2014-2015 Program Report Card: Danbury - Rogers Park Middle School, School Based Health Center (6-8th Grade)

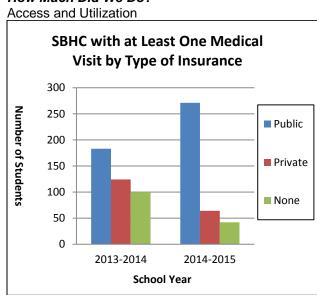
Quality of Life Result: All Connecticut children will grow up in a stable environment, safe, healthy and ready to succeed Contribution to the Result: School Based Health Centers (SBHC) provide healthcare access for school aged students, so that they are healthy and ready to learn.

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 15	\$165.944 (SBHC)	\$0	\$5,318 (PHBG*)	\$1,387**	\$14,632	\$187,281
Estimated SFY 16	\$165,656 (SBHC)	\$0	\$5,490 (PHBG*)	\$0	\$75,000	\$246,146

Sponsoring Agency: City of Danbury

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?



Story behind the baseline:

In 2014-2015, the school population was 933 compared to 1228 in 2013-2014, a difference of 275 (21%) students. The drop is a result of the relocation of the Science, Technology, Engineering, and Mathematics (STEM) and magnet school prior to the start of the 2014-2015 academic year.

Of the 933 students at the school, 894 (96%) students were enrolled at SBHC. Three hundred seventy seven students made a total of 1376 medical visits. Of the 377 students with at least one medical visit, 271 (72%) students

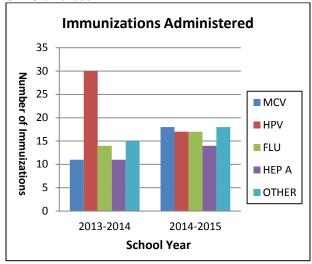
were publically insured; 64 (17%) students were privately insured; and 42 (11%) students had no insurance.

In 2013-2014, 407 (42%) of enrolled students had at least 1 visit with the average number of visits being 3.4 visits per student for a total of 1382 visits. In 2014-2015, 377 (38%) of enrolled students had at least 1 visit with the average being 4 visits per student for a total of 1376 visits which is only 6 visits less than 2013-2014

Trend: ▲ Yes

How Well Did We Do?

Reduce the occurrence of preventable disease among SBHC enrollees.



Story behind the baseline:

A total of 84 immunizations were administered to students during 2014-2015 The most frequently administered immunizations were: MCV 18 (22%) followed by HPV 17 (20%), Flu 17, (20%) and Hep A 14 (17%). Other less frequently administered immunizations were: Tdap 11 (13%), Varicella 5 (6%), MMR 1 (1%) and Hep B 1(1%).

The total number of immunizations administered increased from 81 in 2013-2014 to 84 in 2014-2015, a rise of 4%. Although there was a decrease in the number of HPV immunizations in 2014-2015, an increase is noted in the number of immunizations for MCV, Flu, and Hep A and the other, less frequently administered vaccines.

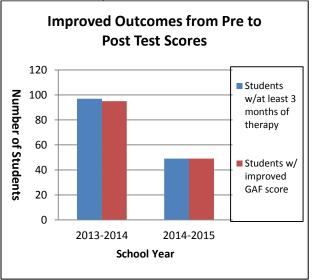
In September, 150 students were not in compliance for required vaccines during 2014-2015. Many students needed vaccines, but hadn't brought in parent or guardian consents to receive the vaccines. Some received required vaccines at their medical provider's office. 19 (12%) received required vaccines at SBHC. Those students were also offered recommended vaccines if they were VFC qualified. 100% of all students were up to date on vaccines by the end of the 2014-2015 school year.

Trend: **▲**Yes

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Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

Eighty -seven SBHC students in 2014-2015 had at least one mental health visit during the school year. Eightyseven (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 psycho-social functioning Of the 87 students who saw the counselor, 49 (56%) remained in therapy for 3 months or longer. Of those, 49 (100%) students showed an improved score when the GAF was re-administered after the 3 or more month period... Two (.04%) students who showed improvement and who were graduating 8th graders were referred to outside therapy. The remaining 38 (44%) students didn't require 3 months of mental health services because their situations resolved or didn't require on-going therapy as the treatment for their issue was completed within this time.

In 2013-2014, 127 students had at least one mental health visit with the average number of visits being 7 per student for a total of 899 visits. In 2014-2015, 87 students had at least one mental health visit with the average number of 12 visits per student for a total of 1030 visits.

As of the 2014-15 school year, 300+ STEM students were transferred to the Westside School, which explains the decrease in the individual number of students treated from 2013-14 to 2014-15. However, the number of visits per student has increased from 7 to 12 visits per student which has increased the total number of visits by 131 visits for the 2014-15 school year.

Trend: **▲**Yes

Notes:

- * PHBG refers to Preventive Health Block Grant
- ** Private Donation from Local Church.

Proposed Actions to Turn the Curve

Access and Utilization:

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.

Immunization Administration:

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

Mental Health Services:

- 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.
- 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:

- Complete transition of all data to e-Clinical Works by 2016-2017 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.