2014-2015 Program Report Card: Putnam Middle and Elementary School (Grades K-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.

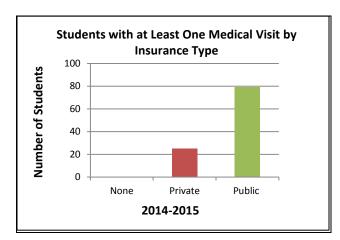
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$115,686	\$0	\$0	\$0	\$135,246	\$250,932
Estimated SFY 16	\$124,100	\$0	\$0	\$0	\$265,138	\$389,238

Sponsoring Agency: Generations Family Health Center, Inc.

Partners: Putnam Public Schools, Day Kimball Healthcare, State of CT. Dept. of Children and Families, Putnam Family Resource Center, United Services, Natchaug Hospital (HHC)

How Much Did We Do?

Access and Utilization



Story behind the baseline:

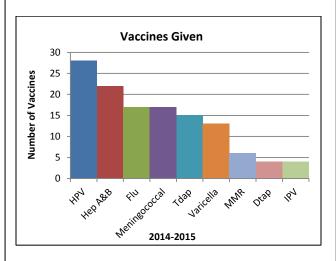
Of the 925 students enrolled at Putnam Middle & Elementary Schools, 325 (36%) are enrolled at the SBHC. Of those 325, 104 (32%) students have been seen for medical care during the 2014-2015 school year. The majority, 79 out of 104 (76%) of the students had Public insurance, 25 out of 104 (24%) had Private insurance, and no students were without insurance. If a student does not have insurance the ACA outreach staff are prepared to assist the families with accessing insurance eligibility and completing the application process. During the 2014-2015

school year, overall enrollment increased by opening services to the elementary school, which is attached by a shared hallway. Outreach efforts to increase enrollment and utilization of services included: open house events, parent/ teacher conferences, joint radio promotions with community partners and the school, flyers home to parents in backpacks, and speaking at the "Coming Up" assembly.

Trend: [◀▶]

How Well Did We Do?

Reduce the Occurrence of Preventable Disease



Story behind the baseline:

Every student seen for a medical visit at the SBHC was offered the influenza vaccine. Out of the 104 total students seen for a medical visit, 17 (16%) accepted and received the flu shot at the SBHC. All of these children had received flu shots before and required only one dose.

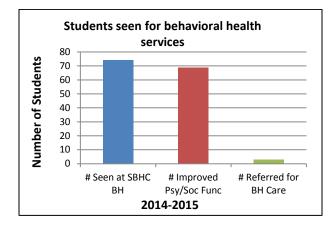
All children enrolled at the SBHC have their immunization history reviewed. Records are obtained from the school nurse or the child's existing PCP. Of the 104 children seen for medical services, 52 (41%) needed to have immunizations updated at some point during the school year. The SBHC provided those immunizations making the students up to date. The SBHC gave a total of 126 vaccines which included the following: HPV (28), Hep A&B (22), Flu (17), Meningococcal (17), Tdap (15), Varicella (13), MMR (6), Dtap (4), and IPV (4). An audit of all students seen for medical care at the end of the school year revealed that 100% of the students seen were then up to date.

Trend: [◀▶]

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Is Anyone Better Off?

Behavioral Health Patients at SBHC



Story behind the baseline: Of the total 325 students enrolled at the SBHC, 150 specifically enrolled for behavioral health services. When a student enrolls for behavioral health services, the SBHC staff call the parents to discuss the need for BH care, and whether the parents/student wish to seek the care immediately or just have it available, should the need arise in the future. Of the 150 who originally enrolled for BH services, 74 (50%) chose to initiate services during the school year and received behavioral health care at the SBHC at some point during the school year 2014-2015.

Three (3) of the 74 (4%) were identified as needing care beyond the scope of the SBHC, were referred to external services in the community, and their attendance was confirmed. Of the 71 who received BH services at the SBHC, assessment of their psychosocial functioning after a minimum of three months of treatment showed improvement in 69 out of 71 completing care at the SBHC (97%). These improvements have been supported by anecdotal feedback reported by students, school staff, parents and peer clinicians in the community.

In January 2015, the SBHC increased hours for behavioral health services, from 20 to 40 hours per week, to allow more of the students to be seen. This should better enable the center to accommodate even more students in the future.

Trend: ◀▶

Proposed Actions to Turn the Curve:

How much did we do?

- The Advisory Council discussed enrollment activity at each meeting and collaborated on efforts for improvement. One strategy the group developed was to educate the parents and the community on how care given at the SBHC would be coordinated well with community PCP's.
- Concentrate on educating students/teachers and the community about the services provided to the students, while reassuring them of the connection with their current PCP.

How well did we do?

 Work in conjunction with the community PCP's of the children enrolled in the SBHC, as well as the school nurse, to ensure that all students are offered and receive a flu shot. This should improve influenza vaccination rate.

Is anyone better off?

 Professional development will be offered to the school social workers and teachers, in different areas of behavioral health treatment, such as Reactive Attachment Disorders. Increasing the skills of school staff could lead to better and earlier identification of behavioral health needs, and thus, increased referrals for care.

Data Development Agenda:

- Identify the gaps in EHR documentation capabilities to capture data for DPH reporting requirements, and correct in order to ensure 100% data capture through electronic means
- In conjunction with school nurses, identify data on existing PCP for each student enrolled at the Putnam Middle and Elementary schools, and do outreach to the families of any student with no PCP listed for potential enrollment at the SBHC.
- Identify and collect data regarding barriers to enrollment and utilization at the SBHC, through parent surveys, focus groups, etc.
- Identify and collect data, on student vaccinations received at external providers, including influenza vaccination, to improve accuracy of vaccination data and increase compliance rates.
- Identify and collect data on barriers between enrollment and utilization of BH services to improve the rate of students served.