

2013-14 Program Report Card: Rogers Park Middle School, School Based Health Center (6-8th Grade)

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

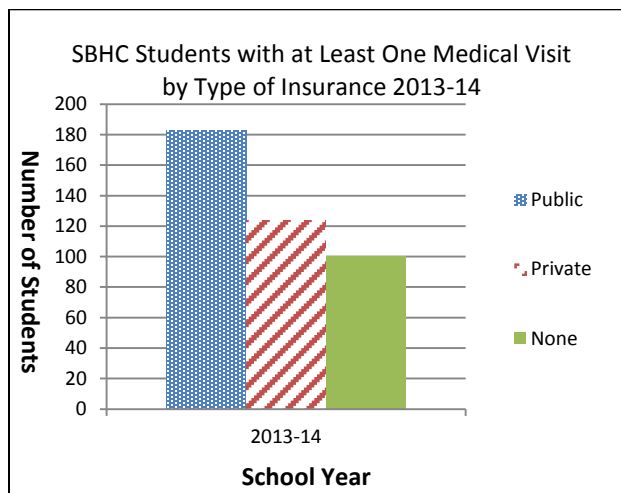
Contribution to the Result: School Based Health Centers (SBHC) provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$165,944 (SBHC)	\$0	\$5318 (PHBG*)	\$1,387***	\$14,632.00	\$187,281
Estimated SFY 15	\$165,656 (SBHC)	\$0	\$5490 (PHBG*)	\$0	\$75,000.00**	\$246,146.

Partners: City of Danbury, Western CT Health Network (Danbury Hospital, Samaritan Center), Danbury Board of Education (Oral Health Collaborative), Parents, Students, CASBHC, DPH, DSS, School Administrators and Faculty.

How Much Did We Do?

Access and Utilization



Story behind the baseline: For 2013-14, 1208 students were enrolled at Rogers Park, which included the Science, Technology, Engineering, and Mathematics (STEM) magnet school that will be moving 2014-15. Of those, 964 (80%) students were enrolled at the SBHC. There were a total of 1382 medical visits to 407 students.

Of the 407 students with at least one medical visit, 183 (45%) students had state insurance; 124 (30%)

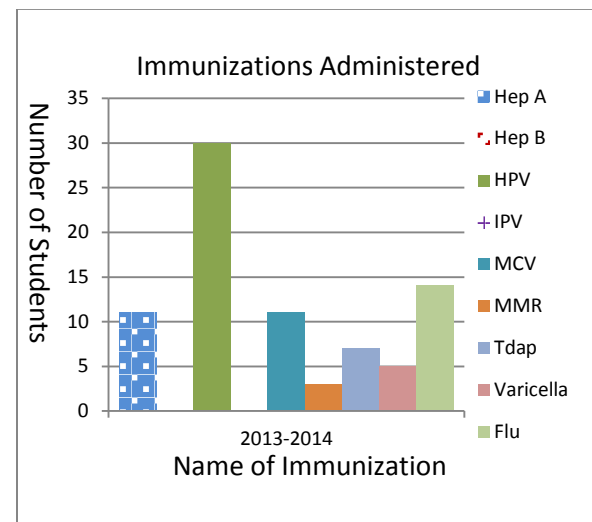
students had private insurance; and 100 (25%) students had no insurance.

Marketing efforts included SBHC consents in English and Spanish distributed to every student on the first day of school. SBHC staff presented SBHC information to parents of all incoming students, at open houses and to every science classroom. The SBHC staff has a great reputation for quality care, which helped to make the program very well respected.

Trend: (◀▶) Flat as this is the baseline data.

How Well Did We Do?

Reduce the occurrence of preventable disease among SBHC enrollees.



Story behind the baseline: The school RN identified 57 students who were not in compliance for required vaccines during 2013-14. 36 (63%) received required vaccines at their medical provider's office. 21 (37%) received the state required vaccines, MCV, Tdap, Varicella, and MMR at the SBHC. Those students were also offered and received if needed, the recommended vaccines: Hep A, HPV, and Influenza if they were Vaccines for

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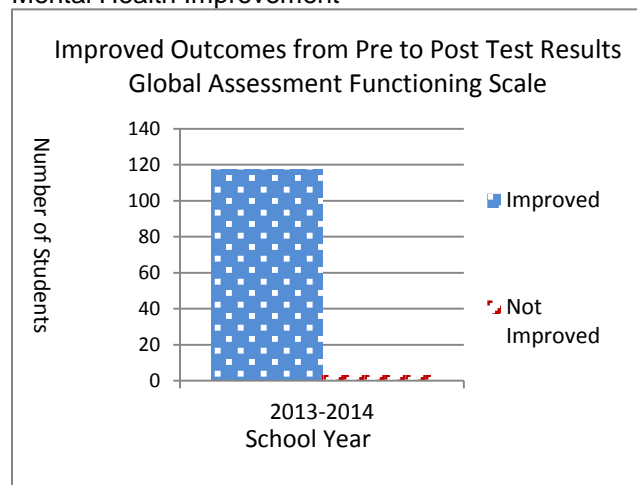
Children (VFC) qualified. 100% of all students were up to date on vaccines by the end of the 2013-14 school year.

There were 81 total vaccines given to students during 2013-14. The following vaccines were given: Hep A 11 (13.5%), HPV 30 (37%), MCV 11 (13.5%), MMR 3 (4%), Tdap 7 (9%), Varicella 5 (6%), Influenza 14 (17%).

Trend: (◀▶) Flat as this is the baseline data.

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

127 SBHC students in 2013-14 had at least one mental health visit during the school year. 127 (100%) received a comprehensive mental health assessment using the SBHC's Mental Health Intake form. The Global Assessment of Functioning (GAF) was utilized to establish a baseline level.

Of the 127 students who saw the counselor, 97 (76%) students remained in therapy for 3 months or longer. Of those, 95 (98%) students showed improved GAF scores. 2 students (2%) necessitated referral to

outside psychiatry because they required more services than SBHC could provide. The remaining 30 (24%) students didn't require 3 months of mental health services because their situations resolved or didn't require on-going counseling.

Trend: [◀▶] Flat, as it is baseline data.

Notes:

* PHBG refers to Preventive Health Block Grant.

**Before the end of 2014, the SBHC will be under the auspices of Connecticut Institute for Communities (CIFC), a Federally Qualified Health Center, which will increase our reimbursement rate.

*** Reflects funding provided by a church's outreach mission project for violence prevention program.

Proposed Actions to Turn the Curve:

1. Access and Utilization:

1. SBHC staff will attend open houses to share information about the SBHC with parents, guardians and students. SBHC will go to each grade to introduce SBHC services to all students. SBHC consents will be included in the school's yearly packet to all students. SBHC information will be updated on the school website and school bulletin boards. School staff will be encouraged to give SBHC consents to those not enrolled and refer students in need to clinic.

2. Vaccine Administration.

1. Develop new ways to advertise flu vaccine availability at the SBHC for state eligible students.
2. Work closely with school nurses to identify students who need required and recommended adolescent vaccines.

3. Mental Health Services:

1. 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.

2. SBHC will work collaboratively with school staff to identify students at risk and ensure a coordinated approach to addressing student/family needs. SBHC staff will also establish and maintain collaborative relationships with new and existing community based providers to ensure continuity of care and access to needed resources.

Data Development Agenda:

1. Transition from Clinical Fusion to e-Clinical Works by 2015-16 school year.
 - Identify how to align e-Clinical Works generated reports to meet DPH requirements.
 - Identify how to streamline the process of exporting our data from e-Clinical Works to DPH when we implement EHR.
 - Data presented represents 2013-14 school year and is only to be used as a baseline.