

2014-2015 Middletown Program Report Card: School Based Health Center Macdonough Elementary School (K-5), Keigwin Middle School (6), and Woodrow Wilson Middle School (7-8)

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 for school age students, so that they are healthy and ready to learn.

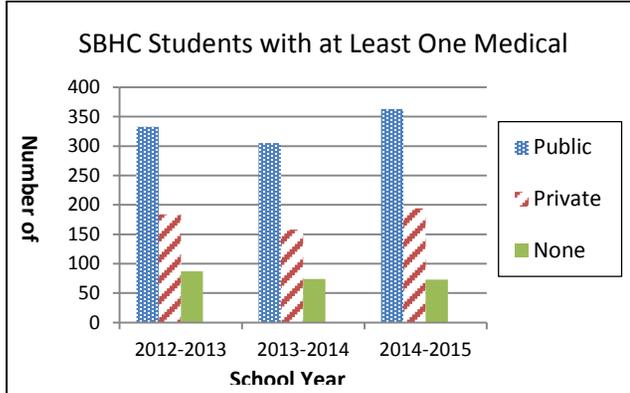
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$369,068	\$0	\$0	\$0	\$ 704,565*	\$1,073,633
Estimated SFY 16	\$369,068	\$0	\$0	\$0	\$ 704,565*	\$1,073,633

Sponsoring Agency: Community Health Center, Inc.

Partners: Parents, Students, CASBHC, DPH, DSS, The CT Chapter of the AAP, School Based Health Alliance, DCF, Board of Education, School Administrators and Faculty, ESSA, Opportunity Knocks. Middletown Health Department, Middlesex Hospital

How Much Did We Do?

Access and Utilization



Story behind the baseline: Medical visits grew significantly from 2012 to 2015 with a slight dip in number of visits in the 2013-2014 school year which could be related to staffing shortage and temporary coverage put in place. With the increase in students, insurance coverage also increased. In 2012-2013, a total of 604 students had a medical visit at these 3 Schools. For insurance 55% (333) were Medicaid, 30% (184) were privately insured and 14% (87) were uninsured. In the year 2013-2014, there was a slight dip in number of students with a medical visit 537 (9%). Of the 537 students, 57% (305) had Medicaid, 29% (158) had private insurance and 14% (74) had no insurance. By 2014-2015, 630 students had at

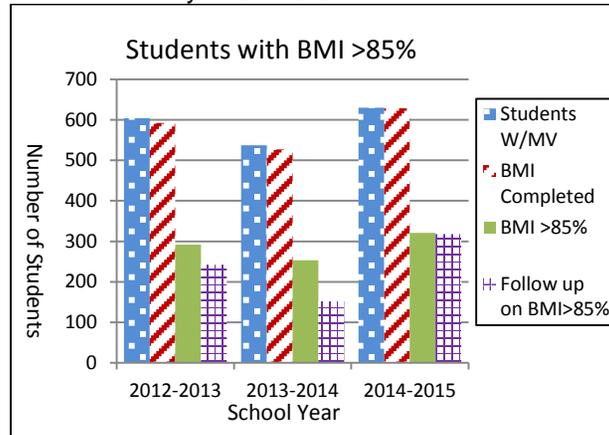
least one medical visit. Of these, 58% (363) were covered by Medicaid, 31% (194) were privately insured and uninsured was down to 11% (73).

Trend: [▲]

2014-2015	Student Population	Unduplicated Users	Medical visits
Macdonough	213	173	436
Keigwin	360	134	638
Wilson	645	323	1,822
TOTAL	1,218	630	2,896

How Well Did We Do?

Reduce Obesity in SBHC Users



Story behind the baseline: The number of students with a medical visit remained somewhat consistent throughout the three (3) years of reporting with a slight dip in 2013-2014 which is related to a provider's leave resulting in less consistent service delivery for that time period.

In 2012-2013, a total of 604 students received a medical visit in these three Middletown schools. 98% (592) BMI measures were conducted at these visits. Overall, 49% (292) of these students measured a BMI >85%. 83% (242) of these students with a >85% BMI received follow up nutritional/physical activity counseling.

In 2013-2014, a total of 537 medical visits occurred in these three Middletown schools. 98% (527) BMI measures were conducted at these visits. Overall, 48% (253) of these students measured a BMI >85%. 60% (152) of these students with a >85% BMI received follow up nutritional/physical activity counseling.

During the school year 2014-2015, 630 students received a medical visit in these three Middletown schools. 99.7% (628) BMI measures were conducted at these visits. Overall, 51% (321) of these students measured a BMI >85%. 99% (318) of these students with a >85% BMI received follow up nutritional/physical activity counseling.

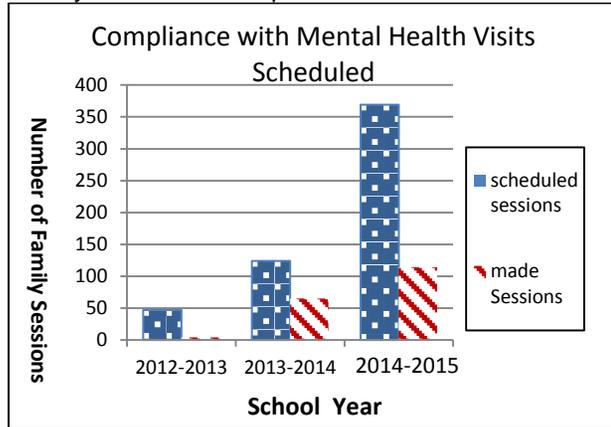
Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

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Trend: [▲]

Is Anyone Better Off?

Family Visit Goal Compliance



Story behind the baseline: In 2012-2013, a very low number of family visit goals were scheduled (47 visits) and even a lower number of visits conducted to meet the goals. Data shows 8% (4 visits) compliance, at these three (3) Middletown schools. Macdonough’s family visit goal was set at 35, however, 0 family visits were conducted, and Keigwin had no family visit goal established and 0 family visits reported. Woodrow Wilson had a goal of 33 family visits and 4 family visits actually took place for a 12% compliance rate.

Overall improvement is noted during 2013-2014. A total of 124 family visits was the goal for these 3 schools and 65 family visits actually took place for a 52% compliance rate. Macdonough had a family visit goal of 67 visits and 38 family visits were conducted for a 57% compliance rate. Keigwin had a goal of 43 family visits and 16 family visits or 37% actually took place. Wilson’s family visit goal was set at 14 visits and 11 family visits or 79% of the goal was met.

During the 2014-2015 school year, a significant decrease in family visit goal compliance occurs when comparing to the previous year (from 52%

compliance to 31% compliance) overall, however there was an increase in the actual number of sessions completed from 65 to 114 (75%). An overall visit goal of 369 family sessions was established however only 114 actual family sessions took place. A goal of 207 family visit sessions was the goal at Macdonough and 95 family visits took place for 45% compliance. Keigwin established a family visit goal of 114 family visits and only 15 family visits occurred (13% compliance). Wilson needed to conduct 48 family visits but were compliant with only 5 for a compliance rate of 10%.

Trend: [◀▶]

Notes: * Reimbursement includes group sessions

Proposed Actions to Turn the Curve:

Access and Utilization: Both visits and rates of insured are trending in the right directions so we will continue to conduct outreach to maximize our capacity and work with each uninsured client and family to support them in the navigation of the insurance system as applicable.

Obesity Reduction: Although not much of trend taking place in this measure, there is improvement in the rate of follow up for those students with BMI measures > 85 – specifically during 2014-2015.

Mental Health Services: Family visits are considered a very important part of every client’s treatment plan when appropriate. Family engagement is challenging due to many barriers including; work schedules, transportation, avoidance, fear, and finances. To circumvent the challenges, the clinicians will set a realistic goal that supports client’s successful treatment and to persevere and continue to reach out to families despite the barriers. Providing flexibility with schedules (early morning, lunch time and evening hours) will help families with some of the barriers. Also, scheduling family sessions adjacent to school functions and events (Open House, Parent Teacher conferences...), when families may already

be at the school. Clinicians will implement a standard reminder process to aid families in attending the scheduled family visit.

Data Development Agenda: The follow up work conducted by staff, in gathering insurance information and referring clients to ww.insurekids.gov and CHC’s Access to Care is currently not in a reportable format within the EHR. School based staff will work with BI team members and develop a tracking system that will allow accurate reporting that clearly demonstrates the work being conducted in this area. In development also includes current and historic enrollment tracking and a planned care dashboard that will allow staff to monitor clients who are due for assessments, vaccines and tests as well as a dashboard for performance measures and patient/visit data.

It is very challenging to find reportable data from our EHR related to behavioral health outcomes. Most client outcomes are entered as notes or in a free text – thus not reportable electronically. Working with the Chief Behavioral Health Officer, SBHC clinical leaders and staff and CHC’s BI team, modifications to the EHR including template development will be discussed to improve the ability to report clear and accurate data for behavioral health outcomes.

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