

2014-2015 Program Report Card: Hockanum Elementary School Based Health Center K-5

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

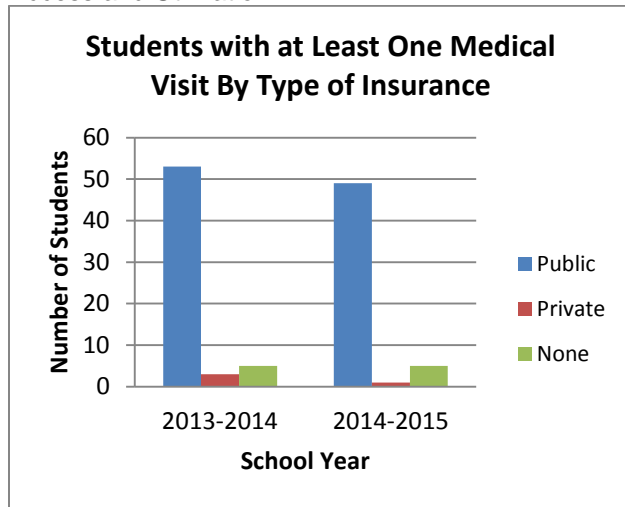
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 15	\$108,000	\$0	\$0	\$0	\$30,000	\$138,000
Estimated SFY 16	\$108,000	\$0	\$0	\$0	\$18,000	\$126,000

Sponsoring Agency: Integrated Health Services Inc.

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, Emergency Mobile Psychiatric Services (EMPH), 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 Hockanum SBHC opened in school year 2013-2014 with a school population of 329 and a final enrollment count of 93 (28%). School year 2014-2015 was the Center's first full year of operation. The school population was static at 329 however; enrollment in the school based health center jumped to 129 (39%) students, an increase of 39%.

Marketing efforts were increased in 2014-2015. 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 were 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.

In 2014-2015, 55 students had at least one medical visit. Of those, 49 (89%) students were publically insured, 1(2%) student was privately insured and 5 (9%) students had no insurance.

In 2013-2014, 61 students had at least one medical visit. Of those, 53 (87%) students were publically insured, 3 (5%) students were privately insured and 5 (8%) had no insurance.

The insurance breakout was consistent over the two year period indicating that the majority of students with medical visits were publically insured.

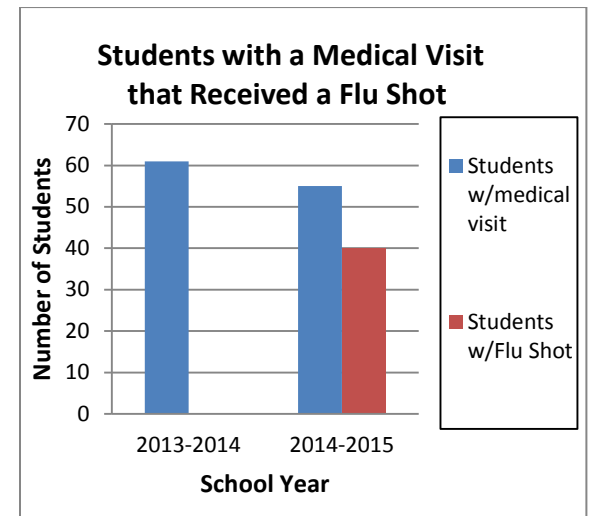
This also resulted in an increase in number of visits 210 in 2013-2014 to 339 in 2014-2015 a 61% increase.

Trend: [▼]

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

How Well Did We Do?

Reduce the Occurrence of Preventable Disease.



Story behind the baseline:

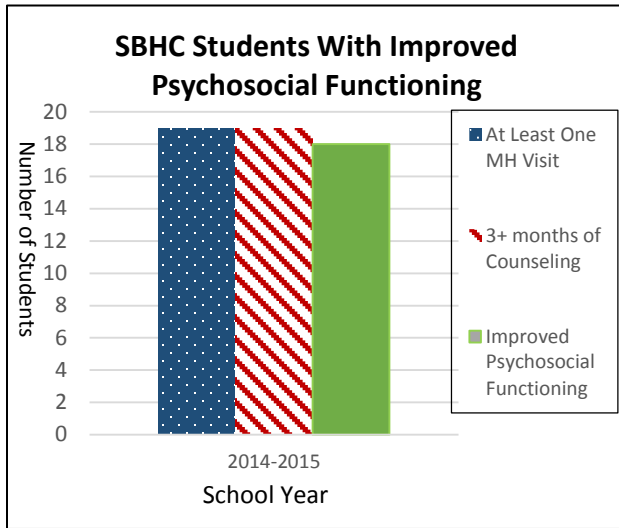
In 2013-2014, 61 students had at least one medical visit. None of them were administered a flu shot at the SBHC. In 2014-2015, 55 students had at least one medical visit. Of those, 40 (73%) students received a flu shot at the SBHC. Although the number of students with at least one medical visit decreased from 61 in 2013-2014 to 55 in 2014-2015,

the number of students that had a medical visit and received a flu shot at the SBHC increased from 0 to 73%

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

In 2014-2015, 19 (15%) of the 129 students enrolled in the SBHC received mental health services. The parents of the 19 students were asked to complete the Pediatric Symptom Checklist (PSC), a new assessment tool that was piloted for use with the elementary school population. Nineteen (100%) students with a completed PSC, received three or months of consistent counseling. The PSCs were sent to the parents of the 19 students post counseling. Of those, 18 (95%) students showed improved psychosocial functioning based on the post-counseling PSC scores and parent and teacher report. The parent teacher reports indicated improvements in behavior and emotional well-being at home and in the classroom.

Trend: [◀▶] Flat/ No Trend

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. Enrollment forms will also go home in the summer packets.

Preventable Disease

SBHC staff will reach out to students, staff and - parents verbally and through written materials disseminated at faculty and staff meetings, open houses and at other school related events, as a means of emphasizing the importance flu shots and to promote SBHCs as a flu shot provider.

Mental Health Services:

The SBHC APRN will increase use of the PSC and will provide education to parents/guardians and school staff about this tool and the importance of identification, early intervention and referral for treatment for students at risk for mental health issues.

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.

Trend Going in Right Direction? ▲ Yes; ▼ No; ▶ Flat/ No Trend

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.

Increase data development requirements with staff to create greater awareness of the importance of data collection, analysis and interpretation.