

2014-2015 East Hartford – SBHC - East Hartford Middle School (Grades 6-8)

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.

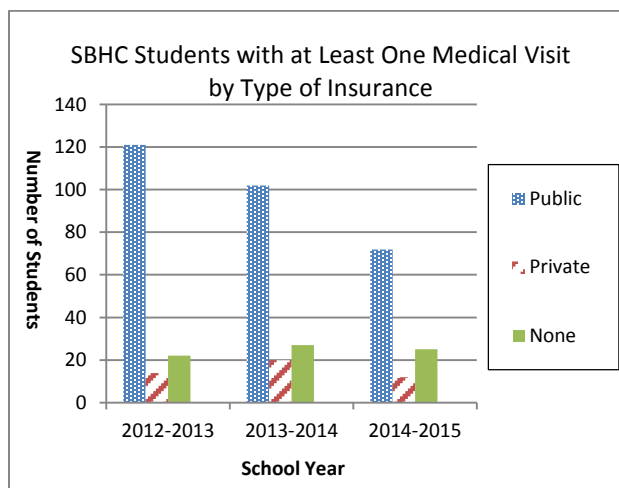
Program Expenditures	DPH SBHC Funding	Other State Funding	Federal Funding (MCHBG, ACA)	Total Other Funding (Other federal, Local, Private)	Reimbursement Generated	Total Site Funding
Actual SFY 15	\$187,330	n/a	n/a	n/a	\$20,000	\$207,330
Estimated SFY 16	\$187,330	n/a	n/a	n/a	\$20,000	\$207,330

Sponsoring Agency: Integrated Health Services

Partners: Parents, Students, Connecticut Association of School Based Health Centers (CASBHC), Department of Public Health (DPH), Department of Social Service (DSS), DMHAS, Emergency Mobile Psychiatric Services (EMPS) The CT Chapter of the AAP, School Based Health Alliance, East Hartford Board of Education, Intercommunity Health Services, First Choice, School Administrators and Faculty, Goodwin College, East Hartford Youth Services, Family Resource Centers, School Readiness Program, Eastern Connecticut Health Network.

How Much Did We Do?

Access and Utilization



Story behind the baseline:

The total school population has increased from 1,051 in 2012-2013 to 1,099 in 2013-2014 to 1,155 in the 2014-2015 school years indicating a 9% population increase over the three year period.

In 2014-2015, there was a vacant APRN position that took longer to fill than expected. The APRN from the SBHC at the High School provided coverage but the number of

available medical hours was more limited. This vacancy was the main contributor to a decline in the number of students enrolled in the SBHC and subsequently the number of students that received primary care services.

In 2014-2015, 109 students enrolled in the SBHC had at least one medical visit. Of those, 72 (66%) students were publically insured, 12 (11%) were privately insured and 25 (23%) had no insurance.

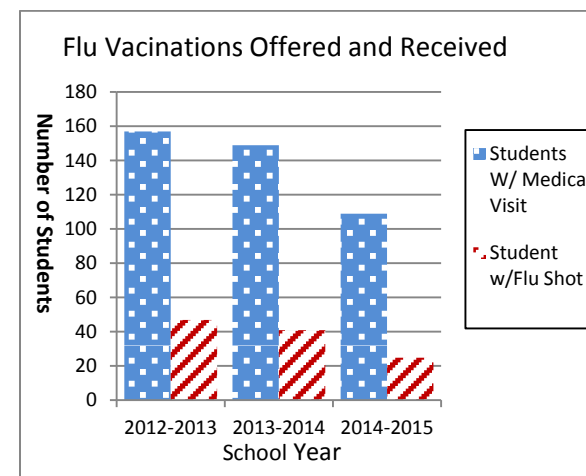
The majority of medical visits on average over the three school years were made by students who were publicly insured 295 (71%) followed by the uninsured 74 (18%) and students that were privately insured 46 (11%). The trend of the insurance data has virtually remained the same over the three school years.

To address the decrease in enrollment, marketing efforts were increased throughout each school year. Marketing strategies for the SBHC included letters mailed home to parents/guardians of students enrolled at the middle school, permission forms were distributed at the nurse's office, by individual teachers and at open houses at the school, classroom presentations and through supporting outside agencies in the school district. All information provided by the center was made available in both English and Spanish. SBHC staff also attended team meetings in school to present information about the clinic and resources available.

Trend: [▼]

How Well Did We Do?

Flu Vaccinations Offered and Received



Story behind the baseline:

The goal established by the SBHC is to reduce the occurrence of preventable disease among SBHC enrollees. Information about the influenza vaccine being available at the SBHC was distributed to all students enrolled at the school. While the entire school received the notification, only students enrolled at the SBHC were eligible for vaccination. The amount of vaccines given varied from 2012 to 2015. In 2012-2013, 47 vaccines were given. In

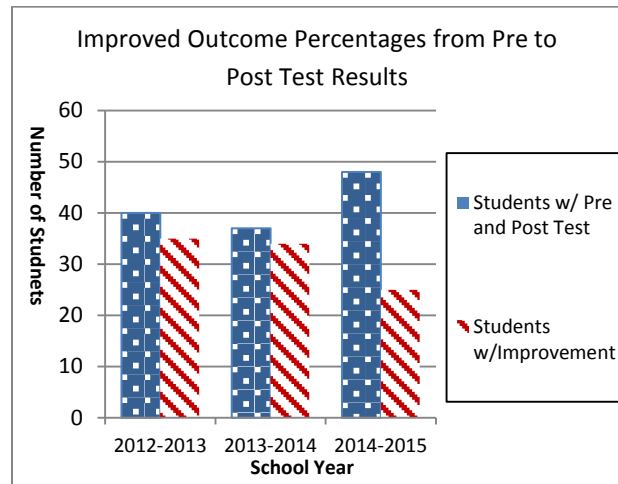
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2013-2014, 41 vaccines were given and in 2014-2015, 25 vaccines were given. In addition to notifications sent home regarding flu vaccination and the prevention of flu, information regarding general disease prevention, importance of physical exams and hand-washing, and information on other disease prevention tips were also disseminated.

Trend: ▼

Is Anyone Better Off?

Mental Health Improvement



Story behind the baseline:

The goal for 2014-2015 was to have 50% of clinic users receiving mental health services for at least 3 months of regular therapy will demonstrate improved psychosocial functioning.

In 2012-2013, 40 students were administered a pre- and post- test to assess their level of functioning using the Patient Health Questionnaire (PHQ 9). Of those, 35 (88%) students that received consistent counseling demonstrated improve psychosocial functioning. In 2013-2014, 37 students were administered pre and post-tests. Of those, 34 (92%) students demonstrated clinically significant improvement as indicated by: Improvement in interpersonal

relationships, self-esteem, mood, school performance, and knowledge and use of emotion regulation strategies.

In 2014-2015, 48 students were administered pre and post-tests. Of those, 25 (52%) students demonstrated improved outcomes from pre to post test. Students who did not show improvement were offered additional group and family therapy and were referred to a higher level of care.

The number of students that received a pre and post- test decreased by 8% from 2012-2013 to 2013-2014; however, the number increased 23% from 2014-2015.

In 2012-2013, 41 (11%) students participated in peer support groups in addition to receiving individual and family counseling; including Girls' Group, Boy's Group, Self-Esteem Group, Anger Management Group, and Social Skills Group.

In 2013- 2014, 44 (12%) of enrolled students who displayed high risk behaviors were invited to attend the Health Relationships Group Series co-facilitated by Social Workers and the Department of Public Health. Twenty-four, (90%) of males and 16 (88%) females who attended the group reported increase knowledge and prevention of Sexually Transmitted Diseases.

In 2014-2015, 270 (82%) of the enrolled students, demonstrated difficulty with peer relationships. The students were placed in groups that focused on anger-management, social skills, and self-esteem to address their needs.

Trend: ◀▶

Proposed Actions to Turn the Curve:

Access and Utilization:

SBHC staff will conduct additional orientations to all students and will attend the first Parent Night to share information about the SBHC with parents/guardians. SBHC information will also be included on the school website; in the school newsletter and on school bulletin boards; and through the school message blast system that reaches 100% of the households of students attending the school.

A full-time APRN was hired so that medical services will be available on an ongoing basis which will increase access to and utilization of SBHC medical services.

Flu Vaccinations:

To increase the influenza vaccination rate at the middle school, the APRN will offer the vaccine to all eligible students at all visits. Information about the vaccine will be posted within the SBHC, the school newsletter, and will be provided to the school nurse for referrals. During flu season, a school message will be sent via phone to 100% of the student households in English and Spanish as a reminder to families to help prevent the spread of the influenza virus by receiving the flu vaccine.

Mental Health Services:

The SBHC mental health clinician will offer individual, group and family counseling to support positive emotional development. 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 need. 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:

To improve data collection capabilities, we are working with our electronic medical record system to develop reports to meet all of the DPH Requirements.

- Work with Electronic Health Record Vendor: To streamline the process of exporting data from EHR to DPH
- Develop tools to measure the success of the social skills groups that are offered to students.