2014 Program Report Card: Jennings Elementary School Based Health Center (Grades K-5)

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

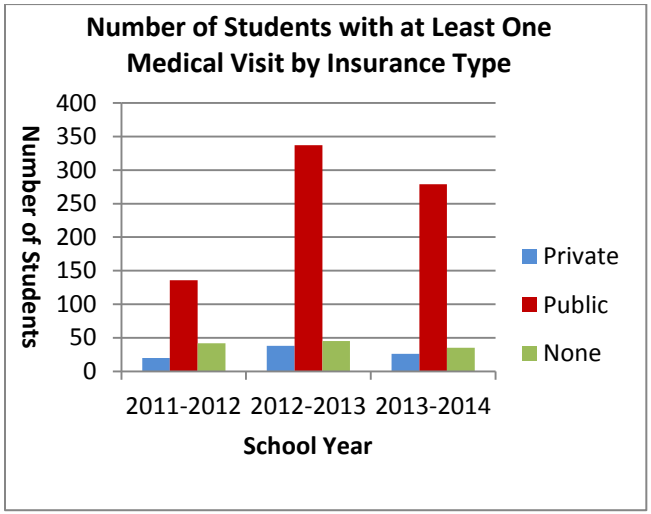
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	$146,550	$0	$0	$1,594*	$37,940	$186,084
Estimated SFY 15	$170,324	$0	$0	$1,710*	$45,128	$217,162

Partners: Parents, Students, CASBHC, DPH, DSS, DMHAS, DCF, The CT Chapter of the AAP, School Based Health Alliance, Board of Education, Local Health Department, School Nurses, School Administrators and Faculty, Child & Family Agency Programs, Child First New London

How Much Did We Do?

Access and Utilization



Story behind the baseline: The total school population has increased 8% from 543 in 2011-2012 to 585 in 2013-2014.Enrollment in the health center has increased from 402 (74%) in 2011-2012 to 470 (80%) in 2013-2014 in that period of time. Enrollment in the SBHC is marketed during Open House and through the school nurse and school social worker. Enrollment forms can be found on the Agency's website.

The number of students with at least 1 visit has increased annually. In 2011-2012, 198 students were seen (49%) and in 2013-2014, 294 students (64%) were seen, representing a 15% increase in users. (All students seen by the mental health clinician are also seen by the nurse practitioner (NP) to review medical conditions, allergies, medications, etc.) This is done in order to identify any medical issues that may be impacting the student's mental health and to satisfy the meaningful use measures for the electronic health record.

In the 2013-2014 school year there were 365 students (78%) who were publicly insured, followed by 74 (15%) who said that they did not have insurance, and 31 (7%) who were privately insured. A similar distribution of insurance types was observed in the 2011-2012 and 2012-2013 school years.

School based health center staff are present at the school's open house to inform parents of the school based health center's services. The school nurse has been actively involved in distributing enrollment packets and notifying parents of the SBHC services throughout the school year.

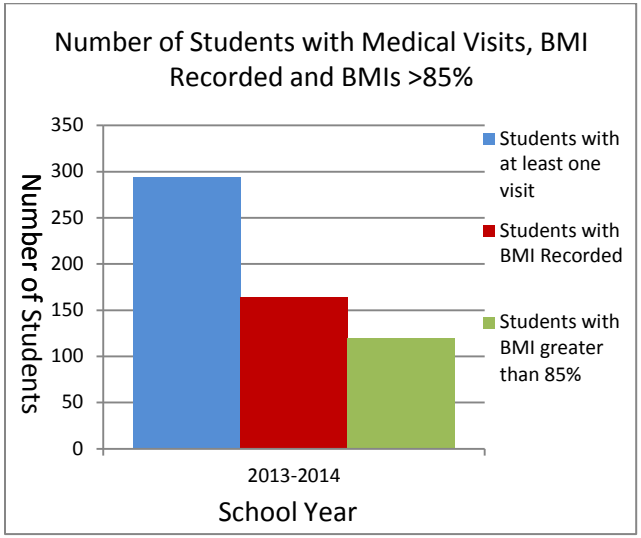
The mental health clinician meets with the school psychologist and social worker monthly which has led to a higher level of referrals from them.

There has been an increase of referrals coming from parents on the recommendation of other parents whose children have received services from the SBHC.

Trend: [▲]

How Well Did We Do?

Reduction in percentage of SBHC users with BMI >85%



Story behind the baseline: 119 children (25.3% of enrolled) were identified as having a BMI >85%. These students were offered educational support based on 5-2-1-0 model* and Choose My Plate.gov. Both of these sources of wellness materials are free, culturally sensitive and available in multiple languages, which is important for our SBHC program.

*5-2-1-0 (Daily goals for children/adults)

- 5 or more fruits/vegetables
- 2 hours of less of screen time
- 1 hour of activity/exercise
- 0 sugary drinks

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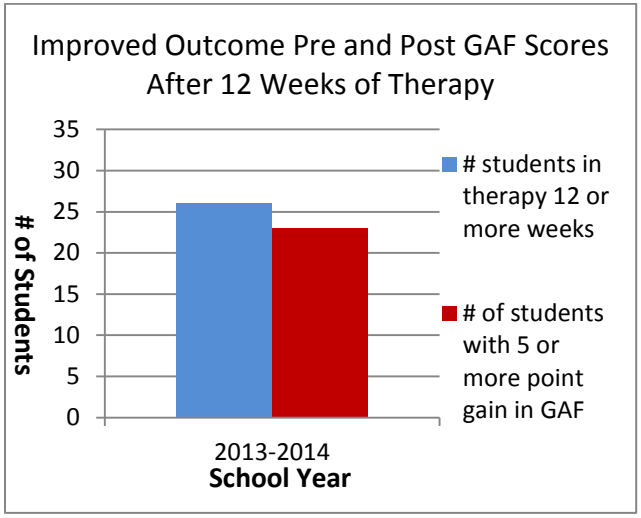
At least 10 children (8.4%) have BMI's that are decreasing, and 2 (1.6%) have had their BMI's reduced from the 95th percentile into the 85th – 94th percentiles.
There was difficulty in obtaining completed 5-2-1-0 screening tools from parents. Over 20 nutrition screening tools were sent home, none made it back to the school based health center. There is also difficulty reaching parents via telephone from the school based health center. Nutritional counseling is most successful when the parent is involved and interested in improving their/their child's health.

Trend: [▲]

Is Anyone Better Off?
Mental Health Improvement



Story behind the baseline: The clinician had a 2 % increase from 22 students in 2012-2013 to 26 students who engaged in therapy for at least three months.

In 2013-2014, 61 students (13% of enrolled) had at least one MH visit. Of those that were clinical cases, 26 of them closed after at least 12 weeks of service. 23 of those 26 had a 5 point or more gain in their GAF score (88%).

In 2013-2014 there was an increase in referrals for psychiatric services and an increase in the number of children who have experienced and present with trauma symptoms.

There are only a few clinicians in the area to work with Spanish speaking parents (some parents need their own therapy which is not available in the area at all).

The clinician notes that there needs to be more family involvement. Trauma-focused cognitive behavioral therapy (TFCBT) is more difficult because the trauma is often denied. The clinician also notes that for mental health services for students with Husky insurance, insurance only pays for family sessions that are 45 minutes or above. (Some of our family sessions last for 30 or 40 minutes given the age of the children and the intensity of the work being done during the session).

Notes: *Other funding is from the United Way

Proposed Actions to Turn the Curve:

Access and Utilization:
In the next year letters for permission to give the flu vaccine will go out at the beginning of the school year with all the other school paperwork. For those students who are not yet enrolled, those forms will be provided to the parents. This strategy is expected to increase the SBHC enrollment and utilization by at least 10%.

Obesity Reduction:
Given the importance of parental involvement, increased efforts will be made to engage parents through group presentations, incentives, etc. Providing families with the MyPlate tool will be prioritized when doing children's well-child exams.

Mental Health Services:
Will explore possibility of having a Spanish-speaking 2nd-year graduate student, assuming the school can provide space.

Data Development Agenda:

1. 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
   - 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, etc.)

**Data presented represents 2013-2014 school year and is only to be used as a baseline.