students utilizing health center services was seen in the 2014-2015 school year. Any Student seen without insurance is given information and assistance signing up for HUSKY.

The number of students who utilized the center for mental health visits has decreased over the past three years. One hundred and two (102) students had at least 1 mental health visit in 2012-2013. This number decreased to 101 students in 2013-2014 and then to 91 in 2014-2015. With the lack of APRN staffing at the SBHC fewer mental health referrals were made in the 2014-2015 school year leading to the subsequent decrease of mental health visits seen during that 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 included Gonorrhea (GC) and Chlamydia (CT). This goal was exceeded in 2012-2013 with 163 of 165 sexually active (98.8%) students tested, in 2013-2014 with 147 of 161 (91.3%) students tested and in 2014-2015 with 57 of 65 (88%) students tested.

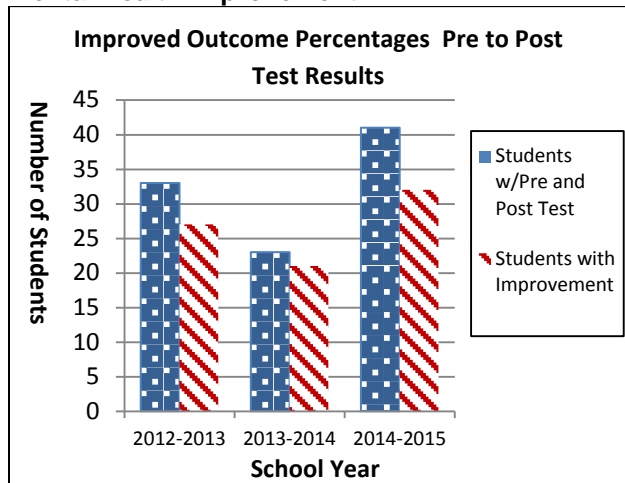
While the number of STD tests performed decreased yearly from 2012 through 2015, fewer positive results

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were also reported. This resulted in an overall unchanged prevalence amongst the students that were tested. One hundred and sixty three (163) students in 2012-2013, 147 students in 2013-2014 and 57 students in 2014-2015 were tested. 20 students or (12%) of students in 2012-2013, 14 students or (14%) in 2013-2014 and 9 or (10%) in 2014-2015 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.

**Trend:** [◀▶]

### Is Anyone Better Off? Mental Health Improvement



#### Story behind the baseline:

In 2012-2013 102 students had at least one mental health visit. Of those 33 (32%) of students that were assessed to determine a baseline level of functioning and then reassessed after three or more months of therapy. 27 of the 33 or (90%) showed improvement in their scores.

In 2013-2014, 101 students had at least one mental health visit. Of those 37 or (36 %) of students that were assessed to determine a baseline level of functioning and then reassessed after three or months of therapy. Of those 23 (62%) of students completed the posttest and of the 23, 21 or (91%) showed improvement.

In 2014-2015 (91) students had at least one mental health visit. Of those 41 (45%) of students that were assessed to determine a baseline level of functioning and then reassessed after three or more months of therapy. Of those 32 (78%) students showed improvement.

Students who did not show improvement were referred for additional services as they required a higher level of care than could be provided in this setting.

Obstacles to obtaining pre and post-tests continue to be clients not returning or ending services abruptly for reasons such as being removed or expelled from school or transferred within the district.

**Trend :** [▲]

Note: \*\* *Grant for Jane Doe No More*

#### Proposed Actions to Turn the Curve:

##### Access and Utilization:

- 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:

- To increase STD testing rates of the student population, the APRN will offer testing to all students that are sexually active. The APRN will work with the health education teachers to support existing curricula and make presentations about sexual health testing to health classes upon the teacher's request. Testing will be discussed and promoted at physical exams as a

part of adolescent annual wellness maintenance. Additionally, STD testing will be offered to any student who presents with risk factors.

##### Mental Health Services:

- 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.
- Staff will address the obstacle of obtaining pre- and post-test on students by instituting a repeat pass request in the "EHR system so that students continue to receive passes to return to the SBHC for follow up."

##### Data Development Agenda:

- 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
- Develop tools to measure the success of the social skills groups that are offered to students.