

2014 Program Report Card: MD Fox 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.

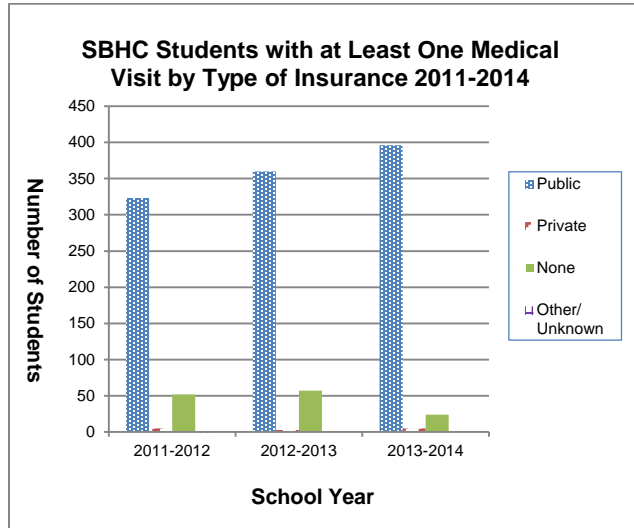
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$238,392	\$0	\$0	\$84,000 *	\$207,219	\$529,611
Estimated SFY 15	\$220,090	\$0	\$0	\$84,500*	\$205,818	\$510,408

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, Health Interactive Program.

How Much Did We Do?

Access and Utilization



Story behind the baseline: For two years (2010-2011 and 2011-2012) MD Fox was divided between two alternate sites (395 Lyme Street and 145 Locust Street) because renovations were being done at the 470 Maple Avenue address. In August, 2013, the SBHC clinic was reopened at the renovated site. It has taken time for students to return to the school and for parents to enroll (or re-enroll in some cases) their students with the SBHC.

The total school population has remained at about 590 students. In all years, the percentage of SBHC

enrolled students has remained at or just below 80% (81% or 478 in 2011-2012 to 73% or 431 in 2013-2014).

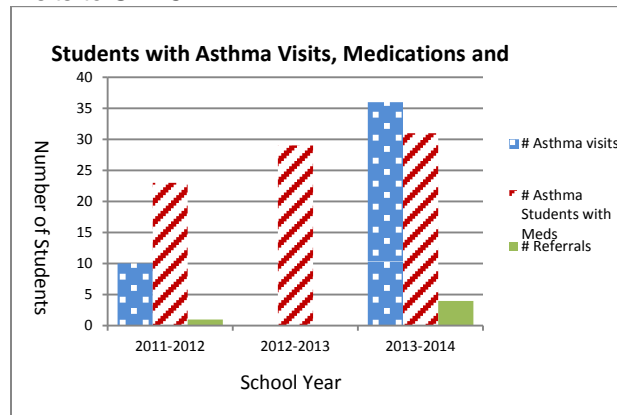
Unduplicated users of SBHC services have increased from 80% (375 users v 469 enrolled population) in 2011-2012 to 99% 420 users v 425 enrolled in 2013-2014.

The percentage of Medicaid insured (CT HUSKY) has increased steadily over the period from 86% (323) of users being HUSKY clients in 2011-2012 to 94% (396) in 2013-2014. The remainders of SBHC users either have no insurance or are not eligible for HUSKY according to the HP (contractor for CT DSS) eligibility website.

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 our baseline for asthma reportage at MD Fox. Even though during the report period, there was no data taken that indicates who has an asthma action plan on record or what date such plans may have been generated, according to our nurse practitioner at MD Fox about 90% of users with asthma have updated asthma action plans in place. This was an issue with the data collection system and will be remedied in school year 2014-2-15. 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 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.

The cause(s) for the lack of any asthma visit data for 2012-2013 is not apparent and data is currently being examined. Since the SBHC was split between two sites at that time, there may have been an issue with not having enough nurse practitioner time at either of the MD Fox sites and that the asthma visits may have been handled by the school nurse who did not complete an entry form. As indicated in the 2013-2014 year, this issue seems to have been addressed.

In 2013-2014, approximately 10% (41) of unduplicated SBHC registered users at MD Fox Elementary SBHC presented for services related to asthma. This percentage is up from prior years and

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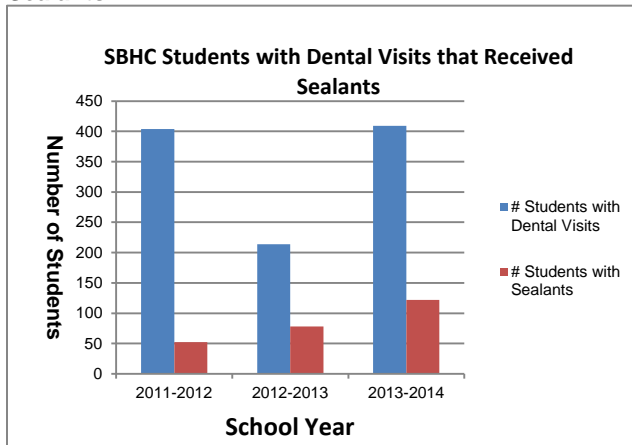
represents the increased effort to provide services to students and parents that will enable them to more appropriately and effectively manage their asthma. Additionally, students with asthma medications as indicated in our SBHC data base has increased steadily along with the number of referrals. According 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.

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: SBHC users with dental visits have risen over the number of users in 2011-2012

and 50% over the number of users in 2012-2013. With this rise has come an increase in the number of sealants administered to those students. The figure does not reflect what percentage of the 409 receiving dental services in 2013-2014 had received sealants in previous years. In other words, in performing the dental assessment for the 409 students, 122 (30%) 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 in 2013-2014 were: 237 (58%) students received fluoride treatment; 81 (20%) students received fillings for dental caries.

Trend: [▲]

Notes:

* Reflects funding provided by Hartford Public Schools for RN salary.

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:

- a. 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.

- b. If there is not plan present, practitioner will write new asthma action plan in conjunction with the student's PCP.
- c. 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.
- d. Nurse practitioners at each site will offer at least one asthma awareness class for parents along with individual parent instruction
- e. All data will be promptly entered by the DES assigned to the site.

Dental Sealants:

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

Data Development Agenda:

- a. 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
- b. Develop tools to measure the success of the social skills groups that are offered to students.
- c. 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 SBHC database.
- d. 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 ADA procedure number, tooth number and surface number where applicable).