

2014 Program Report Card: Friendship School Based Health Center (Pre-School Age 3-Kindergarten)

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.

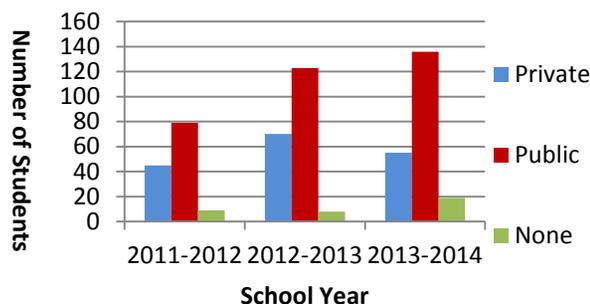
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 14	\$58,862	\$0	\$0	\$725*	\$25,076	\$84,663
Estimated SFY 15	\$54,306	\$0	\$0	\$564*	\$16,782	\$71,652

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

How Much Did We Do?

Access and Utilization

Number of Students With At Least One Medical Visit by Insurance Type



Story behind the baseline: The student population has stayed the same for all three years: 516, 513, and 517. The enrollment in the SBHC has mirrored those small increases from year to year: 241(47%) in 2011-2012; 247(48%) in 20112-2013) and 251 (48.5%) in 2013-2014. The number of students with at least one visit was 133 (55%) in 2011-2012 and 132 (53%) in 2013-2014. This slight decrease was likely because of the fact that the .5 FTE nurse practitioner left in December 2013. The Director of the SBHCs provided .2FTE for the remainder of the year. During that time when the Director was not available students were referred to one of the other SBHCs in New London. The .5 FTE Mental Health Clinician carried a full caseload throughout the year.

In the 2013-2014 school year there were 156 students (62%) who were publicly insured, followed by 73 students (29%) who were privately insured, and 22 students (9%) who did not have insurance. A similar distribution of insurance types was observed in the 2011-2012 and 2012-2013 school years.

The SBHC clinician gets many referrals from the "related services" team. The clinician has had a waitlist beginning in March. The SBHC nurse practitioner enrolled several students by providing information and outreach about the flu vaccine.

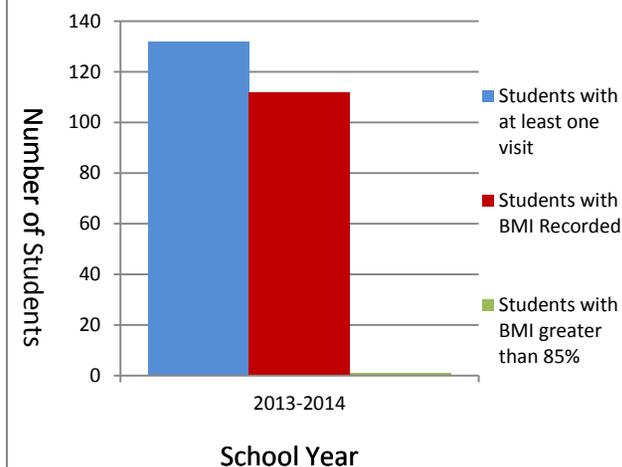
It is important to acknowledge that this is a school with 3-5 year olds from both a city and neighboring suburb. Parents of these children are often wary of enrolling their child for SBHC services because of their age. The suburban (Waterford) parents have not had the experience of a school based health center program that the New London parents have had.

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: There were a few more medical visits and BMI's recorded in the 2013-2014 year. As this is a Meaningful Use measure the nurse practitioners became much more aware of the need to get a height and weight which the EHR then translates into BMI. Much of the activity during the year had to do with physicals, minor acute care visits, and flu immunizations. Better efforts will be made next year to address the students with obesity.

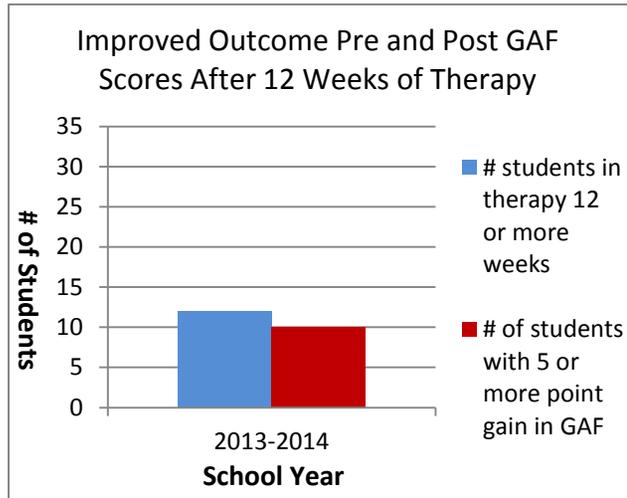
Trend: [▲]

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Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In 2013-2014, 19 students had at least one MH visit. Of those 16 that were picked up as clinical cases, 12 of them (75%) remained in therapy for at least 12 weeks and were discharged. 10 of those 12 had a 5 point or more gain in their GAF score (83%). The other two did not wish to continue in therapy.

The mental health clinician has been at TFS for two years. Teachers and staff make referrals for services. Children learn about their emotions and the physiological reactions they experience to emotions. This is done with music, movement, and art. Health emotional management skills are taught through relaxation techniques and with CBT components of positive self-talk.

Trend: [▲]

Notes: * Other Funding is from the United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

The SBHC nurse will send out mailings about the flu vaccine earlier in the school year which should increase parent interest in receiving the preschool flu-vaccine from the SBHC and enrolling their child for services. We will continue to provide outreach and information to parents at open house and other parent events.

Obesity Reduction:

Since these students are so young, the NP will attempt to work with parents of those who are significantly overweight. For the children, food models will be used to demonstrate portion size as well as discussing avoiding sugary drinks.

Mental Health Services:

Planning more classroom involvement, including reading books, will be helpful to increase visibility of the SBHC clinician. Continued parental contact. Parents will be invited to join many of the beginning sessions, emphasizing their importance to their child's success in counseling.

Data Development Agenda:

1. 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
 - 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.