

2014 Program Report Card: Claude Chester Elementary School Based Health Center (Grades K-5)

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

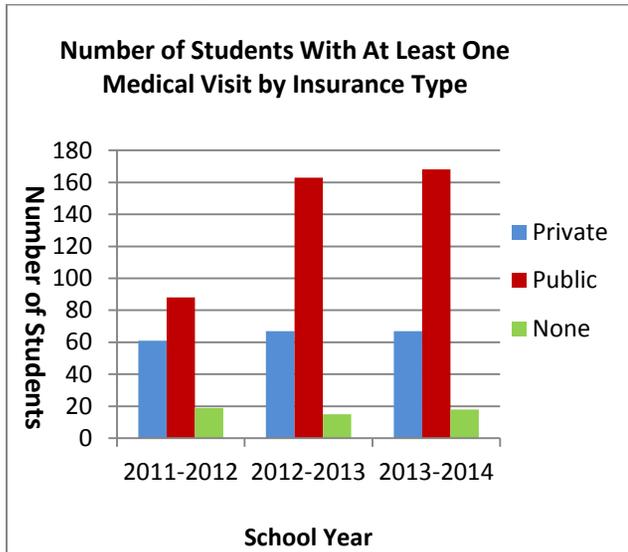
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

| 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 | \$77,489 | \$0 | \$0 | \$930* | \$30,191 | \$108,610 |
| Estimated SFY 15 | \$101,281 | \$0 | \$0 | \$1,064* | \$32,756 | \$135,101 |

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, School Wellness Team, Child First Groton

How Much Did We Do?

Access and Utilization



issues that may be impacting the student's mental health and to satisfy the meaningful use measures for the electronic health record.

In all three school years, the majority of enrolled student were publicly insured, followed by privately insured and those who said that they did not have insurance. In 2013-14, 200 (68%) had Medicaid/HUSKY insurance; 76 (26%) had private insurance; and 17 (6%) reported no insurance

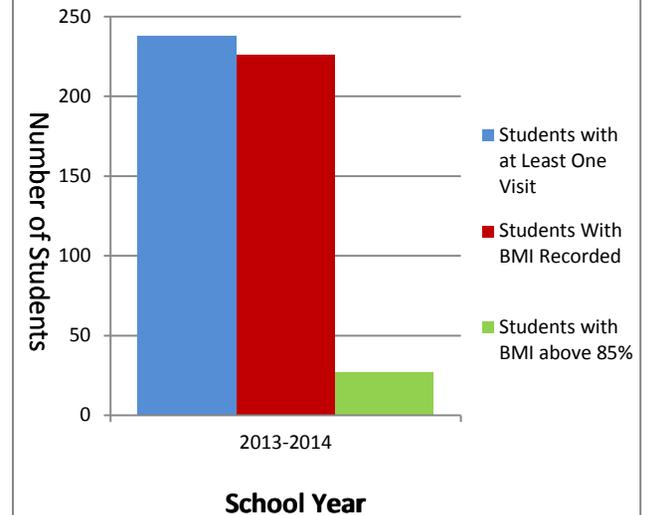
Enrollment in the SBHC is marketed during Open House and through the school nurse and school social worker. Registration packets with a letter explaining the services of the SBHC were sent home to every student who was not enrolled at the beginning of the year or when a new student entered the school. In addition Flu shot letters and permission forms were sent home to everyone in the school

Trend: [▲]

How Well Did We Do?

Reduction in percentage of SBHC users with BMI >85%

Number of Students with Medical Visits, BMI Recorded and BMIs >85%



Story behind the baseline:

The total school population has increased 13% from 322 in 2011-2012 to 364 in 2013-2014. The enrollment in the health center increased in numbers from 261 (81%) to 293 (80%) during those same periods, although the percentage was slightly less by 1% in 2013-2014 than it was in 2011-2012.

The number of students with at least 1 visit has increased annually. In 2011-2012, 168 students were seen and in 2013-2014, 238 students were seen, representing a 17% increase. (All students seen by the MH clinician are also seen by the nurse practitioner to review medical conditions, allergies, medications, etc.) This is done in order to identify any medical

Story behind the baseline: Body Mass Index (BMI) is calculated at the first medical visit and at subsequent visits that occur a minimum of one month or more from the previous measurement. The SBHC staff utilizes the International Classification of Diseases (ICD-9) to identify the BMI % for students. 27 students had a recorded BMI over the 85%. 10 of those students were interested in being followed for weight management.

The children and families identified at risk for obesity were offered educational support based on 5-2-1-0 model * and ChoseMyPlate.gov. Both of these sources of wellness materials are free, culturally sensitive and available in multiple languages, which is important for our SBHC program.

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*5 -2 -1- 0 (Daily goals for children/adults)

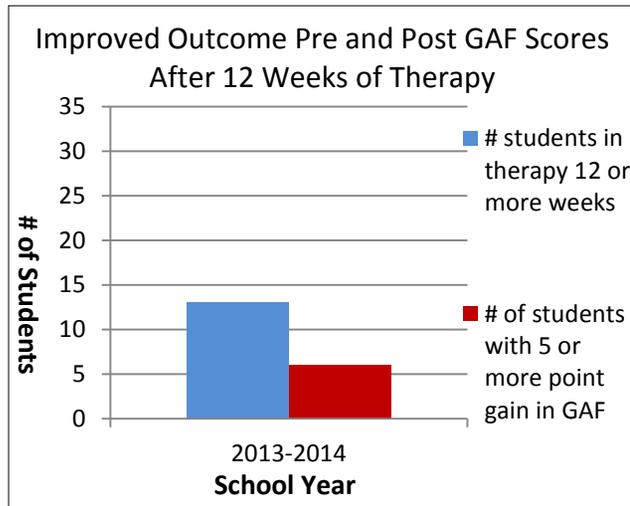
- 5 or more fruits and vegetables
- 2 hours or less of screen time
- 1 hour of activity/exercise
- 0 sugary drinks

Despite our best efforts no student decreased their BMI, several students however were able to maintain their weight which is important as they are still growing in height at this age.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

In 2013-2014, 22 students had at least one MH visit. Of those, 16 were picked up as clinical cases. 13 of them (81%) closed after at least 12 weeks of service. The other 3 either left the district or did not want to continue in therapy. 6 of those 13 (46%) had a 5 point or more gain in their GAF score. The other seven were either referred to a higher level of care, moved, or no longer wanted to continue in therapy.

Clinician has been at Claude Chester for two years. There is a strong, positive relationship with teachers, guidance, and other student support staff. Parents may call the clinician directly to request services.

Trend: [▲]

Notes: *Other Funding is from the United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

In the next year letters for permission to give the flu vaccine will go out at the beginning of the school year with all the other school paperwork. For those students who are not yet enrolled, those forms will be provided to the parents. This strategy is expected to increase the SBHC enrollment and utilization by at least 10%. To increase utilization, staff will talk more with teachers about services that are available and the impact utilizing them can have on classroom performance.

Obesity Reduction:

We will increase use of the 5210 Healthy Lifestyle Screen. It will be given to each family at the time of a PE

Mental Health Services:

Next school year there will be 2.5 more days of service provided, this will allow the clinician to provide better access to care during times of crisis.

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.)

**Data presented represents 2013-2014 school year and is only to be used as a baseline.