

2014 Program Report Card: Sanchez Elementary School School-Based Health Center (K-8)

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

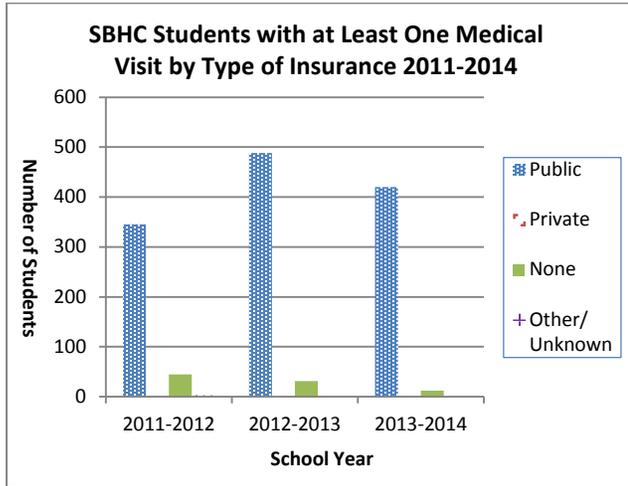
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$183,501	\$0	\$118,143 (MCHBG)	\$84,000 *	\$205,219	\$590,824
Estimated SFY 15	\$282,884	\$0	\$0	\$84,500*	\$155,118	\$522,502

Partners: Parents, Students, CASBHC, DPH, DSS, School Based Health Alliance, Board of Education, Planned Parenthood of Southern New England, Institute of Living, Child and Family Services, Catholic Family Services, Hispanic Health Council, Charter Oak Health Center, Women's Ambulatory Health Services, School Administrators and Faculty, University of Hartford, University of St. Joseph, University of Ct., Southern Ct. State University, American Institute, Porter and Chester, Lincoln Technical Institute, Central Ct. State University, Goodwin College, Quinnipiac University, Stone Academy, Yale, CCMC Building Bridges, Ct State Dental Association, Hartford Care Coordination Collaborative, Connecticut Interscholastic Athletic Conference, Health Interactive Program.

How Much Did We Do?

Access and Utilization



Story behind the baseline: With the proliferation over the past few years of magnet and charter schools, there has been a decrease in overall student population at Sanchez Elementary School. After an increase in 2012-2013, the total school population has settled back to about 480 students. In all years, the percentage of SBHC enrolled students has remained at or above 90%. Unduplicated users of SBHC services have increased from 95% (390) in 2011-2012 to 99% (432) in 2013-2014.

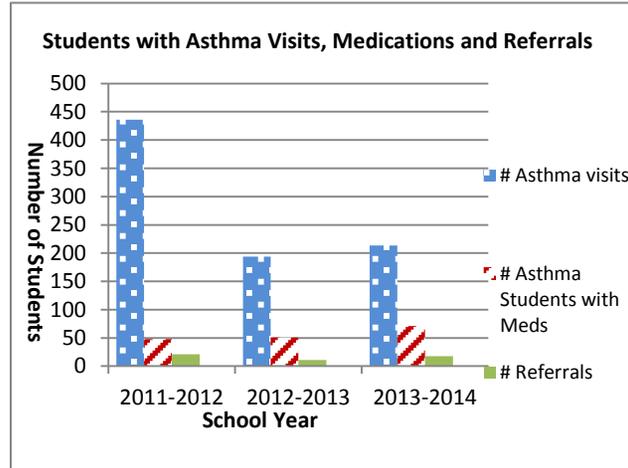
The percentage of Medicaid insured (CT HUSKY) has risen over the period from 88% (345) of users being

HUSKY clients in 2011-2012 to 97% (420) in 2013-2014. The remainders of SBHC users either have no insurance or are not eligible for HUSKY according to the HP (contractor for CT DSS) eligibility website.

Trend: [▲]

How Well Did We Do?

Reduce Number of Asthma Severity and Frequency Visits to SBHC



Story behind the baseline: This data will work as our baseline for asthma reportage at Sanchez. Even though during the report period, there was no data taken that

indicates who has an asthma action plan on record or what date such plans may have been generated, according to our nurse practitioner at Sanchez about 90% of users with asthma have updated asthma action plans in place. This was an issue with our data collection system and will be remedied in school year 2014-2015.

The information presented here compares the number of students with asthma related visits (as indicated by use of the 493.xx diagnosis codes), the number of students having asthma medications, and the number of students referred outside the SBHC, either to the PCP, parent or emergency room.

In 2013-2014, approximately 22% (92) of unduplicated SBHC registered users at Sanchez Elementary school presented for services related to asthma. This percentage is up from prior years and represents the increased effort to provide services to students and parents that will enable them to more appropriately and effectively manage their asthma. Additionally, students with asthma medications as indicated in our SBHC data base has increased steadily along with the number of referrals. According to recent research efforts by Connecticut Children's Medical Center (Building Bridges Program), the expected incidence of asthma in Hartford is about 25% of children in the elementary school age group. There is need to be more aggressive in identifying and providing service for our students with asthma.

Currently, many non SBHC schools in the district have initiated the CCMC Building Bridges program designed to promote communications between parents, students, PCPs and school nurses with regard to students

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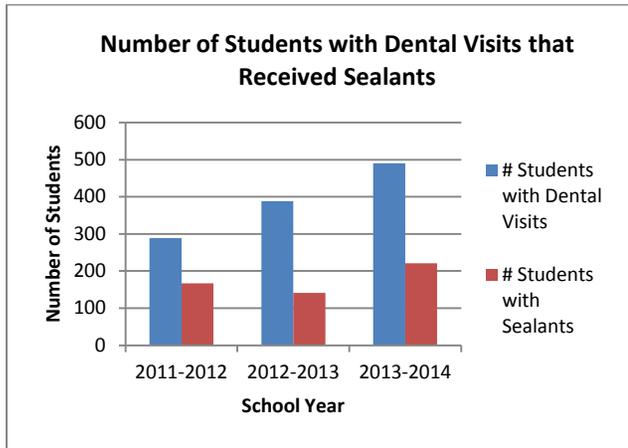
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with asthma. The project includes determination of the severity of student asthma, asthma plan creation and follows up. All information is included in the student's nursing record which follows the student through his/her career in the HPS district

Trend: [▲]

Is Anyone Better Off?

Number of Students with Dental Visits that Received Sealants



Story behind the baseline: SBHC users with dental visits have risen by 21% over the number of users in 2011-2012 and 41% over the number of users in 2012-2013. With this rise has come an increase in the number of sealants administered to those students. The figure does not reflect what percentage of the 490 receiving dental services in 2013-2014 had received sealants in previous years. In other words, in performing the dental assessment for the 490 students, 221 (45%) were found in need of sealants at the time of the examination and those teeth were sealed.

It is the policy of the dental program that all students presenting for dental services will be given an oral examination and dental health education as a part of an ongoing preventive effort. When other services are found necessary during the course of the oral risk assessment,

then further visits will be scheduled to provide those services. Services that cannot be addressed by the medical practitioners are referred to outside practitioners.

This graph does not reflect the true scope of dental services provided to our SBHC users, including, oral health screenings, oral hygiene instruction, fluoride and dental caries treatments and documentation of oral health risk assessment. The numbers of students receiving these services in 2013-2014 were: 326 (67%) students received fluoride treatment; 64 (13%) students received fillings for dental caries.

Trend: [▲]

Notes:

* Reflects direct payment by Hartford Public Schools for RN salary.

Proposed Actions to Turn the Curve:

Access and Utilization:

SBHC staff will conduct additional orientations to all students and will attend Parent Night meetings 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.

Asthma:

- Clinic staff will identify and treat students having asthma through medical history/episodic visits using visit encounter forms. Treatment will be in concert with student's PCP. Practitioner will note if an asthma action plan is present.
- If there is not plan present, practitioner will write new asthma action plan in conjunction with the student's PCP.
- Nurse practitioners will offer individual and at least one group session for Asthma Management, based on the Open Airways program, providing health education and

instruction on the proper use of medications (including inhalers) to students.

- Nurse practitioners at each site will offer at least one asthma awareness class for parents along with individual parent instruction

Dental Sealants:

- Dental screenings/exams will be performed annually.
- Staff will schedule students for regular preventive or treatment visits.
- Clinic users will receive appropriate sealant/preventive/ treatment from licensed hygienists and dentists.

Data Development Agenda:

- 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
- Develop tools to measure the success of the social skills groups that are offered to students.
- Data entry staff and/or Nurse Aides will use existing data to enter all encounter visit data and date of asthma action plan to the SBHC database.
- All visit/exam information will be documented on an encounter form (dental superbill) and entered to the SBHC data collection database (data will include but is not limited to the ADA procedure number, tooth number and surface number where applicable).