



Connecticut Institute For Communities, Inc.

(CIFC) is an FQHC dedicated to advancing our communities and fostering greater opportunities for low and moderate income individuals and families of our service areas through a combination of health and education programs and housing and economic development projects. In addition to the community health center, CIFC operates five School Based Health Centers (SBHCs) which serve 3,629 middle school and high school students in Danbury and Newtown, Connecticut. Our SBHCs provide medical, dental and behavioral health care services, as well as health education.

The SBHC at Rogers Park Middle School serves students who may experience difficulty accessing care due to financial, legal, linguistic, and educational barriers.

In School Year 2016-2017 we began to administer the Rapid Assessment of Adolescent Preventative Services (RAAPS) to identify students at risk for negative health outcomes. As a result, we were able to identify needs, refer, and intervene in a more focused and effective way.

PLAN

A systems assessment completed Fall of 2017 revealed :

- **Enablers:** Strong_collaboration between clinical, educational, and administrative staff; state level legislative support; and support from the CT Association of SBHCs;
- **Barriers:** Mental health needs exceed capacity, lack of community understanding of SBHC services and lack of parental consent; challenges with EHR – IT services contracted and off-site, lack of organized training session for Electronic Health Record (EHR) use; very busy clinic.
- Based on a similar time frame from the 2016-2017 school year, we found that none of the patients seen exclusively by the dental hygienist received the RAAPS screening and accompanying education.

RISK ASSESSMENT QUALITY INITIATIVE PROJECT 2017-2018 ROGERS PARK SCHOOL BASED HEALTH CENTER DANBURY, CONNECTICUT

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•Goal: Increase identification of students at risk and provide appropriate referrals, education, and follow up.

Starting fall of 2017, all students seen by the dental hygienist will also be scheduled with the APRN to complete a RAAPS form, have a BMI calculated, and receive targeted health counseling.

Initial AIM Statement:

To increase the percentage of students seen by the dental hygienist who receive risk assessment visit from 0-90% by January 2018.

DO

We developed and implemented a new workflow for students being seen for dental services:

- 1. At time of dental visit, medical secretary assessed whether student had had a risk assessment completed in the past 12 months.
- 2. If not, the student was added to the APRN schedule the same day or another time within the next two weeks based on provider and patient availability.
- 3. At APRN visit, student completed RAAPS and medical secretary measured height and weight and entered into HER
- 4. APRN met with student individually to review form and BMI, identify areas of risk, and provide patient specific education and referrals.
- 5. Bi-weekly, medical secretary reviewed dental patient lists to make sure RAAPS form had been completed.
- 6. Using data entered into the EHR, we focused on three main health risks:
- Body Mass Index (BMI)
- Depression Screening
- Flu Vaccination.
- BMI and depression screening were both targeted areas of improvement from the National Coalition of SBHCs, and flu vaccination was a goal we had targeted for increasing at our SBHC for all users.

By the end of the study period 63 of the 66 dental patients (95%) had a RAAPS completed with the APRN in the weeks following their dental appointment.

BMI Results:

30% (n=19) were identified as being overweight/obese-having a BMI greater than 85^{th} (n=6) and 95^{th} (n=13) percentiles.



STUDY

- Each received targeted health education at time of visit
- 21% (n=4 of 19) were seen in follow up visits for further physical activity and nutrition counseling
- Depression Screening Results:
- 4.7% (n=3) had a positive depression screen, and were referred to SBHC LPC for further evaluation and mental health treatment

Flu Vaccine Results:

- 100% were offered the flu vaccine
- 14% (n=9) returned the necessary paperwork & received the vaccine in the clinic

Comparison of Services Provided to Students Seen For Medical and Dental Appointments September 2017 through January 2018

Integrative health care is the cornerstone of the SBHC model. With the simple act of performing a standardized risk assessment we were able to connect students with the entire SBHC.

One unexpected challenge was in finding appointment time for the RAAPS at our busy clinic. Our initial plan was to have the students seen within a week, but that often had to be pushed out longer based on APRN availability.

Our mental health provider already works with a full panel of students, so adding more to her patient load resulted in her having to implement a wait list. Hopefully, the increased identification of students specifically needing mental health care can support efforts in gaining funding to increase services.

screened. • Dental services are available at many other SBHCs. We look forward to sharing our positive findings and process with hopes of encouraging them to implement a similar program, including the CIFC high school in Danbury.





Reflections on Analysis

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• Continue to reach out to dental students to complete BMI and RAAPS screening.

 Continue to look for opportunities to increase the number of students who are

 Track ongoing expanding needs for BH capacity for data to support possible expansion of services.

• Explore options for increasing BH capacity based on newly gathered data.

• Continue to develop relationship between SBHC and school staff to connect students with services already provided by the school.

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