

2015 Program Report Card: Broadview Middle School, School Based Health Center (6-8th Grades)

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

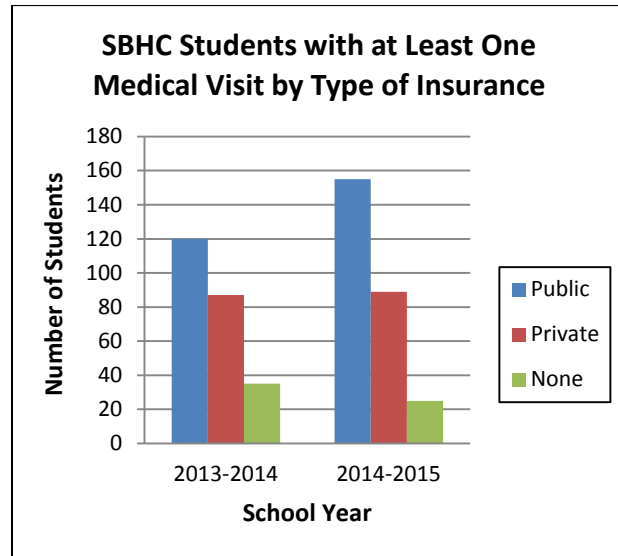
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$164,655	\$0	\$7,522 (PHBG)*	\$0	\$112,132	\$284,309
Estimated SFY 16	\$160,457	\$0	\$0	\$0	\$112,132	\$272,589

Partners: City of Danbury, Western CT Health Network (Danbury Hospital, Samaritan Health Center), Danbury Board of Education (Oral Health Collaborative), Parents, Students, CASBHC, DPH, DSS, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

The total school population did not vary much between 2013-2014 with 1,092 students and 2014-2015 with 1,081 students. Likewise, the percentage of students enrolled at the SBHC remained 87% for both school years. In 2013-2014, 952 students were enrolled; whereas, in 2014-2015, 936 students were enrolled.

Of the 952 enrolled students in 2013-2014, 222 (23%) had at least one medical visit. Of the 222 students, 100 (45%) were publically insured; 87 (39%) students were privately insured; and 35 (16%) had no insurance.

Of the 936 enrolled students in 2014-2015, 269 (29%) had at least one medical visit. Of the 269 students, 155 students (58%) were publically insured; 89 students (33%) were privately insured; and 25 students (9%) had no insurance.

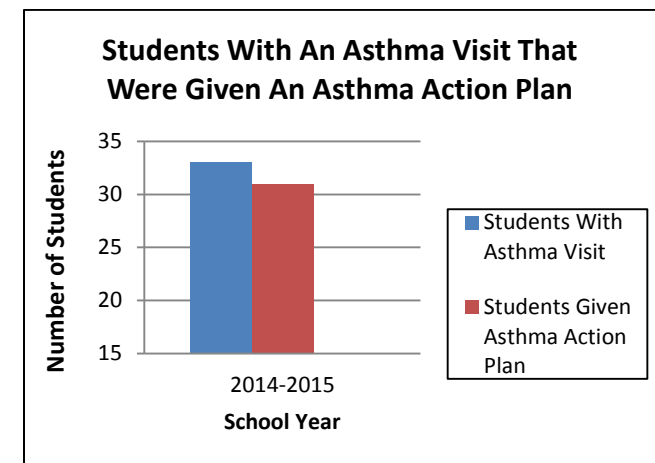
The increase in students with at least one medical visit and public insurance noted between the 2013-2014 and 2014-2015 school years may be attributed to referrals by the APRN and office manager to bilingual Eligibility Specialists who can assist with public insurance applications using Access Health. In addition, the office manager made phone calls to parents to remind them to reinstate their children with public insurance if she had noted their insurance had lapsed.

An increase in access and utilization from 2013-2014 and 2014-2015 is demonstrated by an increase in the average visit per student. In 2013-2014, there were 413 total medical visits by 222 students, thus averaging 2 visits per student. In 2014-2015, there were a total of 592 medical visits by 269 students, thus averaging 2.2 visits per student.

Trend: ▲ Yes

How Well Did We Do?

Reduce Number of Asthma Severity and Frequency Visits to SBHC



Story behind the baseline:

A total of 33 students had at least one SBHC asthma related visit with a total of 65 asthma related visits for 2014-2015. Of the 33 students, 2 (6%) students already had an Asthma Action Plan on file with the school nurse. For the 31 (94%) students that didn't have an Asthma Action Plan, the SBHC APRN created an individualized Asthma Action Plan in English and, if necessary, in Spanish.

Of the 33 students with asthma, 2 (6%) already had a rescue inhaler with the school nurse. The SBHC APRN prescribed 31 (94%) rescue inhalers for those students who did not have this emergency medicine at school.

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

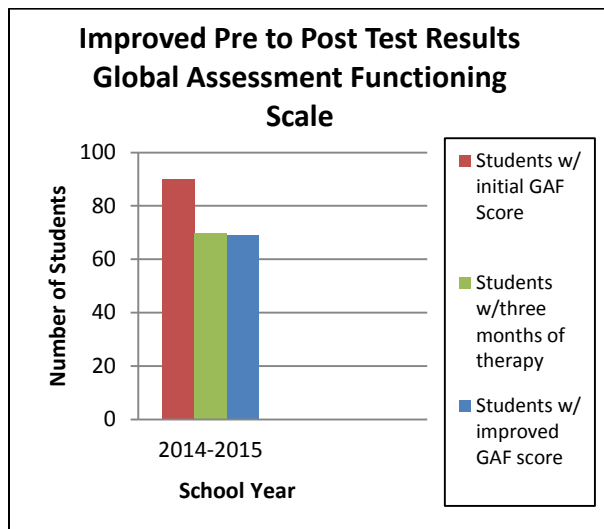
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Of the 33 students with asthma, 3 (9%) required specialty care and were referred to a local pediatric pulmonologist for asthma management. All 3 (100%) were placed on daily preventative medication to manage their asthma.

Trend: ◀▶ Flat/ No Trend – Baseline Data

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

In 2014-2015, of the 936 enrolled students, 90 students (10%) had at least one mental health visit. Ninety (100%) students received a comprehensive mental health assessment and were administered the Global Assessment Functioning Scale (GAF) Scale to obtain a baseline level of psycho-social functioning. Of those, 70 (78%) of students remained in therapy for 3 or more months and were re-administered the GAF Scale. Sixty nine (98.5%) showed an improved score. One (1.5%) student did not show an improved score. This student was referred to a community therapist for a higher level of care.

Ninety students utilized the SBHC mental health services in 2014-2015. The total mental health visits equaled 893, an average of 10 visits per student.

Trend: ◀▶ Flat/ No Trend – Baseline Data

Notes:

* PHBG is Preventive Health Block Grant.

Proposed Actions to Turn the Curve:

Access and Utilization:

- The SBHC staff will attend and speak to parents during the 6th grade orientation and parent-teacher conference nights. All students will be introduced to SBHC staff during The Alternative to Violence Week assemblies. SBHC consents will be included in the school's annual mailing over the summer. School staff will be encouraged to give SBHC consents to those not enrolled and to refer students in need. Information about SBHC services and a link to a consent form will be added to the school's website for the 2016-2017 school year.

Asthma:

- In September of the 2015-2016 school year, the SBHC APRN will cross check her list of SBHC registries with the school nurse's list of Broadview students with asthma. For those students with asthma who are not registered, a registration form will be sent home again. In November, a list of SBHC students with asthma that are publically insured or have no insurance will be offered an influenza vaccine.

Mental Health Services:

- The LCSW will provide SBHC orientation to all students and parents attending the Welcome Back to School nights in the fall. Orientation will include information on SBHC mental health services, the referral process and the importance of linkages with community service providers and other resources. The LCSW will work collaboratively with school staff to identify students at risk. The LCSW will also establish and maintain collaborative relationships with new and existing community based providers to ensure continuity and access to needed community resources.

Data Development Agenda:

- To master the new EHR, e-Clinical Works, by the end of the 2015-2016 school year.
- Identify how to align e-Clinical Works EHR generated reports to meet DPH requirements.
- Identify how to collect data using the EHR to participate in the in the National Quality Initiative Standardized Performance Measures Collaborative Improvement and Innovation Networks (NQI ColINs) Initiative.