2014 Program Report Card: Fair Haven K - 8 School Based Health Center

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

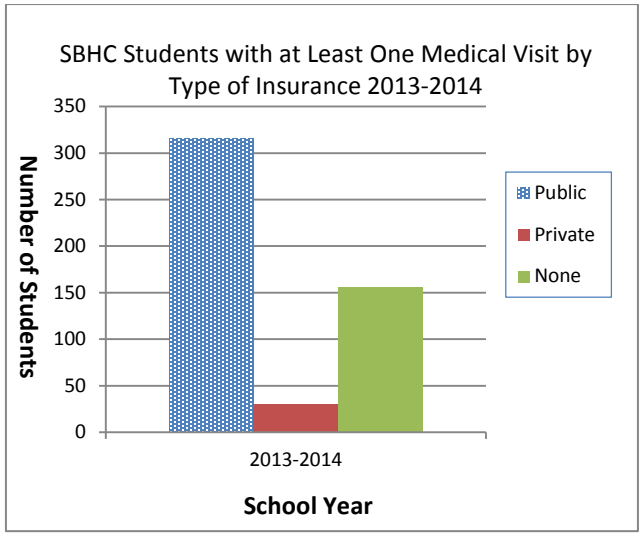
Contribution to the Result: School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	$61,395	$58,839*	$0	$0	$85,871	$206,105
Estimated SFY 15	$57,842	$55,711*	$0	$0	$75,000	$188,553

Partners: Parents, Students, CASBHC, DPH, DSS, DMHAS, New Haven Board of Education, New Haven Health Department, Clifford Beers Clinic, IRIS (Integrated Refugee & Immigrant Services)

How Much Did We Do?

Access and Utilization



Story behind the baseline: In 2013-2014, 806 students attended Fair Haven K-8 School, and 584 (72%) were enrolled in the school-based health center. 502 (86%) of the enrolled students had at least one medical visit to the school-based health center. Total clinical visits equaled 1,364. 1,311 (96%) visits were for medical services and 53 (4%) were for mental health services.

Medical visits in 2013-2014: there were 714 (52%) female and 650 (48%) male visits. The majority of the visitors were Hispanic (900, 66%). African-American students had 203 (15%) visits; Caucasian students had 288 (21%); Asian students had 32 (2%) visits.

Out of the 502 students with at least one medical visits, 316 (63%) had public insurance (HUSKY A or Title 19), 30 (6%) had private insurance, and 156 (31%) had no insurance.

112 students had a physical exam. 78 (69%) were screened using a standardized mental health screening tool (PHQ-9).

Body Mass Index (BMI) was measured for 471 (81%) of the enrolled students.

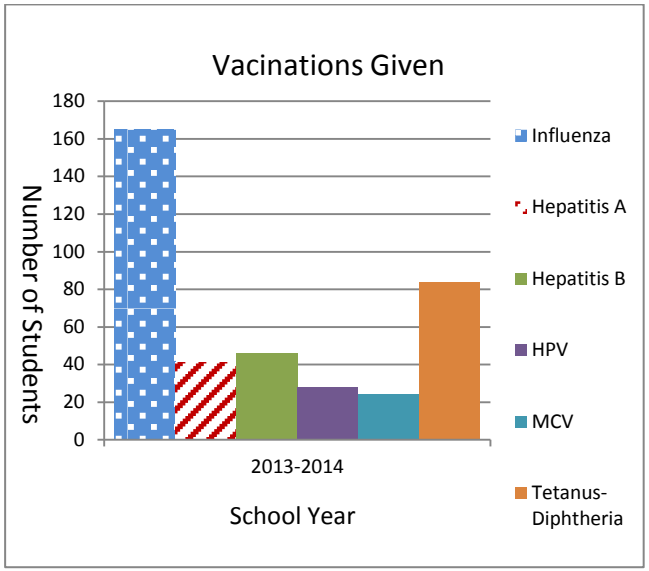
During the 2013 – 2014 school year, in order to increase access and utilization for services the SBHC:

- Attended 4 parent orientations and school events to provide information and enrollment forms to parents;
- Informed school staff about the services available at the SBHC and distributed referral forms; and
- Collaborated with IRIS (Integrated Refugee & Immigrant Services), a refugee program in New Haven, to raise awareness of the SBHC services for refugee families attending FH K-8.

Trend: [◄►]

How Well Did We Do?

Reduce Occurrence of Preventable Disease



Story behind the baseline: In 2013-2014, 237 unique students received 388 vaccinations. The majority were prophylactic influenza (165, 43%). Other vaccines given include: hepatitis A (41, 11%), hepatitis B (46,12%) , human papillomavirus (28, 7%), meningitis (24, 6%), and tetanus- diphtheria (21%).

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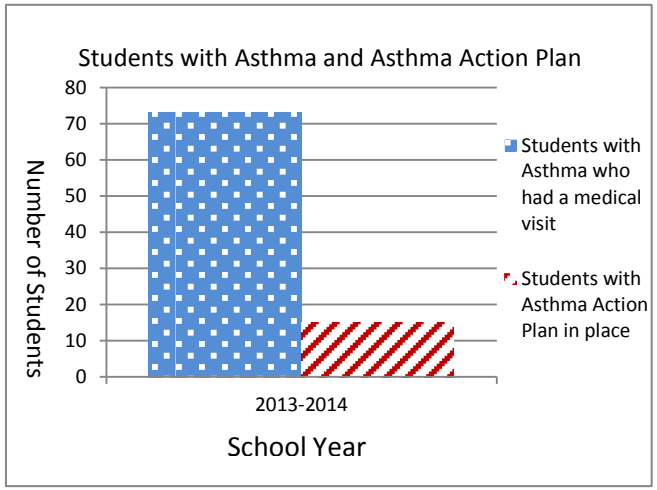
The school nurse gives the SBHC Nurse Practitioner a list of all children in the school with any health problems identified by their primary care provider. The Nurse Practitioner works from that list to ensure each student has the opportunity to receive a flu vaccine. Fair Haven K-8 is the "newcomer" school for the city of New Haven; all immigrants and refugees who are "new" to New Haven are sent to this school regardless of where they live. As a result, many students are refugees and immigrants in need of additional vaccinations on a catch-up schedule.

A flu clinic was held in the fall of 2013 and 165 students were vaccinated. Flyers were hung at the doors to the clinic announcing the Flu Clinic. All students were given forms with information regarding the flu with an attached flu vaccine permission form.

Trend: [◄►]

Is Anyone Better Off?

Students with Asthma



Story behind the baseline:

Seventy three students with asthma had at least one medical visit. Fifteen (20%) had an asthma action plan in place.

Currently there is no mechanism in the Electronic Health Record that documents an asthma action plan to be in place. A hard copy of the asthma action plan is scanned into the EHR but is not in a reportable field nor is it able to be searched for in the EHR.

Trend: [◄►]

Notes:

* Reflects funding provided by the New Haven Board of Education through its contract with DPH.

Proposed Actions to Turn the Curve:

Access and Utilization:

1) Speak to parents and provide permission forms and SBHC materials at orientation and other at school events; distribute registration forms to classrooms; and provide registration forms when students are referred for SBHC services.
2) Conduct outreach efforts to increase awareness of SBHC services including:
    a. Providing regular updates in school newsletter to parents
    b. Addressing parents at orientation about SBHC services
    c. Working with school staff to present to classes or conduct other school-wide health promotion
    d. Distributing SBHC promotional materials in waiting rooms, main office, etc.
3) Contact enrolled students to have annual health screening/assessment if necessary.

Reduce Occurrence of Preventable Disease:

1) Review charts and/or consult with the school nurse to identify enrolled students are at high risk, especially students with asthma.
2) Schedule appointments for those needing vaccines (flu or others as necessary)
3) Conduct outreach to students, staff and parents about the importance of preventative vaccinations and encourage the use of SBHCs for getting vaccines with an emphasis on flu vaccines. Outreach methods will include newsletters, flyers, events, and school announcements.

Asthma:

1) Identify SBHC users with asthma who don't have an Asthma Action Plan in place through chart review, school nurse and/or student inquiry, and provide one.
2) Identify and document asthma issues, management and progress via EHR notes
3) Identify asthma users with documented flu vaccines (through EHR review and/or school nurse)
4) Identify and document asthma symptoms and triggers through student/parent triggers or EHR notes

Data Development Agenda:

Work with Electronic Health Record Vendor to align EHR generated reports to meet DPH requirements

- Create a reportable field for Asthma Action Plan so that we can easily query how many plans have been completed without manual chart review