

2014-2015 Program Report Card: *Mayberry Elementary School (grades K-5)*

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

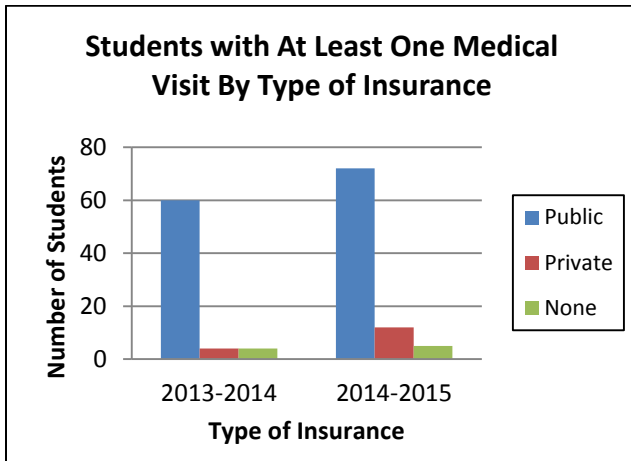
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$105,719	\$0	\$0	\$0	\$52,000	\$157,719
Estimated SFY 16	\$105,000	\$0	\$0	\$0	\$50,000	\$155,000

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), Department of Mental Health and Addiction Services (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:

Although the SBHC was open in 2013-2014, 2014-2015 marked its first full year of operation.

In 2013-2014, the school population was 360. Of those, 143 (40%) students were enrolled in the SBHC. In 2014-2015, the school population dropped to 348 however; 220 (63%) of students were enrolled in the SBHC. This represents an enrollment increase of 53%.

Marketing efforts were increased in the 2014-2015 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. The 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 the school to present information about the clinic and resources available.

In 2013-2014, 68 (48% of enrolled) students had at least one medical visit. Of those, 60 (88%) of students were publically insured, 4 (6%) were privately insured and 4(6%) had no insurance.

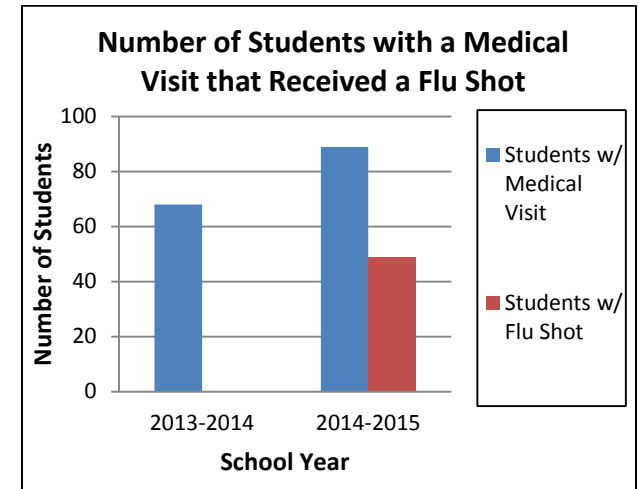
In 2014-2015, 89 (40% of enrolled) students had at least one medical visit. Of those, 72 (81%) were publicly insured, 12 (13%) students were privately insured and 5 (6%) students had no insurance.

Access and utilization significantly increased from 2013-2015.

Trend: [▲]

How Well Did We Do?

Reduce the Occurrence of Preventable Disease.



Story behind the baseline:

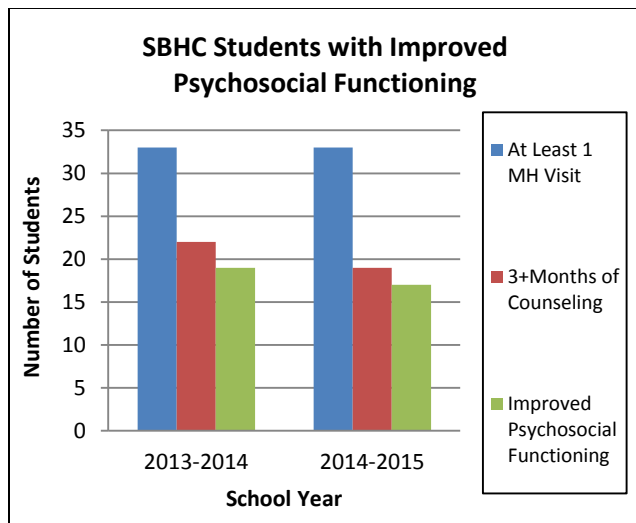
In 2013-2014, 68 students had at least one medical visit. None of them received flu shots at the SBHC because they were not offered. In 2014-2015, 89 students had a medical visit. Of those, 49 (55%) students received a flu shot at the SBHC indicating that if the flu shot is provided, that the service will be utilized.

Trend: [▲]

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Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

In 2014-2015, 33 (15% of enrolled) students had at least one mental health visit. Of those, 19 (58%) students received 3 or more months of consistent counseling. Of those, 17 (89%) students demonstrated improvement in behavior and emotional wellbeing both at home and in the classroom per parent and teacher reports. The 2 (10%) students that did not demonstrate improvement were referred back to the school for further testing and evaluation.

In the 2013-2014, 33 (23% of enrolled) students had at least one mental health visit. Of those, 22 (67%) students received 3 or more months of consistent counseling. Of those, 19 (86%) students demonstrated an improvement in behavior and emotional wellbeing both at home and in the classroom per parent and teacher reports. The 3 (14%) students that did not show improvement in the classroom were referred to community based providers.

Although the number of students that had at least one mental health visit was 33 for 2013-2014, and 2014-2015 utilization of mental health services jumped from 267 visits in 2013-2014 to 312 visits in 2014-2015, an increase of 14%.

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 and provide additional education/tools to school staff/administration regarding SBHC services.

Reduce Occurrence of Preventable Disease

Further efforts to 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, faculty meet and greets and conduct community outreach activities

Mental Health Services:

The staff will implement the Pediatric Symptom Checklist (PSC), a brief screening tool used by health professionals to improve the recognition and treatment of psychosocial problems, for pre-counseling assessment and post-counseling evaluation.

Provide training on the use of the PSC and reinforce the importance of including the PSC at each student's first medical visit of the year.

Data Development Agenda:

Staff will 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
- To work with staff on tracking information on students and to increase data interpretation and skill utilization.
- Develop tools to measure the success of social skills groups offered to students.
- Support staff in gaining proficiency in reporting by increasing training.