

## 2014 Program Report Card: Broadview Middle School, School Based Health Center (6-8<sup>th</sup> Grades)

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

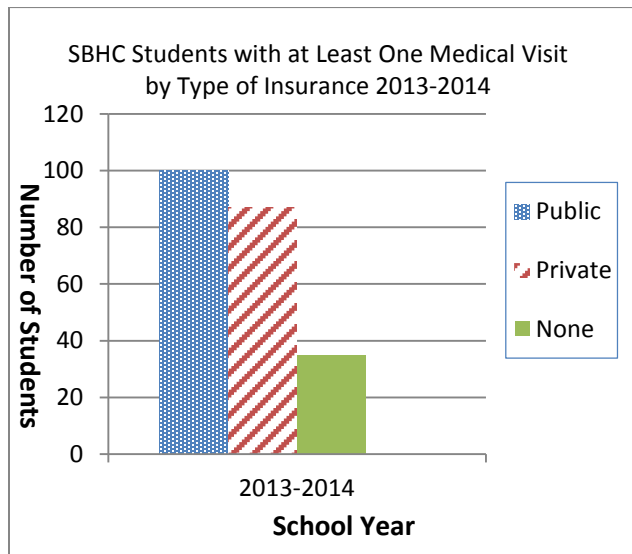
*Contribution to the Result:* School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$165,944 (SBHC)	\$0	\$5318 (PHBG)*	\$1,387 **	\$14,632	\$187,281
Estimated SFY 15	\$165,656 (SBHC)	\$0	\$5490 (PHBG)	\$0	\$75,000***	\$246,146

*Partners:* City of Danbury, Western CT Health Network (Danbury Hospital, Samaritan Health Center), Danbury Board of Education (Oral Health Collaborative), Parents, Students, CASBHC, DPH, DSS, School Administrators and Faculty.

### How Much Did We Do?

Access and Utilization



### Story behind the baseline:

For 2013-2014, the total school population was 1092. Of that number, 952 (87%) were enrolled in the SBHC. There was a total of 413 medical visits, with 222 students being served with at least one medical visit.

Of the 222 students with at least one medical visit, 100 students (45%) had state insurance; 87 students (39%) had private insurance; and 35 students (16%) were uninsured.

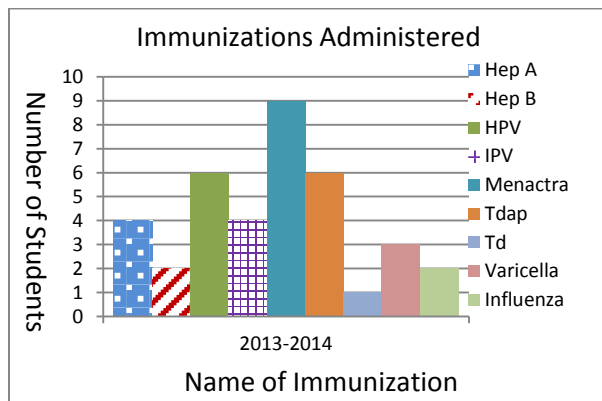
The SBHC was not staffed with an APRN or LCSW from 7/1/13 to 12/3/13. Upon arrival, the new SBHC providers were introduced to school faculty and staff and answered questions regarding the role of the SBHC. All 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders were introduced to the SBHC staff during school assemblies.

In an effort to boost enrollment, the office manager on an ongoing basis identified students not yet enrolled and sent SBHC registration forms in both English and Spanish home. In addition, information for assistance with Husky applications through Access Health was included in all mailings.

**Trend:** ◀▶ Flat/ No Trend – Baseline Data

### How Well Did We Do?

Reduce the occurrence of preventable disease.



### Story behind the baseline:

The school RN identified a total of 10 students who were not up to date on their vaccines as of 1/2/14. A total of 37 immunizations were given from 1/2/14-6/30/14. The mandatory vaccines Menactra and Tdap for 7<sup>th</sup> grade entry were given the most frequently. Menactra was given to 9 students (24%). Tdap was given to 6 students (16%). The recommended vaccine HPV (Gardasil) was given to 6 students (16%). Hepatitis A was given to 4 students (11%); similarly, 4 students (11%) received IPV (Polio). Three students (9%) received the Varicella (Chickenpox) vaccine. Two students (5%) each received the Hepatitis B and Influenza vaccine. Lastly, one student received Td (3%). 100% of all students identified by the school RN were up to date with vaccines by 6/30/14.

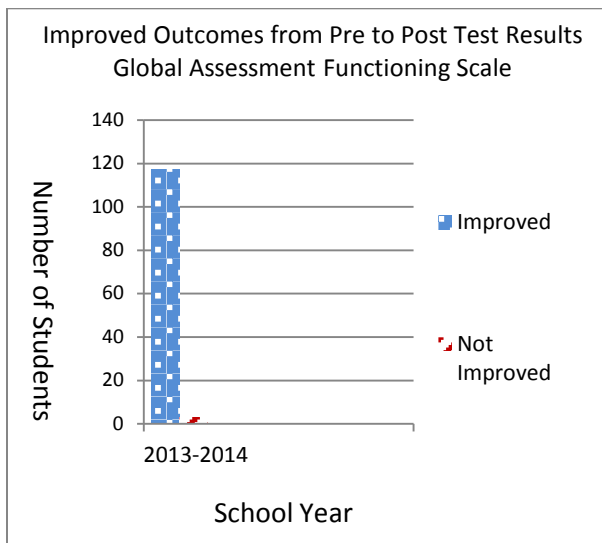
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### Is Anyone Better Off?

#### Mental Health Improvement



#### Story behind the baseline:

One hundred and twenty (120) students in 2013-2014 who were enrolled in the SBHC had at least one mental health visit during the school year. Of those students, 120 (100%) received a comprehensive mental health assessment using the School Based Health Center Mental Health Intake form. The Global Assessment of Functioning (GAF) score was utilized to establish a baseline level of functioning.

Of the 117 students (97.5%) who remained in therapy for 3 months or longer, 114 (95%) improved their psychological functioning and 3 (2.5%) did not show improved GAF level of functioning scores. Those 3 students were referred to outside psychiatry because they required more services than the SBHC could provide.

**Trend:** ◀▶ Flat/ No Trend – Baseline Data

#### Notes:

\* PHBG is Preventive Health Block Grant.

\*\* Donation: The United Church of Christ, Southbury, CT for violence prevention program.

\*\*\*Before the end of 2014, the SBHC will be under the auspices of the Connecticut Institute for Communities (CIFC) Community Health Center, a federally qualified health center, which will increase our reimbursement rate.

#### Proposed Actions to Turn the Curve:

##### 1. Access and Utilization:

The SBHC Staff will attend and speak to parents during the 6<sup>th</sup> grade orientation and parent-teacher conference nights. All students will be introduced to SBHC staff during The Alternative to Violence Week assemblies. SBHC consents will be included in the school's annual mailing over the summer. School staff will be encouraged to give SBHC consents to those not enrolled and to refer students in need. Information about SBHC services and a link to a consent form will be added to the school's website for the 2015-2016 school year.

##### 2. Immunization Administration:

The APRN will request a list of students who are missing mandatory, as well as, recommended vaccines from the school nurse's database. Permission forms will then be sent home in order for vaccines to administered at the SBHC. In addition, the APRN will develop a cost-efficient way to advertise influenza vaccines to children who are uninsured or with state insurance.

##### 3. Mental Health Services:

The LCSW will provide SBHC orientation to all new and existing school personnel. Orientation will include information on mental health services offered through the Center, the referral process and the importance of linkages with community service providers and other resources. The LCSW will work collaboratively with school staff to

identify students at risk and ensure a coordinated approach to addressing student and family need. The LCSW will also establish and maintain collaborative relationships with new and existing community based providers to ensure continuity and access to needed community resources.

#### Data Development Agenda:

Transition from Clinical fusion to e-Clinical Works by 2015-2016 school year.

- Identify how to align e-Clinical Works EHR 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 the EHR.

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