

## 2014-2015 Program Report Card: New London - Inter-district School For Arts And Communication (ISAAC) Grades 6-8

*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.

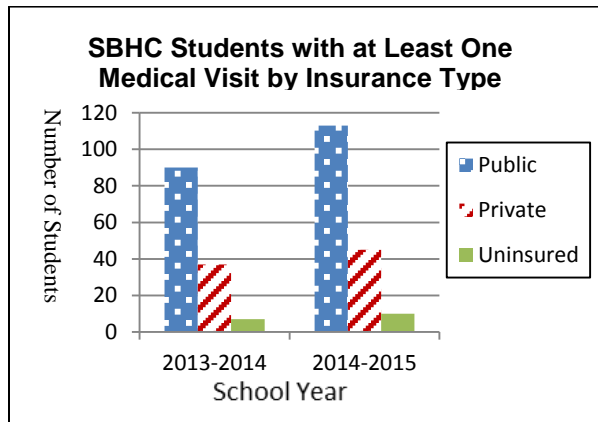
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$133,787	\$0	\$0	\$0	\$157,588	\$291,375
Estimated SFY 16	\$112,670	\$0	\$0	\$0	\$157,588	\$270,258

*Sponsoring Agency:* CHC Inc.

*Partners:* Parents, Students, CASBHC, DPH, DSS, School Administrators and Faculty.

### How Much Did We Do?

Access and Utilization



### Story behind the baseline:

The student population at ISAAC has grown to its highest level with a total student population of 263. This is largely due to school renovations/additions that have allowed for larger class sizes. At this point, construction is finished. The SBHC has also become a more established presence in the school by adding a third day each week of services. Thus, the SBHC is more well-known in the school and the community. Of the total population of 263, 94%, or 247 students, are enrolled in the SBHC. Of the students enrolled,

68%, or 168 students, had at least one medical visit. Students and families had positive experiences using the SBHC and are excited that their children are now able to receive services. As we have become more established in the school our outreach efforts have also improved, and through both traditional mail, E-mail blasts, attendance at school functions, collaboration with the school nurse and administration we have been able to teach more families about the benefits of enrolling their child. The number of students with private insurance grew from 37 (28%) students in 2013- 2014 to 45 students (27%) in 2014-2015. The number of students with public insurance increased from 90 (67%) in 2013-2014 to 113 (67%) in 2014-2015. The number of uninsured kids increased from 7 (5%) in 2013-2014 to 10 (6%) in 2014-2015. There were no other insurance types for these school years.

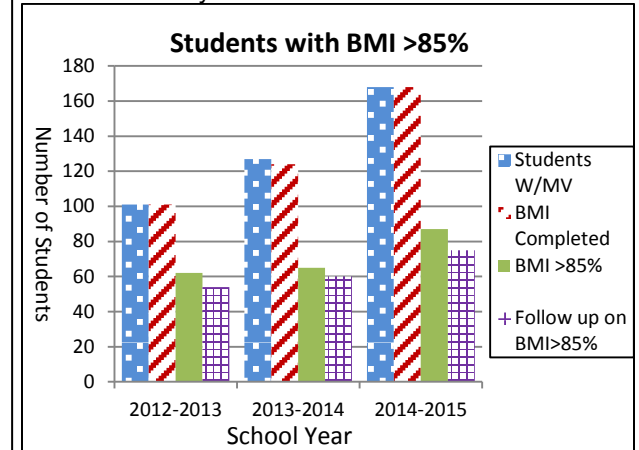
Student Population, Enrollment, Number of Medical Visits, and Number Served in ISAAC 2014-2015				
School	Population	Enrolled	Medical Visits	Students With At Least One Visit
Isaac	263	247	1029	168

Trend: [▲]

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

### How Well Did We Do?

Reduce Obesity in SBHC Users



### Story behind the baseline:

Body Mass Index (BMI) at the SBHC's is calculated by tracking height and weight on a student at every medical visit. A BMI >85% indicates overweight. In 2012-2013, a total of 101 (100%) students had a BMI completed. The percentage of students at ISAAC seen with BMI's >85th percentile has decreased from 61%, or 62 students, in 2012-2013 to 65 students (52%) in 2013-2014, out of 124 (97%) BMIs completed. Follow up on BMIs increased from 2012-2013

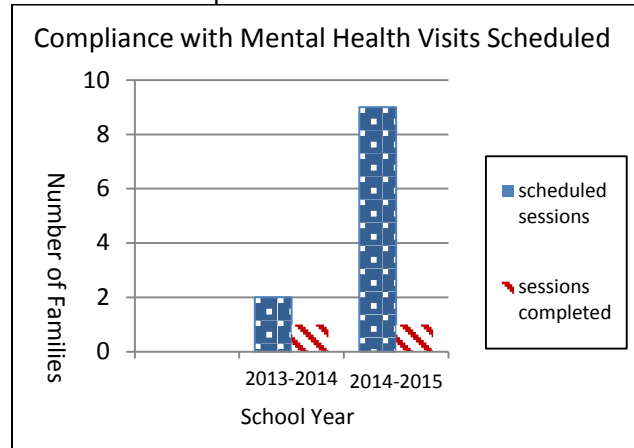
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(87%, or 54 students) to 2013-2014 (92%, or 65 students). The percentage of BMIs >85% also decreased in 2014-2015 to 51%, or 87 students. This was out of 168 BMIs completed (100%). Follow up was provided for 75 (86%) of the students with BMI >85%. This was a slight decrease from the previous school year. All students with elevated BMIs are counseled on weight and are offered nutrition follow up either through one-on-one visits or participation in nutrition groups. The number of students who participated in the nutrition groups and one-on-one visits was not tracked for the 2014-2015 school year. The numbers will now be tracked starting in the 2016-2017 school year. Puberty plays a huge role in weight gain through middle school years and much education is provided to students during their visits about the role of hormones on insulin levels, weight gain, etc. Barriers faced include culture expectations and norms, parental education and availability for family sessions, education, and quality of school foods.

**Trend:** [▲]

### Is Anyone Better Off?

#### Mental Health Improvement



**Trend Going in Right Direction?** ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

### Story behind the baseline:

In 2013-2014, clinicians scheduled two family visits (there is no specific requirement for a family visit to be scheduled), and one (50%) attended. This did not improve for the school year 2014-2015, when clinicians planned to meet with 9 families, but only one (11%) attended. Providers report that it can be challenging to engage parents. Parents were found to be supportive in the admission and Intake process as a parent is required to attend. When direct contact was made to parent by school or SBHC staff, parents were more receptive to scheduling a family session. Regarding referrals received, there were a number of referrals made in which the parent did not respond. Two outreach calls are made to the families, and if they did not respond, a letter is then sent as follow up. This should continue as a goal moving forward.

**Trend:** [▲]

### Proposed Actions to Turn the Curve:

#### Access and Utilization:

- SBHC's Staff will continue to attend school functions, including parent nights, provide presentations to health classes, and enhance the publicity of school based services in a variety of mediums including: websites, newsletters, and electronic communications.
- Forms are now available on an electronic platform and posted on district wide websites.

#### Obesity Reduction:

- Staff will continue to track BMIs through our electronic health record.
- Staff will continue to provide one-on-one nutrition counseling to students with elevated BMIs.
- Presentations on healthy eating will continue to be offered in health classes.

- The nurse practitioner will continue encouraging students with elevated BMI's to increase physical activity.

#### Mental Health Services:

- Clinical staff will set family visit goals for each student as therapeutically appropriate
- Staff will track through our electronic health record the family session visits.
- Clinicians will be available before or after school day to accommodate work schedules.
- Clinicians will be expected to provide evidence of their efforts and outreach to parents and family.

#### Data Development Agenda:

- 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, and obesity counseling data, etc.). The school based team is working closely with the Business Intelligence team in the development of a dashboard which will provide needed data and trends in the moment.