

2014 Program Report Card: West Side 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.

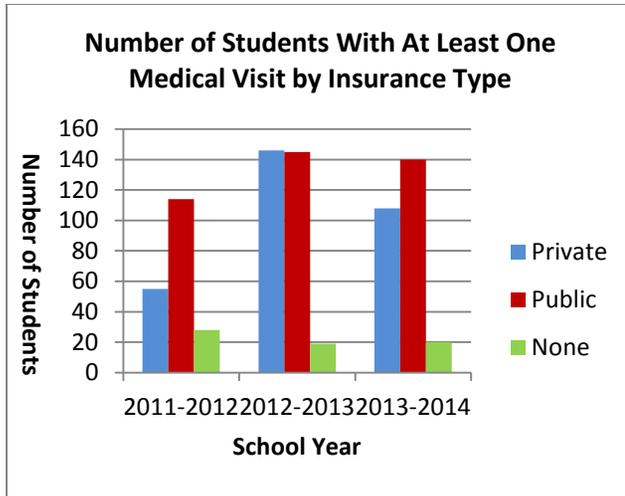
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$166,552	\$0	\$0	\$1,878*	\$50,839	\$219,269
Estimated SFY 15	\$165,128	\$0	\$0	\$1,714*	\$50,848	\$217,690

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 student population has grown each year from 267 (2011-12) to 428 (2012-13) to 463 (2013-14). The second year was when Fitch Middle was closed and the two remaining middle schools (West Side and Cutler) absorbed that population. Therefore there was a dip in SBHC enrollment from 235 students (88%) to 302 (71%) the first two years of this reporting period, but has gone back up to 349 (75%) during 2013-14.

During 2013-2014, 217 students had at least one visit to the SBHC. (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.

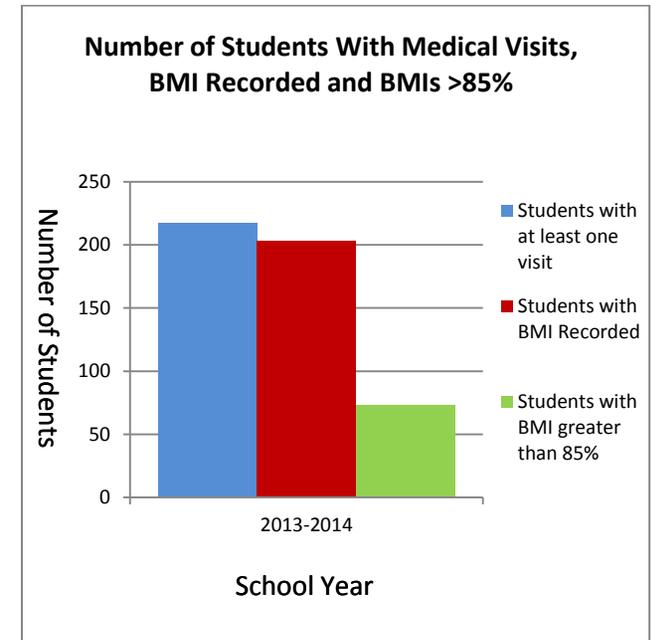
The majority of the students enrolled at the health center have public insurance. In 2013-2014, 175 students (50%) had Medicaid/HUSKY; 145 students (42%) have private insurance; and 29 students (8%) reported no insurance. A similar distribution of insurance types was observed in the 2011-2012 and 2012-2013 school years.

Efforts to increase registration are made during open house, parent meetings, mailings, and online capability. It is a continuing challenge to get paperwork signed and returned. Many times it will take sending home forms 3 or more times, along with phone calls, to get permission forms signed ie mandatory immunizations. Enrollment has also been increased by offering flu vaccine to students, even those with private insurance. This involved the Agency purchasing the vaccine from a distributor, making sure to keep the VFC and private vaccine separate, and complete the necessary paperwork.

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. Of the 217 students seen by the nurse practitioner, 203 had their BMI recorded. Approximately 14% are between the 85th

2014 Program Report Card: West Side 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.

and 95th percentile, and another 22% above the 95th percentile at their first visit to SBHC.

The number of students with BMI above the 85th percentile is been expected to be above average as compared to other schools with a higher socio-economic level. Increased efforts to improve nutrition and physical education are being made through specific programs but this does not override the fact that more families are at or below the poverty level due to loss of jobs, loss of unemployment benefits, inability to find work, etc.

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

In the early winter, 2013, many were asked to join a SWAT program with classes by "Cooking Matters". 6 families were able to participate and other would have liked to but due to scheduling around the holidays were unable to do so but the students were still followed intensively to a total of 20 students.

Of the 20 students with a BMI of greater than 95th that received intensive follow-up to improve their BMI: 16 (80%) lost weight initially, 2(10%) stayed the same and 2 (10%) gained weight:

Since 6 of the 20 were part of the SWAT initiative (Student Wellness and Activity Training) and Cooking Matters Classes that were held in the evening with parents in attendance, it gave the nurse practitioner (NP) a chance to meet with the family unit "one on one". This program was funded through a cardiovascular risk reduction grant from the Centers of Disease Control (CDC), administered through Ledgelight Health District. These 6 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 6 SWAT participants, none had an increase in their BMI, 4 decreased their BMI (67%), and 2 (33%) had an unchanged BMI at the conclusion of the program.

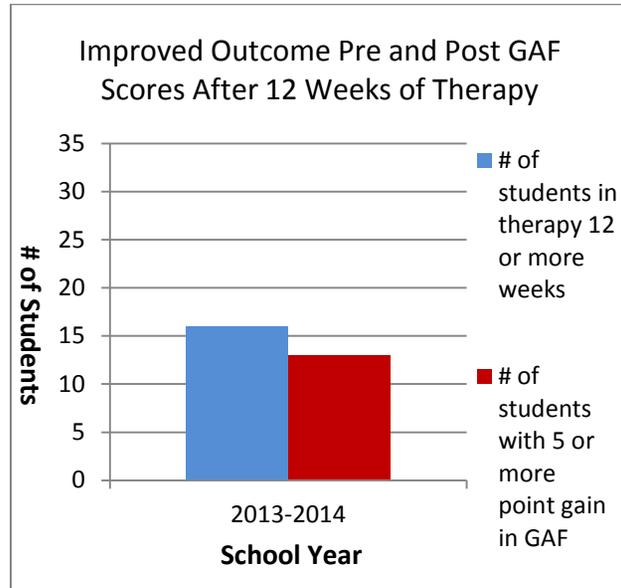
At West Side, we were able to provide for free fruit for dessert at lunchtime and also had a Farmers Market set up on the grounds to sell fresh produce. Even though it was less expensive than the store, squash was a \$1.50 per pound and, as I said, Ramen Noodles are cheaper and "go further" unfortunately. But families did take advantage of it. In order to make it more affordable, a program in conjunction with the City of Groton Mayor Office, gave

tokens to the children participating in the summer activities program at West Side which were worth money toward the purchase of fresh vegetables. We also shared recipes as to how to prepare the vegetables to be appealing to children.

Trend: [▲]

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

There were two clinicians at West Side this year, as one resigned in early spring. There is always a "dip" in number of students served when this occurs.

In 2013-2014, 30 students had at least one MH visit. Of those 19 that were picked up as clinical cases, 16 of them (84%) had at least 12 weeks of therapy. 13 of those 16 had a 5 point or more gain in their GAF score (81%). The remaining 3 either were referred for a higher level of care, did not want to continue therapy, or left the district. The same can be said of the 3 that did not complete at least 12 weeks of therapy.

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:

This next school year, the NP will work with the STEM teacher (Science, Technology, Engineering Math) to conduct weekly programs geared to achieving good health which will hopefully influence them for a lifetime.

Mental Health Services:

SBHC staff will provide SBHC orientation sessions to all new and existing school personnel. Orientation will include information on the mental health services offered through the Center, the referral process and the importance of linkages with community service providers and other resources..

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.