

2014 Program Report Card: Teachers' Middle School Based Health Center (Grades 6-8)

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

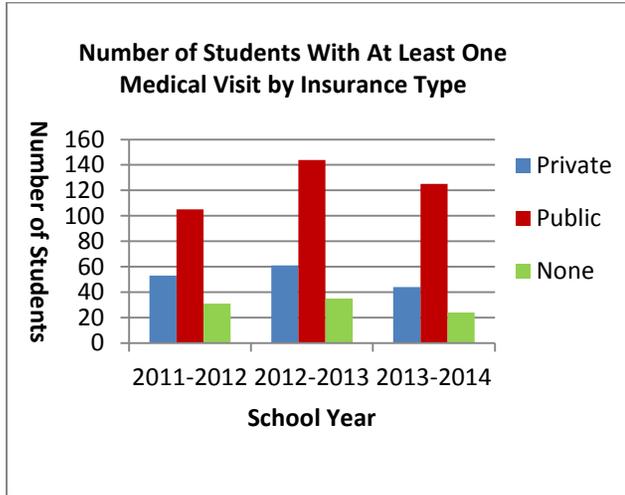
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$111,885	\$0	\$0	\$1,289*	\$37,369	\$150,543
Estimated SFY 15	\$91,725	\$0	\$0	\$999*	\$34,147	\$126,871

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, SWAT Program

How Much Did We Do?

Access and Utilization



Story behind the baseline: The total school population has been around the same for the three years: 491, 454, and 470. However the SBHC enrollment percentage has increased each year: 273 (38%), 236 (52%), and 268 (57 %).

In 2013-2014 there were 163 (61% of enrolled) students who had at least one visit to the SBHC. (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.

The majority of students enrolled at Teachers have Medicaid/HUSKY insurance (183/268= 68%). Those are followed

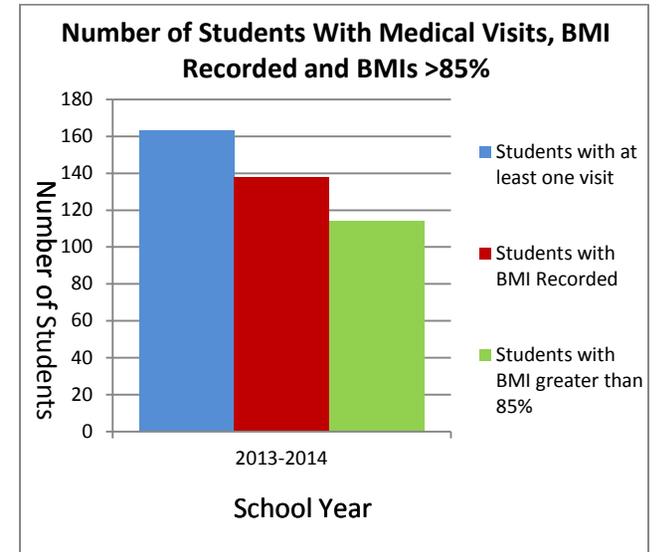
by students with private insurance (55/268= 21%), then those without insurance (30/268= 11%).

The school nurse and social worker have helped to increase enrollment. Parents have been informed about SBHC services through the open houses, school registrations, school fairs and PTO meetings. Some of the parents are worried that their community provider will not see their child if they sign up for the school based health center. (Their child's PCP has a sign posted in his office that they will discharge any patient that is signed up for the school based health center.)

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. The electronic health record automatically calculates the BMI this year 34(21%) students were between the 85th and 94th percentile. 80 (49%) students are at or above the 95th percentile.

Thirty children with a BMI of 95% or higher were offered to participate in our Student Wellness and Activity Team (SWAT). Only 6 joined the class. One of the students never showed up. The

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other 5 all attended at least 50% of the classes. In post assessments of the children none of the students had any weight loss. (SWAT, done in collaboration with Ledgelight Health Dept., Uncas Health Dept., Mystic Y, UCONN Extension Program, and School's Food Service. First half-hour is exercise, the next is learning to prepare and cook foods that are healthy yet still appealing to a young teen, and the last half hour includes families who wish to come and enjoy the meal that the students prepared. The registered dietician is available to any student/families who wish to meet with her individually).

Most of the children were not receptive to changing their lifestyle. On average the BMI stayed the same but in some cases it did increase.

The children and families identified at risk for obesity (all those above the 85%) 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.

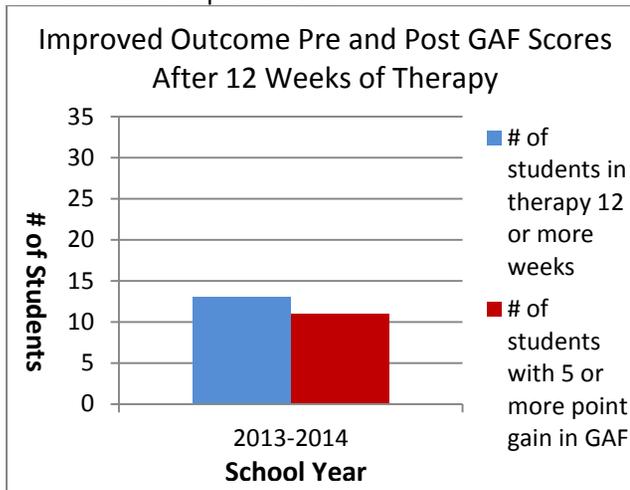
*5 -2 -1- 0 (Daily goals for children/adults)

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

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In 2013-2014, 32 students had at least one MH visit. Some of these were re-screenings from the Nurse Practitioner's Mental Health screen during a physical. Some did not want to engage in therapy, while others already were in therapy either at school or with a community provider. Of those 14 that were picked up as clinical cases, 13 of them closed after at least 12 weeks of service. 11 of those 13 (85%) had a 5 point or more gain in their GAF score. The other was referred to a higher level of service. The one who did not close will continue with services into the next school year.

The 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:

Encourage students that are willing to work on their weight to utilize on line food tracking tools such as choosemyplate.gov, Myfitnesspal.com, sparkteen.com

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.