

2014 Program Report Card: Kelly Middle School Based Health Center

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

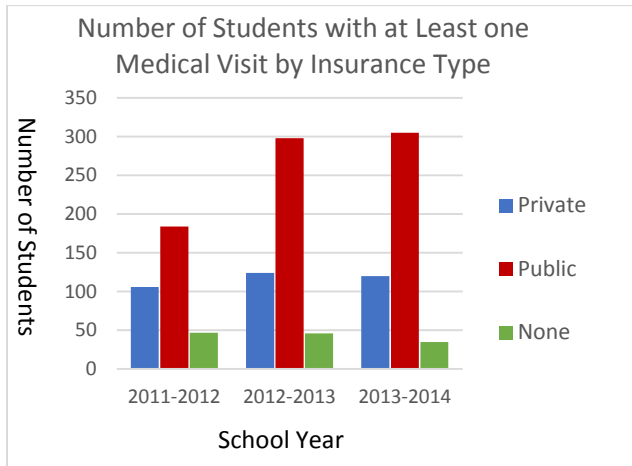
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$201,112	\$0	\$0	\$2,265*	\$61,133	\$264,510
Estimated SFY 15	\$178,019	\$0	\$0	\$2,063*	\$81,895	\$261,977

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 10% from 623 in 2011-2012 to 686 in 2013-2014. However, enrollment percentage in the health center has decreased slightly from 428 (69%) to 460 (67%) in that period of time.

Although the percentage of students enrolled in the health center has decreased over the last three years, the number of students enrolled in the health center has increased by 7% from 428 in 2011-2012 to 460 in the 2013-2014 school year. In order to increase SBHC enrollment, SBHC staff distributed information about the SBHC at open houses, after school activities and within classrooms during mental health awareness day.

The number of students with at least 1 visit has increased annually. In 2011-2012, 337 students (79%) were seen and in

2013-2014, 381 (83%) students were seen, representing a 4% increase. (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.

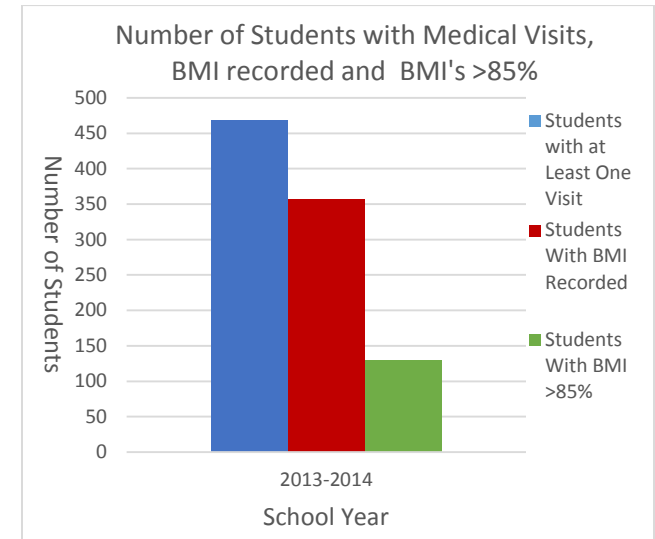
In the 2013-2014 school year there were 305 students (64%) who were publicly insured, followed by 120 (27%) who were privately insured, and 35 (9%) who said that they did not have insurance. A similar distribution of insurance types was observed in the 2011-2012 and 2012-2013 school years.

Getting school entrance physicals done promptly ensured there were no barriers for starting school. Families new to Connecticut were referred to local Access to Care services and reported they got onto HUSKY within 45 days, instead of 60 days which they anticipated. This also gets families lined up with community primary care providers.

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. This year the SBHC staff utilized the International Classification of Diseases (ICD-9) to identify the BMI % for students. In the 2013-2014 school year, 130 students (55%) were identified as having a BMI >85%.

The children and families identified at risk for obesity (130 students/55%) were offered educational support based on 5-2-1-0 model * and ChoseMyPlate.gov. Both of these sources of

2014 Program Report Card: Kelly Middle School Based Health Center

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

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

Of the 130 students identified at risk for obesity, 14 (11%) 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 14 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 dieticians from the University of Connecticut Extension, school administration, food service staff, and the after school programs.

Of the 14 students that participated in SWAT, 7 students (50%) had a decrease in BMI, 6 students (43%) had an increase in BMI, and 1 student (7%) 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.

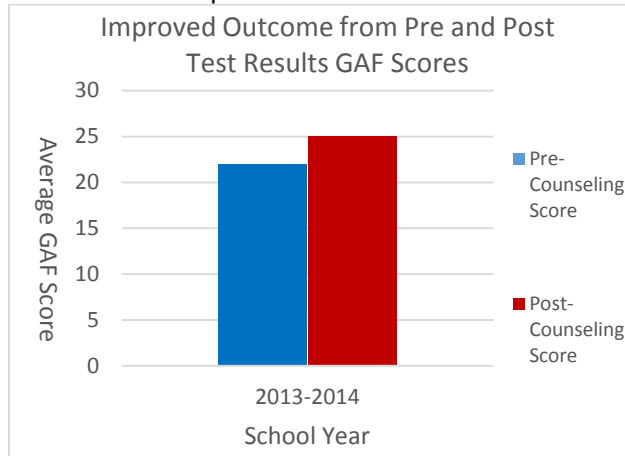
When screened with the 5-2-1-0 tool students chose their personal goals (i.e. reduce soda intake, increase exercise, decrease eating in front of TV or increase families meals) and the NP strategized with the students to obtain their goals. Additional nutrition education and handouts were provided based on interest. As the students moved toward their goals, the scores on their wellness screen improved. Several of the students who still had elevated BMIs did not decrease below the 95% percentile, however their BMIs had decelerated, which is a positive trend.

The 14 students participating in SWAT completed the Youth Self-Report Pediatric Symptom Checklist (PSC-Y) for adolescents ages 11 and over. (This checklist assigns a total number based on the responses to 9 questions and whether the students experienced that item during the past two weeks, such as feeling tired or having little energy, not at all=0; several days =1; more than half the days =2; nearly every day = 3. If their total screen was >11, it is considered a "positive" score.) The PSC-Y was administered on the first day and after the sixth session. Most of the students showed improvement, i.e. lower scores, between the two screenings. Those with consistently positive scores were referred for further evaluation to the mental health clinician.

Trend [◀▶]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In 2013-2014, 50 students (11% of the 460 students enrolled in the SBHC) had at least one mental health visit. Of those 50, 47 students (94%) were opened as clinical cases and as part of the intake process, were administered the Global Assessment of Function tool (GAF) to obtain a baseline of functioning in the realms of psychological, social, and school functioning. Of those 47 who were administered the GAF, 25 (53%) remained in counseling for at least 12 weeks of service. 22 (88%) on re-administration of the GAF at discharge had a 5 point or more gain in their GAF score. The remaining 3 who did not show a gain after 12 weeks of service, as well as the other 22 students who did not complete at least 12 weeks of therapy, either moved to another school district, continued in therapy beyond the end of the school year, were discharged to a higher level of care (such as a partial hospitalization program, home-based care, or hospitalization) or left therapy prior to 12 weeks.

Trend: [▲]

Notes: * Other funding is from the United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

Letters for permission to give the flu vaccine will go out at the beginning of the year with all the other school paperwork. For those students who are not yet enrolled, those forms will be provided to the parents. This strategy is expected to increase the SBHC enrollment and utilization by at least 10%.

Obesity Reduction:

Children with elevated BMIs will be screened for mental health and body image issues. If the child's initial mental health screening is positive, SBHC staff will follow with repeat screenings and refer students to counseling in the school or with SBHC therapists as needed. The nurse practitioner assigned to Kelly in the fall will work closely with the school staff and Wellness Committee to identify opportunities for physical activities and nutrition education for students and staff. If funding is available, another group of students will be offered the SWAT program.

Mental Health Services:

Positive collaborations with school staff and community providers will be a priority. This will be achieved through consistent communication with the school staff and student/parent population. SBHC staff will have a presence at the regular activities of the school (Open House, special assemblies, report card night, etc.). SBHC staff will communicate as needed with providers in the community (ex. partial hospitalization program and home-based therapy programs) as well as attend meetings and educational programs in the community for networking opportunities.

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 in charts 2 and 3 represents 2013-2014 school year and is only to be used as a baseline.