

2014 Program Report Card: Stanton 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.

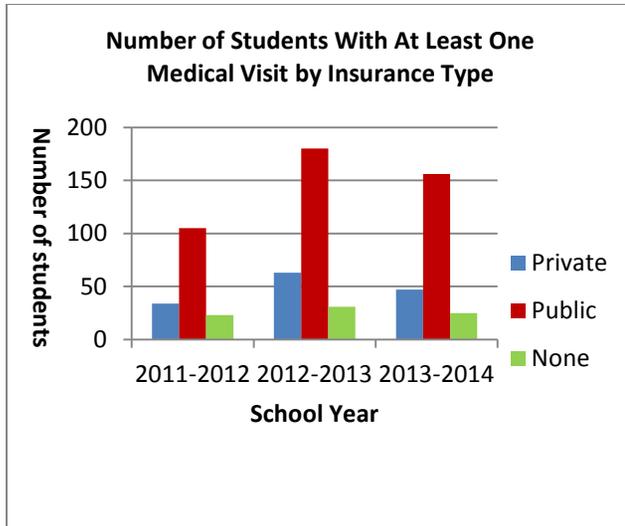
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$137,848	\$0	\$0	\$1,563*	\$43,153	\$182,564
Estimated SFY 15	\$91,969	\$0	\$0	\$1,012*	\$35,578	\$128,559

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, United Community and Family Services

How Much Did We Do?

Access and Utilization



Story behind the baseline:

The student population at Stanton has decreased slightly each year from 405 in 2011-2012 to 392 in 2012-2013, to 373 in 2013-2014. However the percentage of students enrolled in the SBHC has increased each year (186/485=38% in 2011-2012; 273/392=70% in 2012-2013; 272/373=73% in 2013-2014.) This was likely due to a change in administration and an increased appreciation for the services that can be provided by the mental health clinician.

In 2013-2014, 198 of the 272 students enrolled (73%) had at least one visit to the health center. (All students seen by the mental health clinician are also seen by the nurse practitioner (NP) 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 2013-2014, the majority of the enrolled students had Medicaid/HUSKY insurance (180 or 66%). Following that were 59 students (22%) who had private insurance, and 33 (12%) said that they had no insurance.

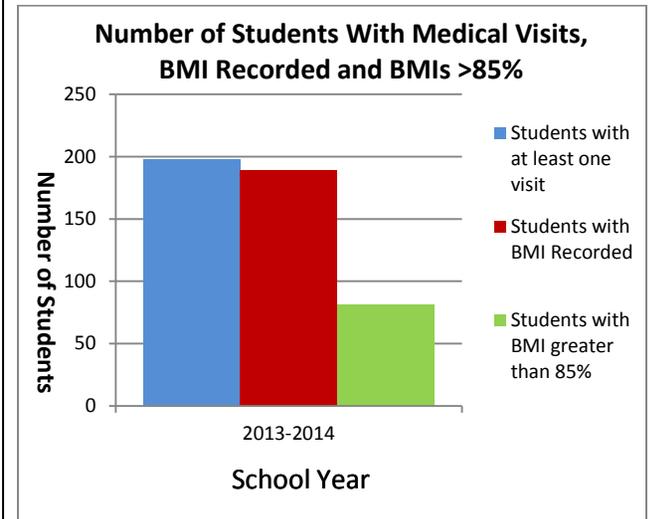
This school struggled initially with enrolling children into SBHC program due to Doctors' offices telling parents that their child should not be enrolled, and some doctors even said they would drop the client if they did enroll. This practice seems to have improved over the last year as the SBHC has encouraged parents to have the PCP see the child for their well-child visits and has coordinated care with some of them over chronic health problems such as asthma.

The program was discussed at open houses, meetings, and orientation, so that parents understood it was open to all families. The Clinician worked closely with the school guidance counselor in order for form many different groups that would benefit students, and helped to increase the clinician's caseload.

Trend: [▲]

How Well Did We Do?

Reduction in percentage of SBHC users with BMI >85%



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 which is calculated automatically in the electronic health record.

Of all the students that had visits to the SBHC in 2011-2014, portion control which seems to be one of the biggest problems with the 29 (15%) students are between the 85th and 94th percentile, while 52 (26%) are at or above the 95th percentile. The nurse

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practitioner (NP) has been working with the children and their parents regarding healthy diet and exercise for their children and themselves. These families were offered educational support based on 5-2-1-0 model* and Choose My Plate.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/vegetables
- 2 hours of less of screen time
- 1 hour of activity/exercise
- 0 sugary drinks

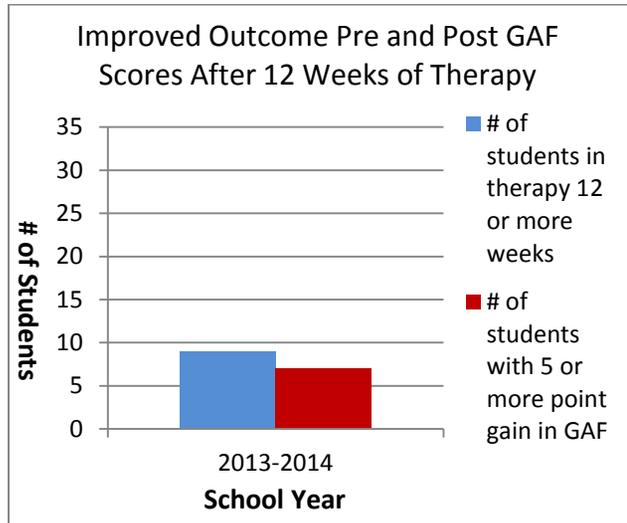
The children were receptive but there were no noticeable changes in their habits. On average the BMI stayed the same but in some cases it did increase.

The information mentioned above was sent home but parents were not responsive, despite several attempts to talk with them and involve them in a healthy diet/exercise plan for their child.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In 2013-2014, 35 students had at least one MH visit. Many did not want to engage in therapy or were already receiving services from the social worker at school or a provider in the community. Of those 12 that were picked up as

clinical cases (34%), 9 of them closed after at least 12 weeks of service. The other three will continue in therapy in the next school year. 7 of those 9 (78%) had a 5 point or more gain in their GAF score. The remaining 2 students were either referred to a higher level of care or did not want to continue in therapy.

These students on caseload

- Experienced improvement in their psychosocial functioning.
- Behaviors improved.
- attendance improved
- grades improved
- were allowed to go on more field trips, and were able to be involved in more activities\

Trend: [▲]

Notes: *Other funding is from United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

Will coordinate with school's Information Technology team to link information about SBHC program and services as well as registration paperwork on school's website.

Obesity Reduction:

5-2-1-0 forms will be given out at the beginning of the school year to be filled out by the parents and visits can be scheduled to have the parents present. Specific, personalized instructions will be given to the parent so that specific changes in diets and lifestyle habits can be made. The children can be brought back for weight checks but perhaps more care with the parent present would be helpful.

Mental Health Services:

Increase communication with school support team, making them aware of community services for the students as well as the services that clinician can provide, including trauma-based Cognitive Behavioral Therapy.

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.