

2014 Program Report Card: Nathan Hale Elementary School Based Health Center (Grades K-5)

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

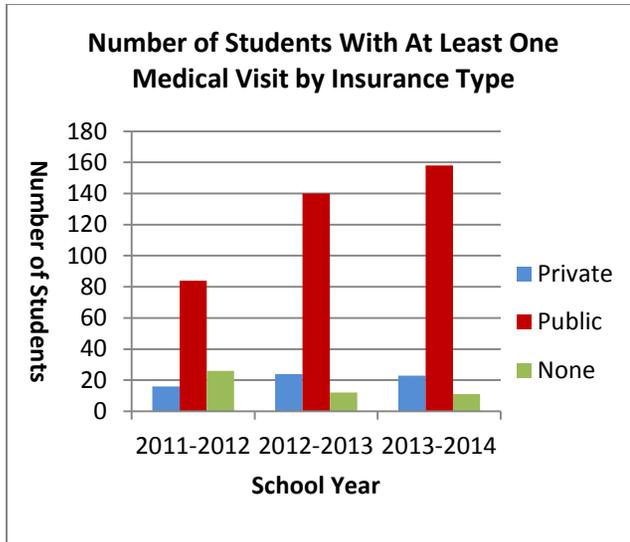
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 14	\$153,124	\$0	\$0	\$1,761*	\$50,732	\$205,617
Estimated SFY 15	\$170,139	\$0	\$0	\$1,814*	\$58,425	\$230,378

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, School Wellness Team, Child First New London

How Much Did We Do?

Access and Utilization



Story behind the baseline: The school population increased 66% from 282 in 2011-2012 to 468 in 2012-2013; and another 12% to 522 students in 2013-2014. This is due to the consolidation of elementary schools in New London and the move to become a totally Magnet School district. This school is the Arts Magnet School. It moved into its new building in August 2013. The enrollment in the SBHC has decreased from 84% (282) to 66% (346) over this time period. This decrease in percentage is likely due to the fact that parents of students from out of New London have not been exposed to the SBHC program before this.

The number of students with at least 1 visit has increased annually. However the utilization has gone from 126 students (53%) to 207 (60%).

(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 may be impacting the student's mental health and to satisfy the meaningful use measures for the electronic health record.

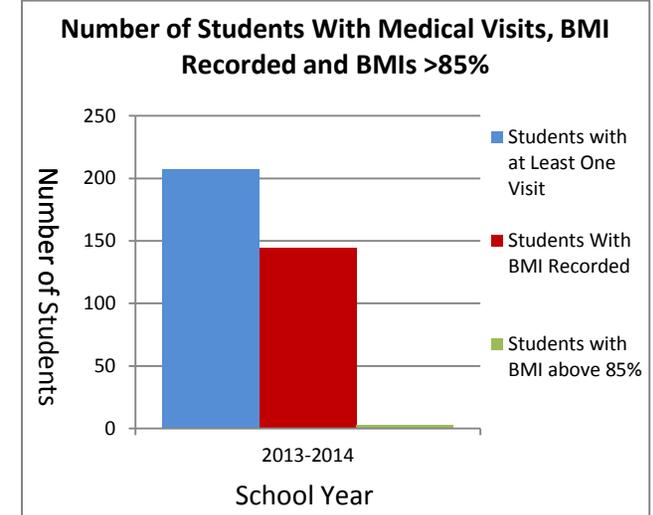
In the 2013-2014 school year there were 256 students (74%) who were publicly insured, followed by 52 (15%) who were privately insured and 38 (11%) who said that they did not have insurance. A similar distribution of insurance types was observed in the 2011-2012 and 2012-2013 school years.

SBHC staffs were present at the open house in the fall to help increase enrollment. Also, the school nurse handed out SBHC registration packets to any child who might potentially need a referral to the SBHC who wasn't already enrolled. All students seen in the school based health center who did not have a community provider were given the names, phone numbers, and addresses of several providers in the area, particularly those who accept their insurance. Children with special healthcare needs were also connected with United Community and Family Services (UCSF) where they were given an appointment with a care coordinator to connect them with appropriate resources in the community.

Trend: [▲]

How Well Did We Do?

Reduction in percentage of SBHC users with BMI >85%



Story behind the baseline: Healthy eating and exercise were addressed at every physical exam. The students were offered educational support based on 5-2-1-0 model* and Choose My Plate.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/vegetables
 - 2 hours of less of screen time
 - 1 hour of activity/exercise
 - 0 sugary drinks

There were some children whose parents did not recognize that they were above the 95th percentile, so awareness was brought to

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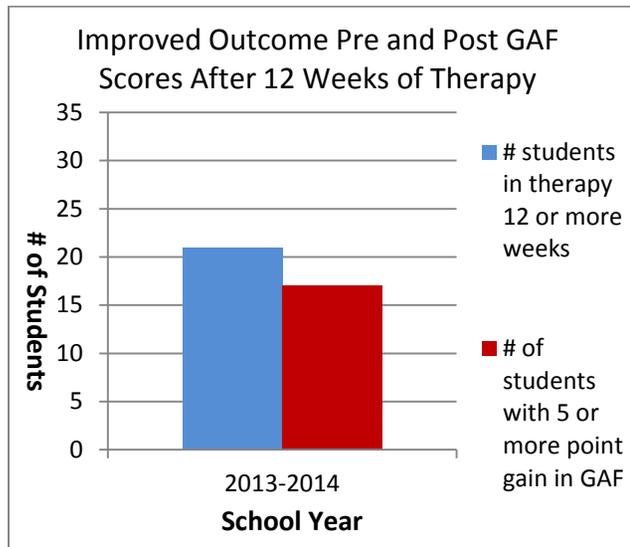
this issue. Also, many of the children who received weight counseling were very interested in eating healthier and being more active. Many of the factors that go into a healthy lifestyle such as affordability of health food, ability to prepare the food, and access to grocery stores, are beyond the child's control, though. Perhaps, as they get older they will make healthy decisions as they become more independent.

Exact data for those students above the 85th percentile is unavailable. The nurse practitioner who was collecting the data left for another position out of state before this was calculated.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline: In 2013-2014, 35 students had at least one MH visit. Of those 23 (66%) that were picked up as clinical cases, 21 (91%) of them closed after at least 12 weeks of service. 17 of those 21 (81%) had a 5 point or more gain in their GAF score. This is an improvement over the previous year's 72%. For those students who did not attain a 5 point or more gain in their GAF score, they either were referred to a higher level of care, continued in therapy into the next school year, moved out of the

district, or did not wish to continue therapy. (Exact dispositions were not tracked).

There was an increase in referrals from the school of students struggling with significant behaviors within the classroom, with the school looking for both counseling and psychiatric evaluation services from the SBHC program. The addition of a second (1/2 time) clinician, thanks to the Alliance District funding, assured that students spent less time on the wait list.

Trend: [▲]

Notes: *Other funding is from the United Way

Proposed Actions to Turn the Curve:

Access and Utilization:

In the next year letters for permission to give the flu vaccine will go out at the beginning of the school 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:

Given the importance of parental involvement, increased efforts will be made to engage parents through group presentations, incentives, etc. Providing families with the MyPlate tool will be prioritized when doing children's well-child exams.

Mental Health Services:

Increase community collaborations in order to find facilities that provide higher levels of care.

Data Development Agenda:

1. 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
 - 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 select programs, 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.