

2014 Program Report Card: Cutler Middle School Based Health Center (Grades 6,7,8)

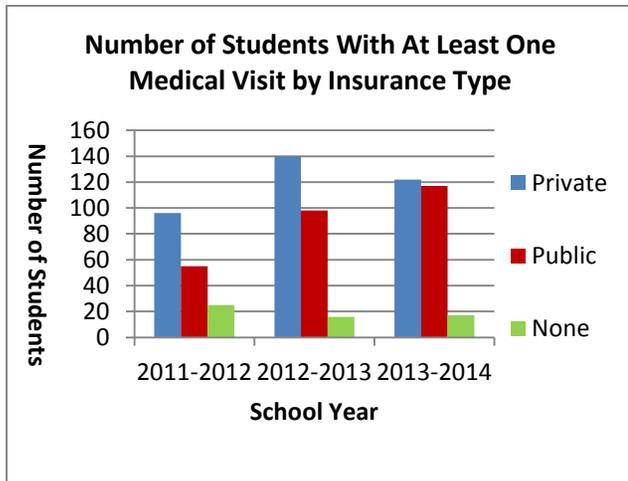
Quality of Life Result: All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed.

Contribution to the Result: School Based Health Centers provide healthcare 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	\$124,445	\$0	\$0	\$1,325*	\$28,939	\$154,709
Estimated SFY 15	\$152,099	\$0	\$0	\$1,571*	\$45,847	\$199,517

Partners: Parents, Students, CASBHC, DPH, DSS, DMHAS, DCF, The CT Chapter of the AAP, School Based Health Alliance, Board of Education, Local Health Department, School Nurses, School Administrators and Faculty, Child & Family Agency Programs, SWAT Program

How Much Did We Do? Access and Utilization



Story behind the baseline: The total school population has increased 6% from 416 in 2012-2013 to 441 in 2013-2014. Enrollment percentage in the health center has stayed the same at 67% (281 students in 2012-2013; 295 students in 2013-2014).

Of the 295 students enrolled, 202 had at least one visit (68%), slightly down from 71% the previous year (All students seen by the mental health clinician are also seen by the nurse practitioner (NP) to review medical conditions, allergies, medications, etc.) This is done in order to identify any medical issues that maybe be impacting the student's mental health and to satisfy the meaningful use measures for the electronic health record.)

The majority of the students enrolled at Cutler have private insurance. In 2013-2014, 153 (52%) had private insurance. 112

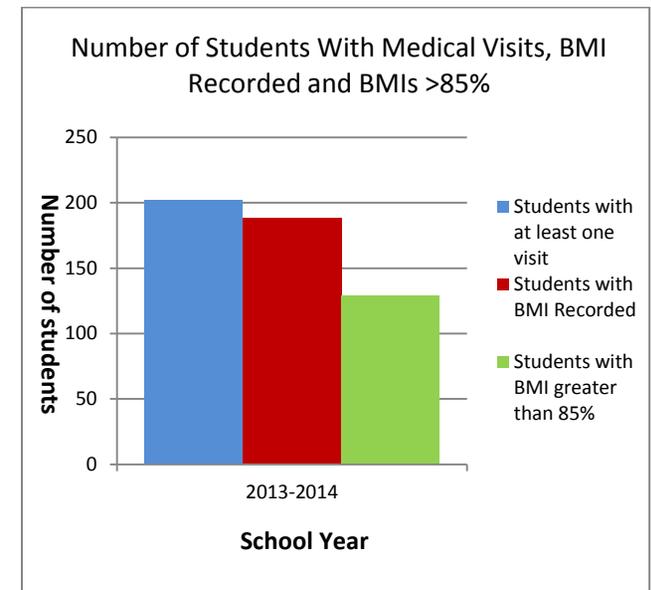
(38%) were publicly insured and 30 (10%) reported that they had no insurance.

Enrollment in the SBHC is marketed during Open House and through the school nurse and school social worker. This was the second year of the SBHC program at Cutler Middle School. The school nurse was comfortable referring students needing to be seen and relationships among school health and SBHC staffs were very collegial. The school nurse was an advocate for the SBHC and encouraged families to register their children. The mental health clinician had done her internship at the school. Teachers, administrators and guidance staff were familiar with her, easing her transition to the SBHC and this increased their comfort referring students for counseling. She also hosted a coffee hour for staff to introduce them to her new role. The school Wellness Committee hosted a Wellness Night for families in October. The APRN presented a session and also had SBHC information available. Several families requested registration forms to enroll their students. Influenza vaccine permission forms were distributed to all students in the fall. The Agency purchased vaccine for privately insured students this year so there was an increased demand for the vaccine as all students could now receive it at the SBHC. This resulted in new student enrollments. The SBHC staff contributed monthly articles in the school newsletter and updated information on the school's web page.

Trend: [▲]

How Well Did We Do?

Reduction in percentage of SBHC users with BMI >85%



Story behind the baseline: Body Mass Index (BMI) is calculated at the first medical visit and at subsequent visits that occur a minimum of one month or more from the previous measurement. The SBHC staff utilized the International Classification of Diseases (ICD-9) to identify the BMI % for students.

In 2012-2013 of those 179 BMIs recorded, 88 students (49%) were between the 85th and 94th percentile, and 41 (23%) were at or above the 95th percentile. In 2013-2014, 207 BMIs were recorded,

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31 students (15%) were between the 85th and 94th percentile, and 43 (21%) were at or above the 95th percentile. The children and families identified at risk for obesity were offered educational support based on 5-2-1-0 model * and ChoseMyPlate.gov. Both of these sources of wellness materials are free, culturally sensitive and available in multiple languages, which is important for our SBHC program.

*5 -2 -1 -0 (Daily goals for children/adults)

- 5 or more fruits and vegetables
- 2 hours or less of screen time
- 1 hour of activity/exercise
- 0 sugary drinks

Other handouts/literature was sent home as needed. Information was also available in Spanish for several students' parents. Those students with elevated BMI's were routinely brought back for follow up visits every few months, wt/ht/BMI taken and reviewed. EMR also has growth chart models that could be reviewed with students to demonstrate trends. Parents were usually contacted after weight management visits to review wt/ht/BMI values, review teaching given, answer questions, and provide guidance for changes at home.

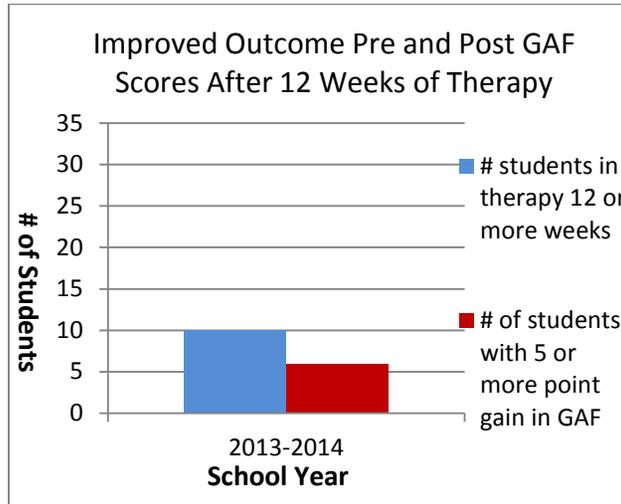
In 2013-2014, of the 74 (36%) of students identified at risk for obesity, 4 (5%) were enrolled in the Student Wellness and Activity Training (SWAT) program. This was funded through a cardiovascular risk reduction grant from the Centers of Disease Control (CDC), administered through LedgeLight Health District. (These 4 students had been screened by measuring their BMI and educated with the 5-2-1-0 and Choose My Plate materials. SWAT was run in collaboration with the YMCA, registered dietitians from the University of Connecticut Extension, school administration, food service staff, and the after school programs.

Of the 4 students that participated in SWAT, 1 student (25%) had a decrease in BMI, 1 student (25%) had an increase in BMI, and 2 students (50%) had a BMI that was unchanged. These students were offered individual sessions with the dietician and will continue to be followed by the nurse practitioner in subsequent, scheduled visits.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

In 2013-2014, 42 students had at least one MH visit. Of those, 11 students became clinical cases (26%). 10 of them (91%) closed after at least 12 weeks of service. 6 of those 10 (60%) had a 5 point or more gain in their GAF score. The one case that did not stay open or 12 or more weeks did not want to continue in therapy. The 4 that did not have a 5 or more gain in their GAF score, either moved to a higher level of service, left the district, or chose to discontinue therapy.

Clinician has been working at Cutler Middle School for the 2013-2014 school year. Clinician has established strong relationships with the guidance department, Principal and Vice Principal, VNA nurse, and numerous staff members. Referrals most often come from the guidance department, but families self-refer as well. Clinician and Nurse Practitioner maintain an open dialogue in regards to current mental health clients and ones that score positive on mental health screens. The school staff being flexible with student leaving class for sessions, and parents being involved in the counseling process are both vital to clients meeting their goals.

Trend: [▲]

Notes: *Other funding is from United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

SBHC registration forms recently became available on Agency's main web site. School district superintendent is working to have link on district's web page to Child and Family Agency. SBHC's school web page has link to Agency's web site. All should help increase enrollment.

Obesity Reduction:

Offering service of dietician to families, or meetings with parents & APRN to review ways to make changes at home.

Increased effort on Wellness Committee to develop additional programs focusing on nutrition and exercise school wide.

Mental Health Services:

Service time for students will be significantly increased due to this clinician increasing mental health services a full day more than last year.

To increase the percentage of success with achieving higher levels of GAF, this clinician will work to implement group work, spend more time educating parents on appropriate behaviors for this specific age group.

Data Development Agenda:

1. Work with Electronic Health Record (EHR) Vendor:
 - To align EHR generated reports to meet DPH requirements
 - To streamline the process of exporting our data from EHR to DPH
2. Further refine data collection capability of the electronic record to define parameters for better identification and management of specific conditions (ex. Students who have participated in SWAT, students who have an asthma action plan on record, etc.)

**Data presented represents 2013-2014 school year and is only to be used as a baseline.