

2014 Program Report Card: Clark School School-Based Health Center (K-12)

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

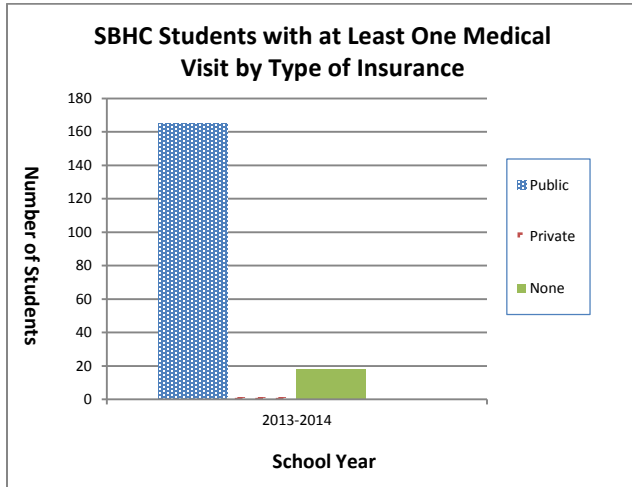
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

| 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 | \$140,101 | \$0 | \$0 | \$84,000 | \$74,708 | \$298,808 |
| Estimated SFY 15 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0* |

Partners: Parents, Students, CASBHC, DPH, DSS, School Based Health Alliance, Board of Education, Planned Parenthood of Southern New England, Institute of Living, Child and Family Services, Catholic Family Services, Hispanic Health Council, Charter Oak Health Center, Women's Ambulatory Health Services, School Administrators and Faculty, University of Hartford, University of St. Joseph, University of Ct., Southern Ct. State University, American Institute, Porter and Chester, Lincoln Technical Institute, Central Ct. State University, Goodwin College, Quinnipiac University, Stone Academy, Yale, CCMC Building Bridges, Ct State Dental Association, Hartford Care Coordination Collaborative, Connecticut Interscholastic Athletic Conference, Healthy Eyes Alliance, Greater Hartford Lions Club.

How Much Did We Do?

Access and Utilization



Story behind the baseline: This is a startup SBHC with no previous data for comparison. The total school population for Clark is 372. The number of students enrolled in the SBHC by the end of the report period was 184, or 49% of total school population. The number of unduplicated users was also 184 indicating that all students who enrolled in the SBHC at Clark also had at least one visit to the site. Since the minimum expectation according to our Quality Improvement Plan for a first year facility is 40%, this outcome is above expectations. With increased awareness of the SBHC at Bellizzi, enrollment should continue increasing in the next year.

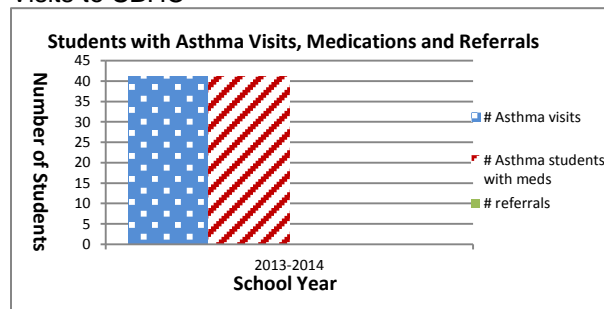
The majority of students enrolled have public health insurance coverage (165 of 184 or 90%) with the remainder having no insurance.

Efforts will be redoubling to enroll Clark students at Clark. SBHC staff will conduct additional orientations to all students and will attend the first Parent Night meeting to share information about the SBHC with parents/guardians. SBHC information will also be included on the school website. In the school, SBHC staff will conduct additional orientations to all students and will attend the first Parent Night meeting to share information about the SBHC with parents/guardians. SBHC information will also be included on the school website; in the school newsletter and on school bulletin boards; and through the school message blast system that reaches the households of students attending the school.

Trend: [◀ ▶]

How Well Did We Do?

Reduce Number of Asthma Severity and Frequency Visits to SBHC



Story behind the baseline: This data will work as the baseline for asthma reportage at Clark. Even though there was incomplete data regarding asthma action plans during the report period, according to our nurse practitioner at Clark about 90% (37) of users with asthma have updated asthma action plans in place. This was an issue with our data collection system and will be remedied in school year 2014-2015. However, there is information in the student history table of the SBHC database regarding those students who have asthma (chronic issue) and the number of those who have asthma medications. This information can be used as an *indicator* of the number of students having asthma action plans.

The information presented here compares the number of unduplicated students with asthma related visits (as indicated by use of the 493.xx diagnosis codes), the number of students having asthma medications, and the number of students referred outside the SBHC, either to the PCP, parent or emergency room.

In 2013-2014, approximately 22% (41) of unduplicated SBHC registered users at Clark SBHC presented for services related to asthma. This percentage approaches that expected according to recent research efforts by Connecticut Children's Medical Center (Building Bridges Program), the expected incidence of asthma in Hartford is about 25% of children in the elementary school age group. There is need to be more aggressive in identifying and providing service for our students with asthma. Clark is a new site and will require increased efforts on the part of the nurse practitioner and the school nurse working in collaboration to ensure that students with asthma are appropriately treated and monitored and that the data is captured in the database.

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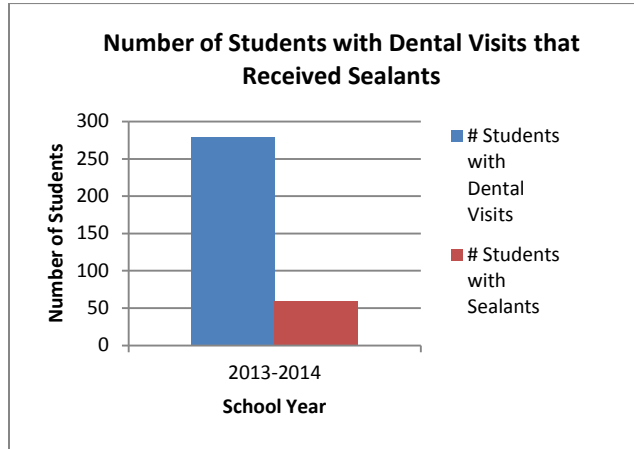
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Currently, many non SBHC schools in the district have initiated the CCMC Building Bridges program designed to promote communications between parents, students, PCPs and school nurses with regard to students with asthma. The project includes determination of the severity of student asthma, asthma plan creation and follows up. All information is included in the student's nursing record which follows the student through his/her career in the HPS district including when/if they become students at our SBHC sites and enroll for SBHC services.

Trend: [◀▶]

Is Anyone Better Off?

Number of Students with Dental Visits that Received Sealants



Story behind the baseline: 59 of 280 (21%) SBHC enrolled students who came in for dental treatment received sealants as a preventive measure. The figure does not reflect what percentage of the 281 had received sealants in previous years. In other words, in performing the dental assessment for the 281 students, 59 were found in need of sealants at the time of the examination and those teeth were sealed.

It is the policy of the dental program that all students presenting for dental services will be given an oral examination and dental health education as a part of an ongoing preventive effort. When other services are found necessary during the course of the oral risk assessment, then further visits will be scheduled to provide those

services. Services that cannot be addressed by our practitioners are referred to outside practitioners.

This graph does not reflect the true scope of dental services provided to our SBHC users, including, oral health screenings, oral hygiene instruction, fluoride and dental caries treatments and documentation of oral health risk assessment. The numbers of students receiving these services were: 173 (62%) students received fluoride treatment; 44 (16%) students received fillings for dental caries.

Trend: [◀▶]

Notes:

* Reflects funding provided by the local Board of Education Partnership Grant.

** Reflects funding provided by the MCHBG portion of the DPH grant.

Proposed Actions to Turn the Curve:

Access and Utilization:

SBHC staff will conduct additional orientations to all students and will attend Parent Night meetings to share information about the SBHC with parents/guardians. SBHC information will also be included on the school website; in the school newsletter and on school bulletin boards; and through the school message blast system that reaches the households of students attending the school.

Asthma:

- Clinic staff will identify and treat students having asthma through medical history/episodic visits using visit encounter forms. Treatment will be in concert with student's PCP. Practitioner will note if an asthma action plan is present.
- If there is not a plan present, practitioner will write new asthma action plan in conjunction with the student's PCP and the school nurse
- Nurse practitioners will offer individual and at least one group session for Asthma Management, based on the Open Airways program, providing health education and instruction on the proper use of medications (including inhalers) to students.

- Nurse practitioners at each site will offer at least one asthma awareness class for parents along with individual parent instruction

Dental Sealants:

- Dental screenings/exams will be performed annually.
- Staff will schedule students for regular preventive or treatment visits.
- Clinic users will receive appropriate sealant/preventive/ treatment from licensed hygienists and dentists.

Data Development Agenda:

- 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
- Develop tools to measure the success of the social skills groups that are offered to students.
- Data entry staff and/or Nurse Aides will use existing data to enter all encounter visit data and date of asthma action plan to the SBHCDB.
- All visit/exam information will be documented on an encounter form (dental superbill) and entered to the SBHC data collection database (data will include but is not limited to the American Dental Association procedure number, tooth number and surface number where applicable).