

## 2014-2015, Hamden, School Based Health Center, All Services (grades K-6): Church Street School

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

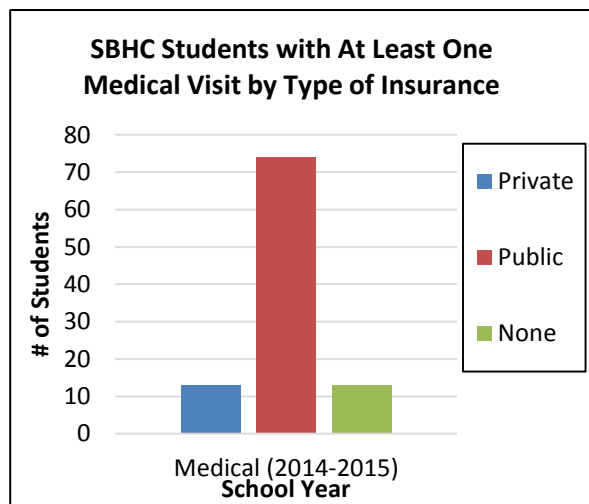
*Contribution to the Result: School Based Health Centers provide health care access for school aged students so they are healthy and read to learn.*

Program Expenditures	DPH State Funding	Other State Funding	Federal Funding (MCHB, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$115,686	\$0	\$0	\$0	\$13,064*	<b>\$128,750</b>
Estimated SFY 16	\$121,693	\$0	\$0	\$0	\$28,000*	<b>\$149,693</b>

*Partners: Yale Child Study Center, Parents, Students, Whitney Pediatrics, DPH, DSS, Hamden Board of Education, School Based Health Alliance, School Administrators and Faculty*

### How Much Did We Do?

#### Access and Utilization



#### Story behind the baseline:

The SBHC is in its second year of operation. In 2014-2015, the school population was approximately 325 children. School administration describes this as a very transient, high need community. In 2014-2015 there were 69 new enrollments for a cumulative SBHC enrollment of 173 youths. Approximately 50% of the student body is currently enrolled.

Of the 173 students enrolled in the SBHC, 100 (57.8%) had at least one medical visit. Of those, 74 (74%) were publically insured, 13 (13%) were privately insured and 13 (13%) had no insurance.

During this reporting period, 100 enrolled students made a total of 297 medical visits with an average of 3 visits per student. Seventeen (9.8%) of enrolled students made a total of 319 mental health visits with an average of 18.8 visits per student.

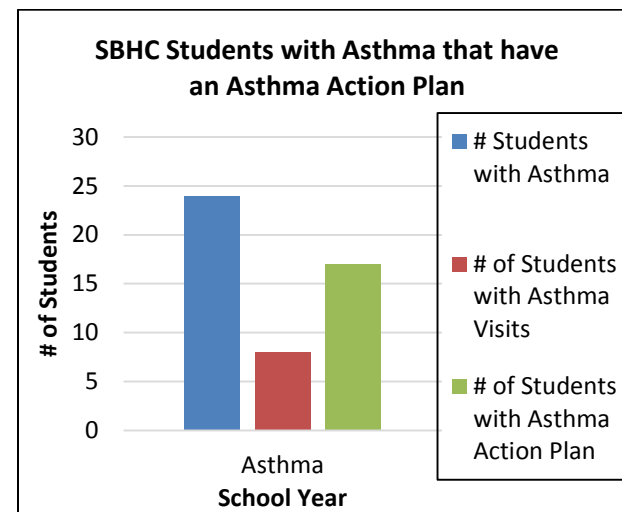
School	Pop.	Enrolled	Medical Visits	Medical Users
Church St	325	173	297	100

The SBHC clinical staff visited each classroom to inform students about the medical services and mental health services offered. SBHC Clinicians also participated in all new parent orientations to support enrollment.

**Trend: ◀▶ Flat/ No Trend**

### How Well Did We Do It?

#### Reduce Number of Asthma Severity and Frequency of Visits to SBHC



#### Story behind the baseline:

In 2014-2015, 24 (13.9%) students enrolled in the SBHC had an asthma diagnosis. Of those, 8 (33.3%) students had at least one asthma related visit. Of those, 7 (87.5%) students had an Asthma Action Plan on file in their PCP medical record and their SBHC Student Chart. One (12.5%) student did not have an Asthma Action Plan (AAP), but did have an identified community based primary care

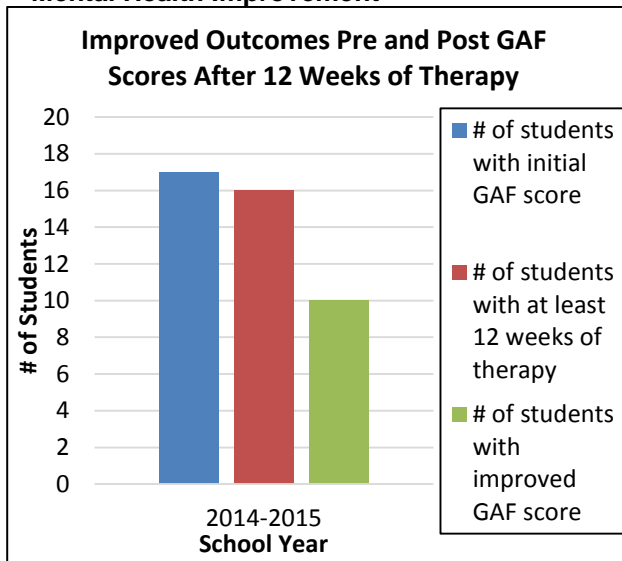
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provider (PCP). The SBHC APRN contacted the student's PCP and worked with the PCP so that an AAP is now on file.

In 2014-2015, there were 38 visits to the SBHC for services related to Asthma. Additionally, 12% (21) of student members had asthma medications.

**Trend:** ◀▶ Flat/ No Trend

### Is Anyone Better Off? Mental Health Improvement



#### Story behind the baseline:

In the 2014-2015, 17 students had at least one Mental Health visit. Of those, the mental health clinician assigned a Global Assessment of Functioning (GAF) Scale score to 17 (100%) to determine a baseline level of psychosocial functioning. Sixteen students (94%) completed at least 12 weeks of consistent therapy and were re-assessed using the GAF. Of those, 10 (62.5%) students showed significant or moderate improvement in GAF score. Of the 6 students remaining, 4 (25%) demonstrated no change on

the GAF and 2 (12.5%) were observed to have a slightly lower level of functioning. Based on need, those students were referred to other levels of care for more intensive behavioral health services.

The one student not assessed using the GAF after 12 weeks began treatment in May 2015 and had not yet completed 12 weeks of therapy. That student continued receiving services into the next school year.

Of the 17 youth assessed, 7 (41%) participated in and were discharged from mental health services. The remaining 10 (58.8%) continued receiving behavioral health services through the SBHC into the next school year.

**Trend:** ◀▶ Flat/ No Trend

#### Notes:

\*Reflects any insurance payments collected including public and private sources.

#### Proposed Actions to Turn the Curve:

##### Access and Utilization:

SBHC staff will increase SBHC membership by providing additional education to families and teachers within the school regarding the services provided by the health center. Each new family who registers at the school is encouraged to complete the SBHC registration at the time of enrollment.

##### Asthma Incident Reduction:

The SBHC staff will screen children for the presence of asthma when they present for a medical visit, collaborate with PCPs, and ensure that an Asthma Action Plan is on file at school for each impacted student.

#### Mental Health Services:

The SBHC mental health clinician will attend child-specific school meetings and collaborate with the school social worker to increase the number of referrals.

#### Data Development Agenda:

Work with Yale New Haven Hospital 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 EHR to define parameters for better identification and management of specific conditions (i.e., students who have an asthma action plan on record).

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