

2014 Program Report Card: Suzanne Leone SBHC @East Hartford Middle School Grades 6-8

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

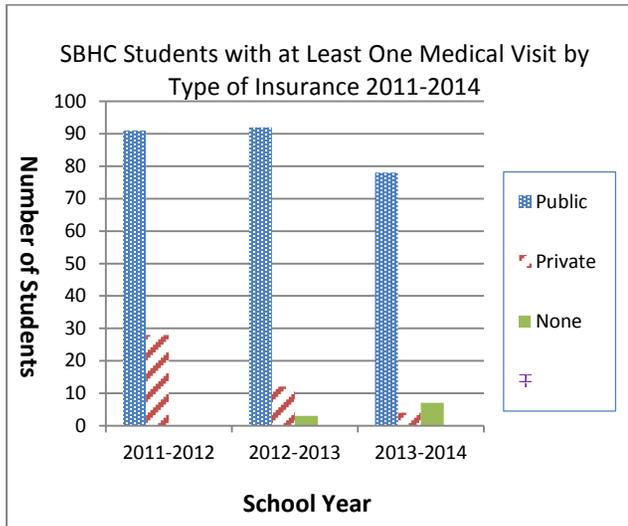
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$150,000	n/a	HRSA Dental \$5,000	n/a	\$20,000	\$175,000
Estimated SFY 15	\$182,858	n/a	HRSA Dental \$10,000	n/a	\$50,000	\$242,858

Partners: Parents, Students, Connecticut Association of School Based Health Centers (CASBHC), Department of Public Health (DPH), Department of Social Service (DSS), DMHAS, The CT Chapter of the AAP, School Based Health Alliance, Board of Education, Intercommunity Health Services, First Choice Community Health Center, School Administrators and Faculty, Goodwin College, East Hartford Youth Services, Family Resource Centers, School Readiness Program. Community Resource Center of East Hartford.

How Much Did We Do?

Access and Utilization



Story behind the baseline: The total school population has increased from 1,049 in 2011-2012 to 1,099 in 2013-2014. As a result, enrollment in the health center has increased from 344 students (33%) to 426 (39%) increasing the demand for services. Marketing efforts were increased in the 2013-2014 school year. Letters and flyers

with information about the SBHC were developed in English and Spanish with a focus on health literacy and sent home with every student. SBHC Staff also presented information about the SBHC to parents of all incoming students and at open houses for parents. SBHC staff attended team meetings in school to present information about the clinic and resources available. The SBHC staff has a great reputation for quality care, which helped to make the program very successful with the highest enrollment to date.

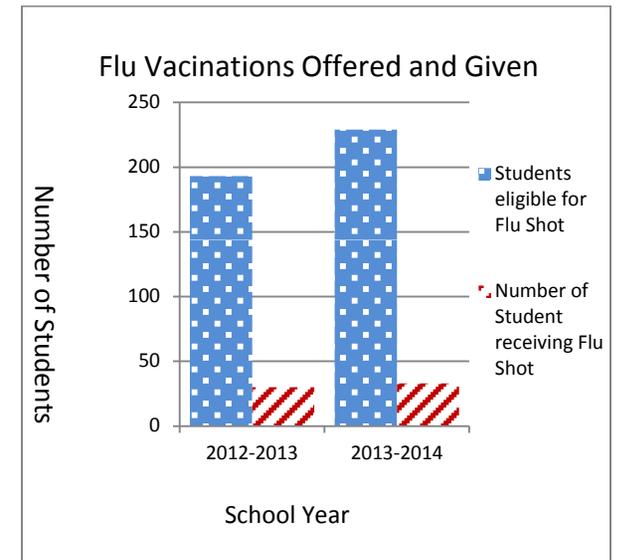
The number of students with at least 1 medical visit has increased annually. In 2011-2012, 279 (27%) students were seen and in 2013-2014, 443 (40%) students were seen, representing an increase of (164) 62.9%. In all three school years, the majority of medical visits were made by students who were publicly insured 751 (73%) followed by privately insured 63 (6.1 %), uninsured 177 (17.2%) and unknown/other insurance status 37 (3.6%).

The number of students who utilized the center for visits has fluctuated over the past three years. 102 (29%) had at least visit in 2011-2012. That number increased 234 (56%) students in 2012-2013. 163 (45%) registered students had at least one visit in 2013-2014.

Trend: [▲]

How Well Did We Do it?

Goal: Reduce the occurrence of preventable disease among SBHC enrollees. Information about the influenza vaccine was distributed to 1075 (82%) of the students enrolled in the SBHC. Of the 888 students to whom the vaccine was offered, 64(7%) received the vaccine. The remaining students (93%) declined the vaccine.



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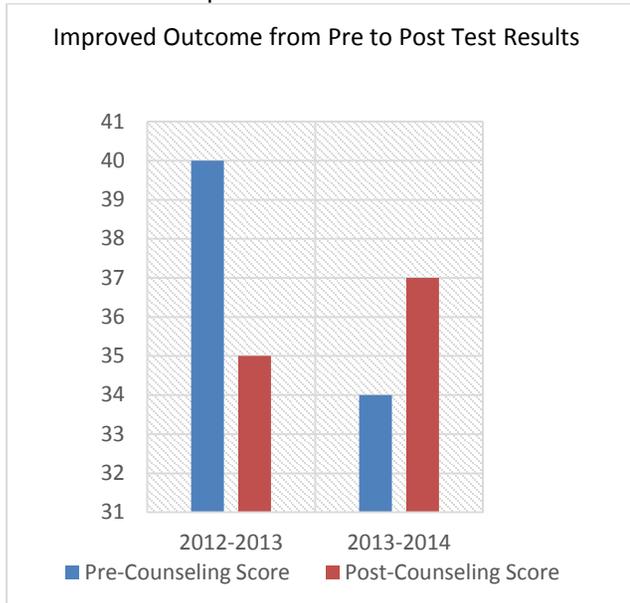
Story behind the baseline:

Influenza vaccine information sheets were sent home with students along with Parent Permission Forms (PPFs). Information regarding disease prevention was also discussed at physical exams and each student was offered the vaccine. Hand-washing was reviewed, as well as other disease prevention tips, at physical exams and sick visits.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

Goal: 50% of clinic users receiving mental health services for at least 3 months of regular therapy will demonstrate improved psychosocial functioning.

In 2013-2014 East Hartford Middle School started to use the GAF (Global Assessment Functioning) tool and the results were:

82.22% or (37 out of 45) of consistent members demonstrated improve psychosocial functioning (pre

and post GAF scores (taken at time of assessment and end of treatment). Students demonstrated clinically significant improvement as indicated by: Improvement in interpersonal relationships, self-esteem, mood, school performance, and knowledge and use of emotion regulation strategies. Students have also demonstrated a decrease in suicidal ideation, self-injury, depression, and anxiety. The remaining students were referred out for additional services and 2 left the school. Social worker utilized several treatment modalities to offer support to students (including Cognitive Behavioral Therapy, Emotional Desensitization Reprocessing Therapy, and Imagery) via individual, family, and group counseling. 41 (11%) students participated in peer support groups in addition to receiving individual and family counseling; including Girls' Group, Boy's Group, Self-Esteem Group, Anger Management Group, and Social Skills Group.

In 2013- 2014, 44 (12%) of enrolled students who displayed high risk behaviors were invited to attend the Health Relationships Group Series co-facilitated by Social Workers and the Department of Public Health. 24 (90%) of males and 16 (88)% females who attended the group reported increase knowledge of and prevention against Sexually Transmitted Diseases.

Trend: [▲]

Notes:

Data from 2011-2012 was not available due to electronic health records implementation in late spring in 2012. Due to staff turnovers, each clinician used different tools. This has made comparisons challenging.

Proposed Actions to Turn the Curve:

Access and Utilization:

SBHC staff will conduct additional orientations to all students and will attend the first Parent Night meeting to share information about the SBHC with parents/guardians. SBHC information will also be included on the school website; in the school newsletter and on school bulletin boards; and through

the school message blast system that reaches the households of students attending the school.

Immunizations:

To increase the number of Middle School Students enrolled at the SBHC, staff will continue to attend school open houses and parent teacher conferences. SBHC Staff will also participate in orientations of incoming 6th and 7th grade students, and will distribute Parent Permission forms (PPF's) to all health classes in the beginning of the school year. School support staff will also be provided with PPFs to distribute to at risk students. To increase the influenza vaccination rate at the middle School, the APRN will offer the vaccine to all eligible students at all visits. Information about the vaccine will be posted within the SBHC and will be provided to the school nurse for referrals. LCSW will continue to offer individual, group and family counseling to support positive emotional development.

Mental Health Services:

SBHC staff will provide SBHC orientation sessions to all new and existing school personnel. Orientation will include information on the mental health services offered through the Center, the referral process and the importance of linkages with community service providers and other resources. SBHC will work collaboratively with school staff to identify students at risk and ensure a coordinated approach to addressing student/family need. SBHC staff will also establish and maintain collaborative relationships with new and existing community based providers to ensure continuity of care and access to needed resources.

Data Development Agenda:

To improve data collection capabilities, we are working with our electronic medical record system to develop reports to meet all of the DPH Requirements.