

## 2014-2015 New Haven Program Report Card: Barnard School Based Health Center (PreK-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.

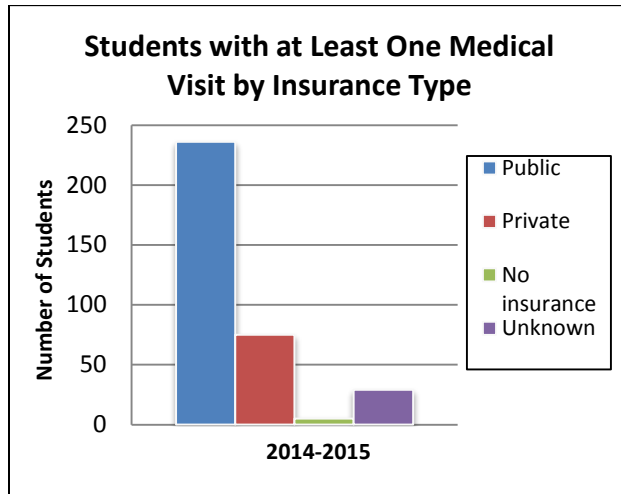
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$137,229	\$0	\$0	\$0	\$39,229	\$176,458
Estimated SFY 16	\$137,229	\$0	\$0	\$0	\$39,229	\$176,458

*Sponsoring Agency:* New Haven Board of Education

*Partners:* Parents, Students, School Administrators and Faculty, Yale New Haven Hospital (YNHH), NHPS Board of Education, BOOST (United Way), CASBHC, DPH, DSS, School Based Health Alliance.

### How Much Did We Do?

#### Access and Utilization



#### Story behind the baseline:

Out of 540 students in the school 540 (100%) were enrolled in Barnard SBHC in 2014-2015. Of these 111 (21%) students were newly enrolled. 345 (64%) of the enrolled students had at least one visit to the SBHC.

Of the 345 students who utilized the SBHC, their insurance status was: 236-Public; 75-Private; 5-No Insurance; and 29-Unknown.

Total clinical visits equaled 1,448. 790 visits (55%) were for medical services and 658 (45%) visits were for mental health services.

Among medical visits there were 387 (49%) male and 403 (51%) female. Among mental health visits there were 456 (69%) male and 202 (31%) female.

Four hundred and twenty five (425) (54%) medical visits were for black, 243 (31%) for Hispanic, 107 (13%) for white and 15 (2%) for Asian students.

Three hundred and ninety eight (398) (60%) mental health visits were for black, 161 (25%) for Hispanic, 98 (15%) for white and 1 (0.2%) for Asian students.

Mental Health screenings were done at 116 (8%) clinical visits.

A physical exam was conducted at 85 (6%) clinical visits.

BMI was measured during 360 (25%) clinical visits.

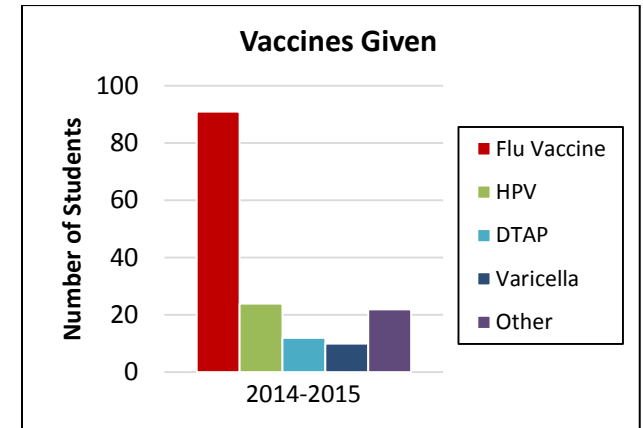
In 2014-2015 school year, in order to increase access and utilization, the SBHC staff participated in various events for students and parents;

- Promoted SBHC enrollment on report card night;
- Participated in 7 school health and wellness events for students and families;
- Presented at 6 parent orientation meetings.

**Trend:** [◀▶] – baseline

### How Well Did We Do?

#### Reduce the Occurrence of Preventable Disease



#### Story behind the baseline:

All 540 students were offered flu vaccines as part of a school-wide flu prevention campaign. Notices were sent to all parents. 91 students received them in the SBHC. All students who were seen at the SBHC received influenza prevention teaching to reduce spread of the Disease (e.g. handwashing, covering cough, benefit of vaccine).

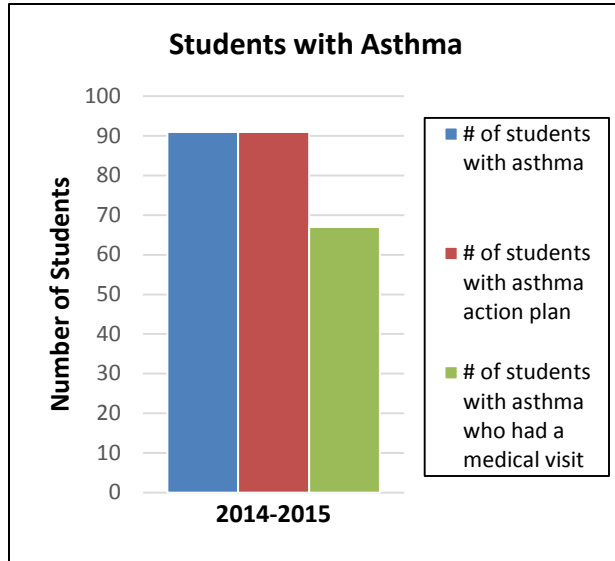
The SBHC staff and school nurse collaborated to identifying students needing vaccines and outreach to families and 68 SBHC users received other routine vaccines at the SBHC. 24-HPC; 12-DTAP; 10-Varicella; 9-Meningococcal; 6-Hep A; 4-MMR; 3-Polio(IPV).

**Trend:** [◀▶] - baseline

## 2014-2015 New Haven Program Report Card: Barnard School Based Health Center (PreK-8)

### Is Anyone Better Off?

#### Remove the Severity & Symptoms of Asthma



#### Story behind the baseline:

91 students enrolled in the SBHC had a diagnosis of Asthma. 100% students diagnosed with Asthma (91) had updated asthma action plans on file.

Sixty seven (67) students with Asthma had at least 1 medical visit, and 80% (54) of students who were treated for asthma symptoms showed improvement at follow up visits. The remaining 20% of students either had only one visit or required ongoing assessment and intervention.

Over 95% (64) of students seen at the SHC for asthma did not access care elsewhere. 90% (60) of clinic users with asthma had documented flu vaccines.

#### Trend: [◀▶] – baseline

### Proposed Actions to Turn the Curve

#### Access and Utilization

- To maintain 100% enrollment at Barnard; the SBHC staff will promote enrollment and utilization of SBHC services by participating in parent orientations, report card nights, PTO meetings, involve teachers in encouraging parents to enroll their children. They will distribute permission forms and SBHC materials to all parents; give teachers SBHC permission forms and encourage parents to enroll, and target enrollment follow up to students not enrolled. Conduct outreach efforts to increase awareness of School Based Health Center services including:
  - Regular updates in school newsletter to parents.
  - Work with staff to present to classes and offer SBHC open house to students/families
  - Present to school staff at least twice yearly to introduce staff, clarify roles and services, explain referral process, and the benefits to students/families and staff of having students utilize the SBHC
  - Place SBHC permission forms and promotional materials in waiting rooms, guidance and nurses' offices, main office, and in teacher's mailboxes.
- Contact all enrolled or newly enrolled students to have annual health screenings.

#### Reduce the Occurrence of Preventable Disease

- Review charts and collaborate with the school nurse to identify enrolled students with chronic illnesses, especially students with a diagnosis of Asthma (91), and confirm status of flu vaccination.
- Schedule appointments for those needing the Flu vaccine.
  - Conduct outreach to students, staff and parents about the importance of preventive vaccinations and encourage the use of SBHCs for getting vaccines, with an emphasis on flu vaccines via: newsletters, flyers, events, materials and announcements.
  - Promote and conduct a Flu clinic in October for students needing the Flu vaccine

#### Reduce the Severity and Symptoms of Asthma

- Identify SBHC users with asthma who don't have an Asthma Action Plan in place through chart review, school nurse, parents and EHR records and provide one if needed.

- Identify patterns or issues with of asthma medication compliance, frequency of visits for asthma symptoms, and hospitalizations through chart notes or EHRs.
- Identify asthma users with documented flu vaccines (chart notes, school nurse and/or EHR).
- Identify/document asthma symptoms and triggers through student/parent inquiry or EHRs.
- Offer targeted health education group such as "Open Airways" to students who present with frequent asthma symptoms (more than once a month) and poor management of symptoms.

#### Data Development Agenda:

In the Fall of 2014, a new SBHC Data management system, HealthX, was being developed with a company called Lumen, to enable the New Haven Public Schools (NHPS) to capture, analyze and report visit and other SBHC data accurately.

Though NHPS are still developing and improving the program, it is expected that this will allow New Haven Public Schools, for the first time, to standardize data entry, data collection, run reports, and to track progress and measure impact across all 17 sites, 11 which are funded through DPH. Having one universal data system for SBHC visits will also eliminate discrepancies of data reporting from agencies having different EHR systems, and collecting different data.

NHPS will be conducting data entry/management training again for all SBHC office managers and as needed throughout the year to ensure they are entering data accurately as improvements are made. Lumen will be improving the program this school year to better meet NHPSs needs and ensure that all visit encounter data is accurately captured and reported.