

## 2015-2016 New Haven - School Based Health Centers, Medical Services (PreK3-12) Barnard, Mauro-Sheridan, Troup, Hillhouse

*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.

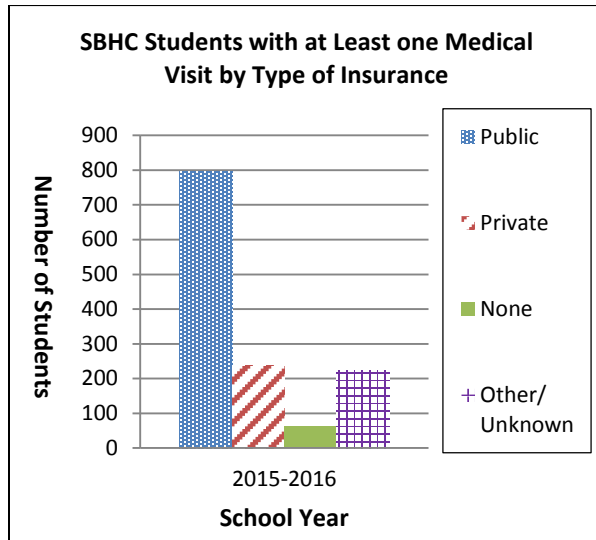
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 16	\$420,539*	\$0	\$1,000**	\$0	244,086	\$665,625*
Estimated SFY 17	\$415,500*	\$0	\$1,000**	\$0	300,000	\$716,500*

*Sponsoring Agency:* New Haven Board of Education

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

### How Much Did We Do?

Access and Utilization



#### Story behind the baseline:

In 2015-2016, the total student population for all 4 schools was 2,519. The total number of students enrolled in the SBHC was 2,383 (95%). The number of students served was 1,317 (55% of the enrolled and of 52% of the student population). The average number of visits per student was 4.4.

Of the students served, 796 (60%) were publically insured, 237 (18%) were privately insured, 62 (5%) had

no insurance and 222 (17%) had an insurance status of other/unknown. For students who don't have insurance we provide them with information for Husky and other financial resources as appropriate.

SBHC staff participated in numerous outreach activities including attending Report Card Night, engaging in school health and wellness events, and presenting at parent orientations.

This is the first year that those having a medical visit by insurance type is being reported in this format.

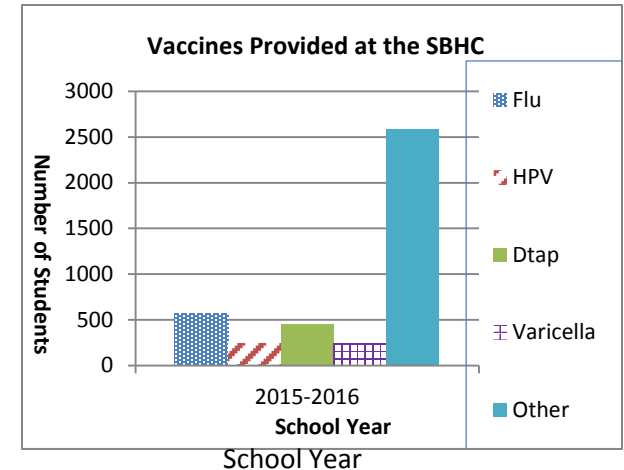
Student Population, Enrollment, Number of Medical visits and Number Served in the SBHC				
Schools	Population	Enrolled	Medical Visits	Medical Served
Barnard	552	510	1,383	327
Troup	476	493	1,263	309
Hillhouse	949	855	1,809	358
Mauro-Sheridan	542	525	1,277	323
<b>TOTAL</b>	<b>2,519</b>	<b>2,383</b>	<b>5,732</b>	<b>1,317</b>

**Trend:** [◀▶]

### How Well Did We Do?

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

### Reduce the Occurrence of Preventable Disease



#### Story behind the baseline:

Immunization services are a vital component of preventive health care. In 2015-2016, 4,100 vaccinations were administered. Of those, 568 (14%) were for flu, 247 (6%) were for HPV, 452 (11%) were for DTAP 246 (6%) were for varicella and 2,587 (63%) were for other immunizations (IPV, Meningococcal Conjugate, MMR, MMRV, Pneumococcal Conjugate PCV13, Rotavirus Monovalent and DTAP).

Students were offered flu vaccines as part of a school-wide flu prevention campaign. Notices were sent to all parents. Students seen at the SBHC received flu

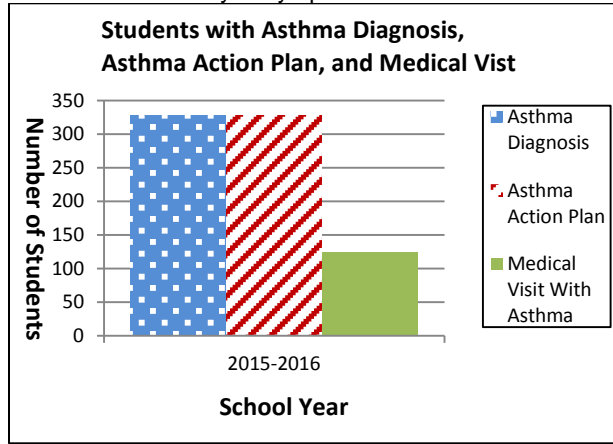
## 2015-2016 New Haven - School Based Health Centers, Medical Services (PreK3-12) Barnard, Mauro-Sheridan, Troup, Hillhouse

prevention teaching to reduce spread of the disease (e.g. handwashing, covering cough, benefit of vaccine).

**Trend:** [◀▶]

### Is Anyone Better Off?

Remove the Severity & Symptoms of Asthma



### Story behind the baseline:

In 2015-2016, 328 students enrolled in the SBHC had an asthma diagnosis. All 328 (100%) of these students had an updated Asthma Action Plan on file. Of those, 125 students with asthma had at least one medical visit and 95% of students who were treated for asthma symptoms showed improvement at follow up visits. Over 90% of students seen at the SBHC for asthma did not access care elsewhere.

Over 56% (184 students) that had asthma also had a document flu vaccine. There was also a decrease from previous years in the number of users reporting going to the Emergency Department for asthma.

**Trend:** [◀▶]

### Notes:

\* Reflects funding provided to all of the SBHCs for medical and mental health services

\*\* Maternal and Child Block Grant

### Proposed Actions to Turn the Curve

### How Much Did We Do:

1. 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. They will conduct outreach efforts to increase awareness of 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.
2. Contact all enrolled or newly enrolled students to have annual health screenings.

### How Well Did We Do:

1. Review charts and collaborate with the school nurse to identify enrolled students with chronic illnesses, especially students with a diagnosis of Asthma, and confirm status of flu vaccination.
2. Schedule appointments for those needing the Flu vaccine.
3. 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.
4. Promote and conduct a Flu clinic in October for students needing the Flu vaccine.

### Is Anyone Better Off:

1. 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.

2. Identify patterns or issues with asthma medication compliance, frequency of visits for symptoms, and hospitalizations through chart notes or EHRs.
3. Identify asthma users with documented flu vaccines (chart notes, school nurse and/or EHR).
4. Identify/document asthma symptoms and triggers through student/parent inquiry or EHRs.
5. 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 2015, a new SBHC Data management system of New Haven Public Schools, Health X, was being developed with a company called Lumen, to enable us to capture, analyze and report visit and other SHC data accurately.

Though we are still developing and improving the program, we expect this will allow NHPS to standardize data entry, data collection, run reports, and track progress and measure impact across 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.

We will be conducting a 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 our needs and ensure that all visit encounter data is accurately captured and reported.