

## 2014 Program Report Card: Regional Multicultural Magnet 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.

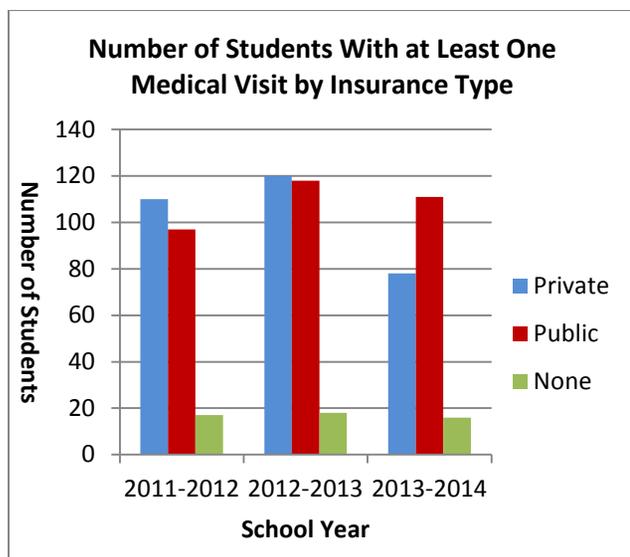
*Contribution to the Result:* School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$101,474	\$0	\$0	\$1,158*	\$32,567	\$135,199
Estimated SFY 15	\$131,790	\$0	\$0	\$1,426*	\$47,835	\$181,051

*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 New London

### How Much Did We Do?

Access and Utilization



**Story behind the baseline:** The school population has hovered around the same number from 528 in 2011-2012 to 535 in 2012-2013 to 527 in 2013-2014. The enrollment in the SBHC has gone from 413(78%) to 332 (62%) to 388 (74%) over this time period.

The number of students with at least one visit has gone from 224 users (54%) to 230 users (59%) between 2011-2012 and 2013-2014, an increase of 3%. (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 issues that may be impacting the student's

mental health and to satisfy the meaningful use measures for the electronic health record.

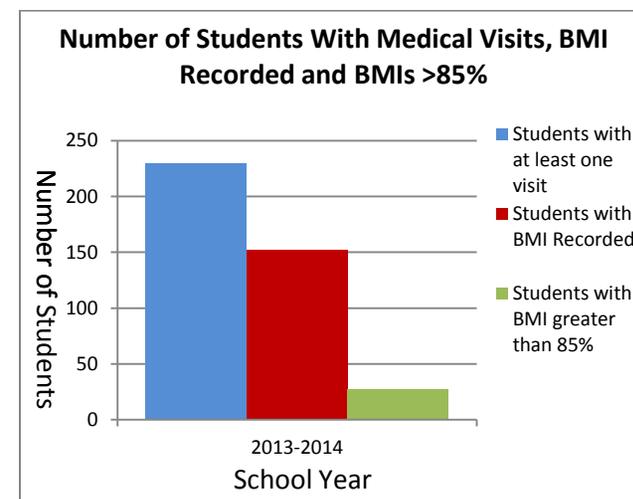
In the 2013-2014 school year there were 175 students (45%) who were publicly insured, followed by 167 students (43%) who were privately insured, and 46 students (12%) who did not have insurance. A similar distribution of insurance types was observed in the 2011-2012 and 2012-2013 school years

The Regional Multicultural Magnet School includes SBHC enrollment paperwork in their letters to incoming students. SBHC staff were present at the open house in the fall to help increase enrollment. The school nurse at RMMS has been a great advocate of SBHC services. She regularly talks to families about our services, distributes enrollment paperwork and brings children/families over to the clinic to see the facility and meet our staff. School Administrators and School Social Worker also promote the accessibility and importance of client care provided through RMMS' SBHC.

**Trend:** [▲]

### How Well Did We Do?

Reduction in percentage of SBHC users with BMI >95%



#### Story behind the baseline:

180 students (78% of users) had a BMI recorded in their health record. Of those, 27 students (15%) were identified as having a BMI .95%. (Data unavailable for those with BMI >85%).

These 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.

\*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

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Of those 27 students identified as having a BMI > 95%:

7 children's BMI increased (27%)

6 children's BMI decreased (23%)

2 children's BMI stayed the same (8%) and for

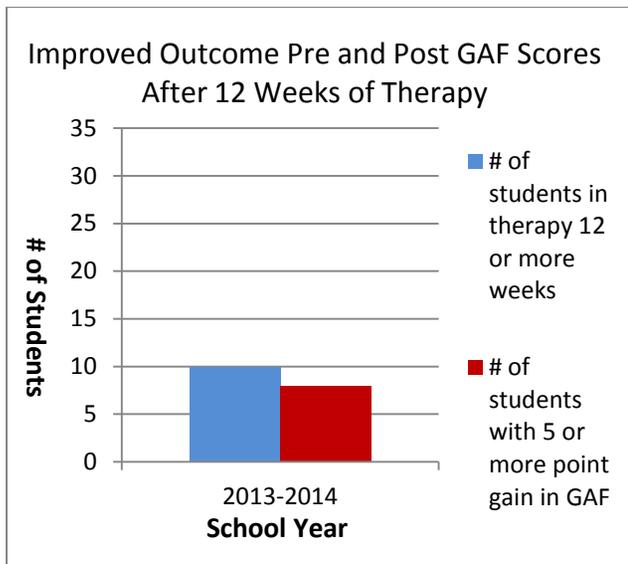
11 children we had only one measurement, so unable to determine a change (42%).

Interestingly, many of the BMIs were higher during the winter months, which may indicate a decrease in physical activity.

The overall percentage of elevated BMIs at RMMS (15%) may be lower than at other elementary schools. RMMS is very progressive with daily outside play at recess and has an active Wellness Committee.

## Is Anyone Better Off?

### Mental Health Improvement



**Story behind the baseline:** In 2013-2014, 33 students had at least one MH visit. Of those 18 that were opened as clinical cases, 10 of them (56%) closed after at least 12 weeks of service. 8 of those 10 (80%) had a 5 point or more gain in their GAF score. The remaining 2 students will continue in therapy. The other 8 that did not complete 12 weeks of therapy either left therapy, went to a higher level of care, or moved out of the region. Clinician has been at Magnet for the past 3 years. Referral sources often are provided through the Behavior Support Team,

School Social worker, parents and CFA's Child Guidance Clinic. Clinician maintained positive and collaborative relationships with all referral sources, as well as parents, caregivers and teachers.

Parents may call directly to request services for their child. NP's screening helps clinician become aware of potential referrals as well. Clinician has not needed to provide further screening at this time.

Due to several deaths in the RMMS community this year, Clinician visited classrooms to discuss the importance of speaking about feelings of anger and sadness, as well as exploring ways to express one's needs during times of elevated stress.

The cases this year were more difficult, thus the decrease in numbers and the less successful the outcomes from the previous year.

**Trend:** [▲]

**Notes:** \* Other funding is from United Way

### Proposed Actions to Turn the Curve:

#### Access and Utilization:

The possibility of downloading enrollment forms online directly through RMMS's website will be explored to help improve enrollment. Nurse practitioner has been invited to participate in Wellness Committee.

#### Obesity Reduction:

In the next school year, we will continue to identify at-risk children with elevated BMIs and use the 5-2-1-0 and Choose My Plate.gov tools.

Children with elevated BMIs will be screened for mental health and body image issues. If the child's initial mental health screening is positive, will follow with repeat screenings and refer to counseling in the school or with SBHC therapists as needed.

#### Mental Health Services:

Clinician to visit classrooms on a more consistent basis in an effort to increase visibility (and enrollment) in the SBHC. Clinician will join Child & Family's TFCBT team (Trauma Focused Cognitive Behavior Therapy).

### Data Development Agenda:

1. Work with Electronic Health Record (EHR) Vendor:
  - To align EHR generated reports to meet DPH requirements
  - To streamline the process of exporting our data from EHR to DPH
2. 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 SWAT, 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.