

## 2014 Program Report Card: Silver Lane SBHC @ Silver Lane Elementary School K-5

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

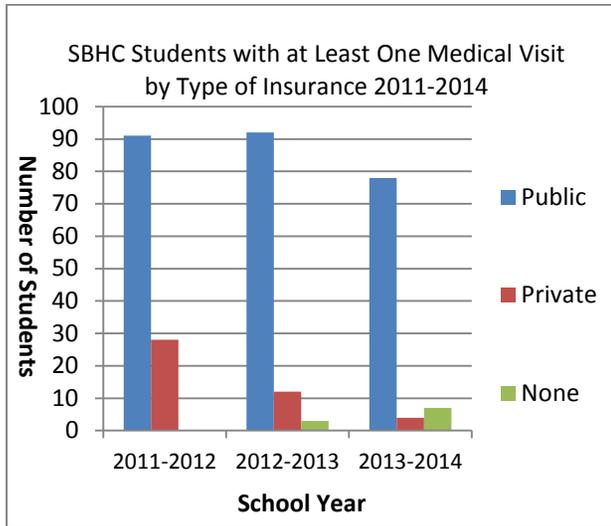
*Contribution to the Result:* School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$111,208	n/a	n/a	n/a	\$12,500	\$123,708
Estimated SFY 15	\$117,715	n/a	n/a	n/a	\$10,000	\$127,715

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

### How Much Did We Do?

#### Access and Utilization



**Story behind the baseline:** The total school population has increased from 287 students in 2011-2012 to 290 in 2013-2014. As a result, enrollment in the health center has increased from 258 to 273 students, 95% of the schools population. Marketing efforts were increased in the 2013-2014 school year. Letters and flyers with information about the school based health center (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 visited every classroom 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 medical visits to the health center in the 2011-2012 academic year was 119. In the 2012-2013 academic year, 107 students were seen and in 2013-2014, 89 unduplicated visits were reported representing a decrease due to staffing changes. In 2013-2014, there were 78 students (88%) who were publicly insured, followed by 4 students (5%) who were privately insured and 7 students (8%) with no insurance. In all three school years, the number of students with private insurance has decreased and in the 2011-2013 school years, the number of students with public insurance has increased.

The number of students who utilized the center for mental health visits has increased over the past three years. Forty (40) students had at least 1 mental health visit in 2011-2012. That number increased to 50 students in 2013-2014, an increase of 25% over the last three years.

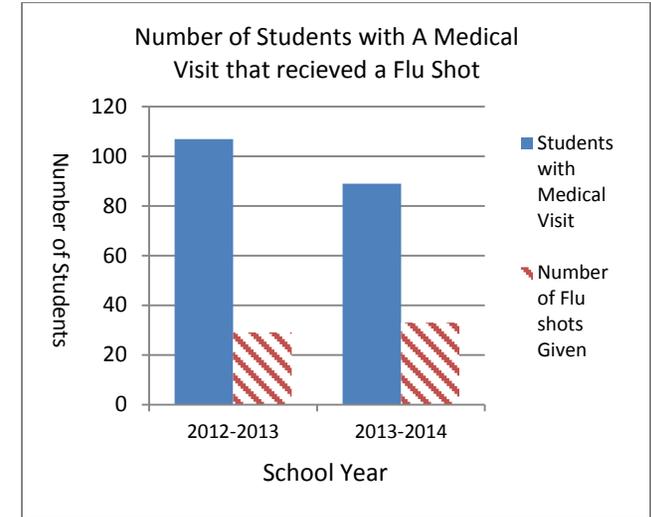
In 2012-2013, 225 (81% of enrolled) students were screened for dental caries. 149 (66% of the 225) had a prophylaxis and received fluoride varnish applications. The Dental Hygienist had a total of 387 visits and did 10 classroom presentations.

In 2013-2014, 273 (100% of enrolled) students were screened for dental caries. 231 (85% of the 273) students received prophylaxis, 95 (35%) received sealants and 273 (100%) received fluoride varnish applications.

**Trend:** [▲]

### How Well Did We Do?

#### Flu Vaccinations Offered and Received



#### Story behind the baseline:

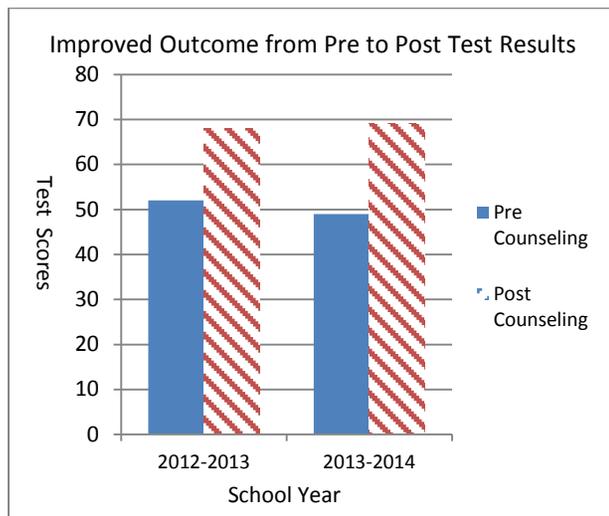
Data regarding flu vaccinations is unavailable for the 2011-2012 academic year. In 2012-2013 and in 2013-2014, 30 and 33 flu shots were given respectively. Our electronic records were not in use until the spring of 2012. Any information that was not previously reported to the department is not able to be tracked. Increase awareness and marketing of flu shots will begin in September 2015 with the new Advanced Practice Registered Nurse (APRN) who will attend staff meetings, open houses, and faculty meet and greet as well as community outreach.

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### Is Anyone Better Off?

#### Mental Health Improvement



#### Story behind the baseline:

Fifty one (19%) of the 273 students enrolled in the SBHC received mental health services during the 2013-2014 school year. Of those, 29 (57%) were seen regularly for 3 or more months. Twenty eight (28) of the 29 students (97%) demonstrated improved psychosocial functioning. Students were administered a Self-Concept Inventory (SCI) which uses a Likert scale of measurement and is scored accordingly, with a score 80 being the highest possible score and a score of 28 being the lowest possible score. The Self-Concept Inventory (SCI) was administered two times, at the beginning of treatment and at the end of treatment (treatment ranged from 3 months to 8 months). The average score at the beginning of treatment was 49 and the average score at the end of treatment was 69. The one (1) student who did not demonstrate improvement as indicated by the Self-Concept Inventory (SCI) was referred to a local agency for further family therapy over the summer.

Forty (17%) of the 235 students enrolled in the SBHC received mental health services during the 2012-2013 school year. Of those, 39 (98%) were seen regularly for 3 or more months. Of the 39, 38 (98%) demonstrated

improved psychosocial functioning. The Self-Concept Inventory (SCI) was administered 2 times, at the beginning of treatment and at the end of treatment (treatment ranged from 3 to 6 months). The average score at the beginning of treatment was 52 and the average score at the end of treatment was 68. One student moved out of district and was unable to be re-tested.

Forty (16%) of the 258 students enrolled in the SBHC received mental health services during the 2011-2012 school year. Of those, 32 (80%) were seen regularly for 3 or more months. Of the 32, 29 (91%) demonstrated improved psychosocial functioning. The Self-Concept Inventory (SCI) was administered 2 times, at the beginning of treatment and at the end of treatment (treatment ranged from 3 months to 8 months). The 3 student (9%) who did not demonstrate improvement were referred to outside services as well as invited to come to the SBHC during the next school year.

Trend: [▲]

#### Proposed Actions to Turn the Curve:

##### Access and Utilization:

- 1) 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. Enrollment forms will also go home in the summer packets.

#### Flu Prevention

- 1) The APRN will request copies of all vaccine records from the school nurse so that our Electronic Health Record (EHR) will accurately reflect the status of immunizations. Students will be offered vaccines both mandatory and optional through letters sent home, newsletter postings, web site updates, direct family contact and promotion through the school health office.

#### Mental Health Services:

- 1) 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:

- 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
- 2) Develop tools to measure the success of the social skills groups that are offered to students.