

School-Based Health Centers

RBA Program Performance Report Card



School Based Health Centers (SBHCs) 2014

- State funding supports the operation of SBHCs in communities with large numbers of low income, high-risk children and adolescents in Alliance School Districts and other areas. Funding also supports expanded school service sites which includes mental health and may include dental.
- Provide children and adolescents (grades Pre-K through 12) greater and easier access to primary care, mental health care, and dental care (at some sites), by making care available in the schools.
 - SBHCs serve as a safety net provider for students who are uninsured, underinsured, or have public health insurance.

SBHC Program Performance Summary

- DPH Funded Sites:

- In FY11, the state funded 83 sites to provide services in school. In FY 15, funds are committed for 96 sites.
- In total, 24 contractors will receive funding in FY 15 to support services in 29 towns.
- An additional **39** non-state funded centers are licensed in the state to provide school-based health care.

- Funding

- FY 2011: \$10.3 million was available for state funded sites.
- FY 15: \$12 Million is committed for DPH funded sites.
 - All state funds are committed to external contractors and do not support Administrative costs at DPH.
 - A total of \$288,096 MCHBG funds are also committed to four contractors.

P.A. 12-116 Education Reform Act

- Funding was made available through an RFP to establish or expand up to twenty school based health clinics located in Alliance School Districts.
 - [CT Gen Stat § 10-262u \(2012\)](#) “Alliance district” means a school district that is in a town that is among the towns with the lowest district performance indices.
 - New sites were funded to provide primary medical care and mental health services (E. Haven, E. Hartford, E. Windsor, Hartford, Meriden, Putnam, Stamford, Waterbury and Windham)
 - Six existing sites were funded to expand a variety of services.

SBHC Program Performance Summary

Remaining Alliance School Districts without licensed SBHCs:

Bristol, Derby, Killingly, Naugatuck, West Haven, Winchester, Windsor, and Windsor Locks

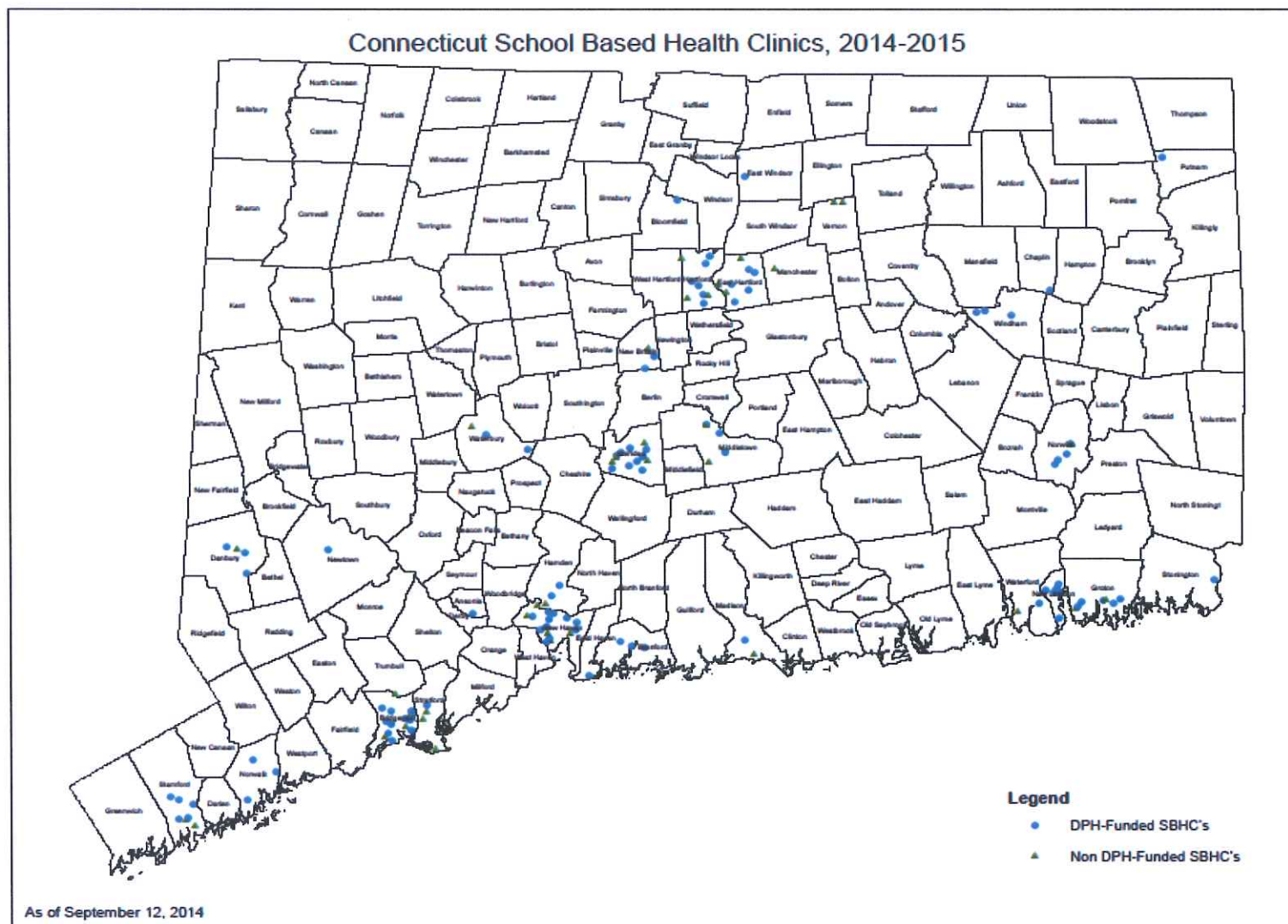
Specific Legislative Allocations:

Church Street Elementary School-Hamden (FY 13)

Pawcatuck Middle School-Stonington (FY 13)

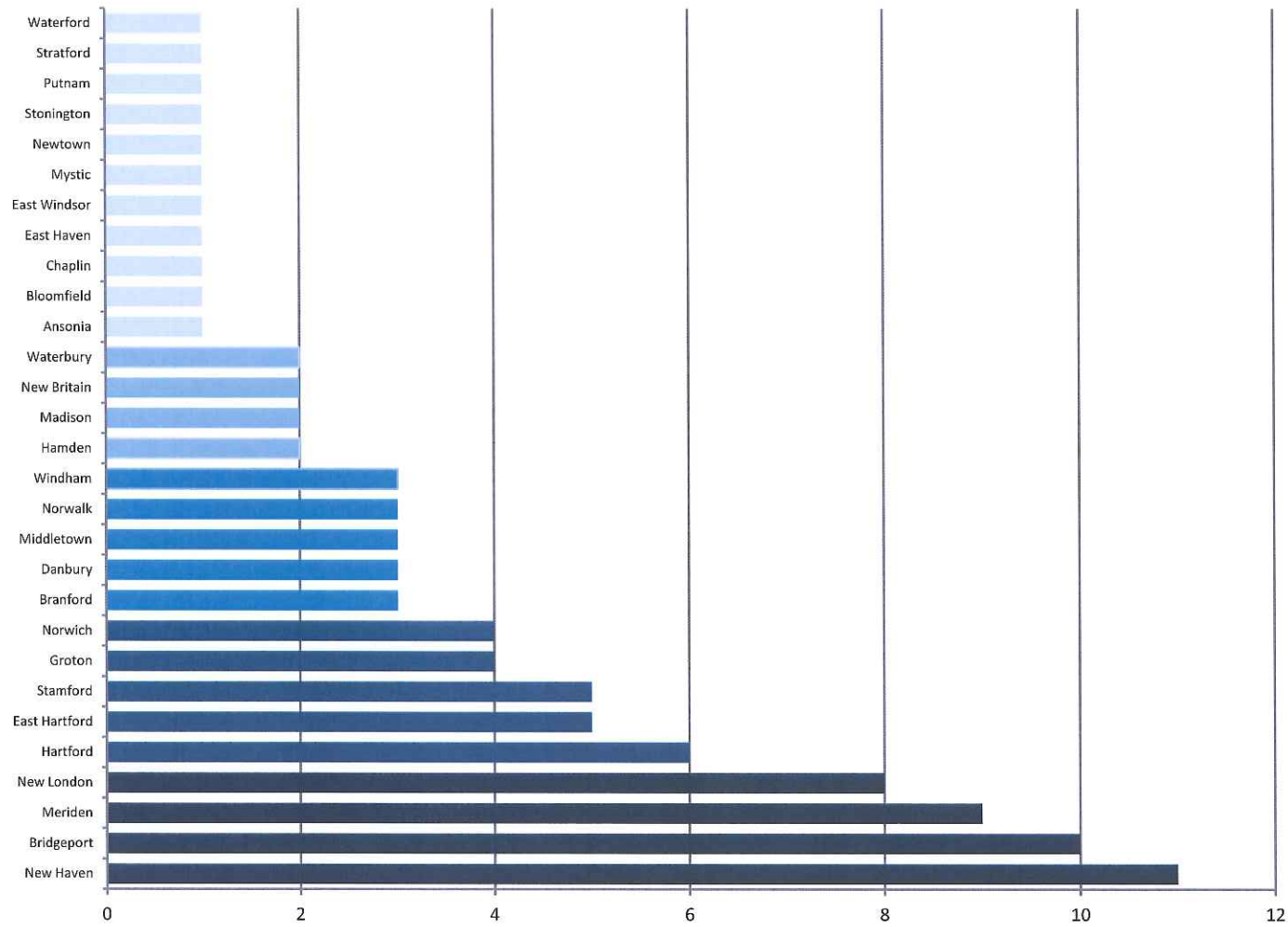
Newtown Middle School-Newtown (FY 15)

Licensed Clinics



Funded Sites

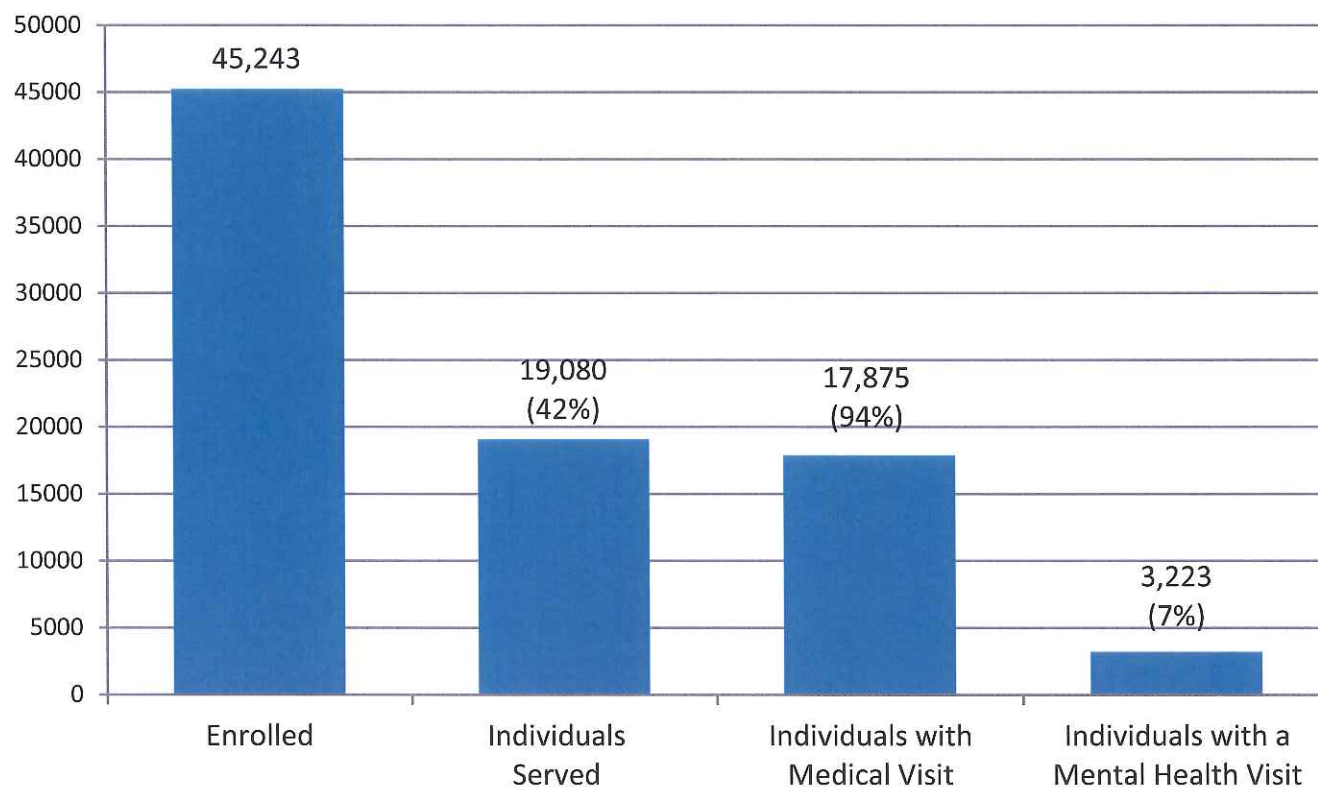
DPH Sites by Town 2014-2015



How Much?

Access and Utilization

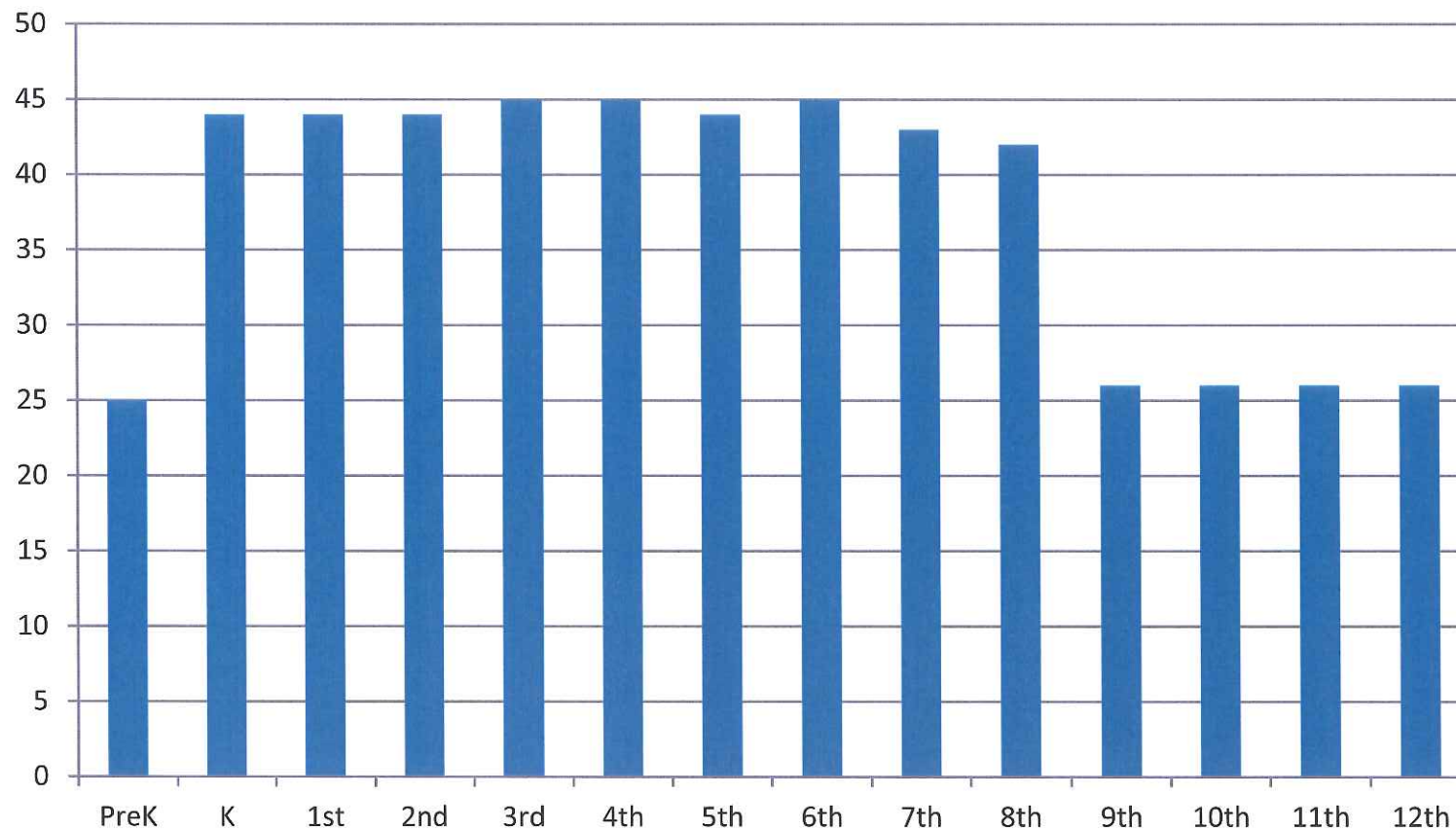
Individuals Enrolled and Served
(at least one Medical or Mental Health Visit 2012-2013*)



* 2012-2013 school data is not finalized

DPH Funded Sites

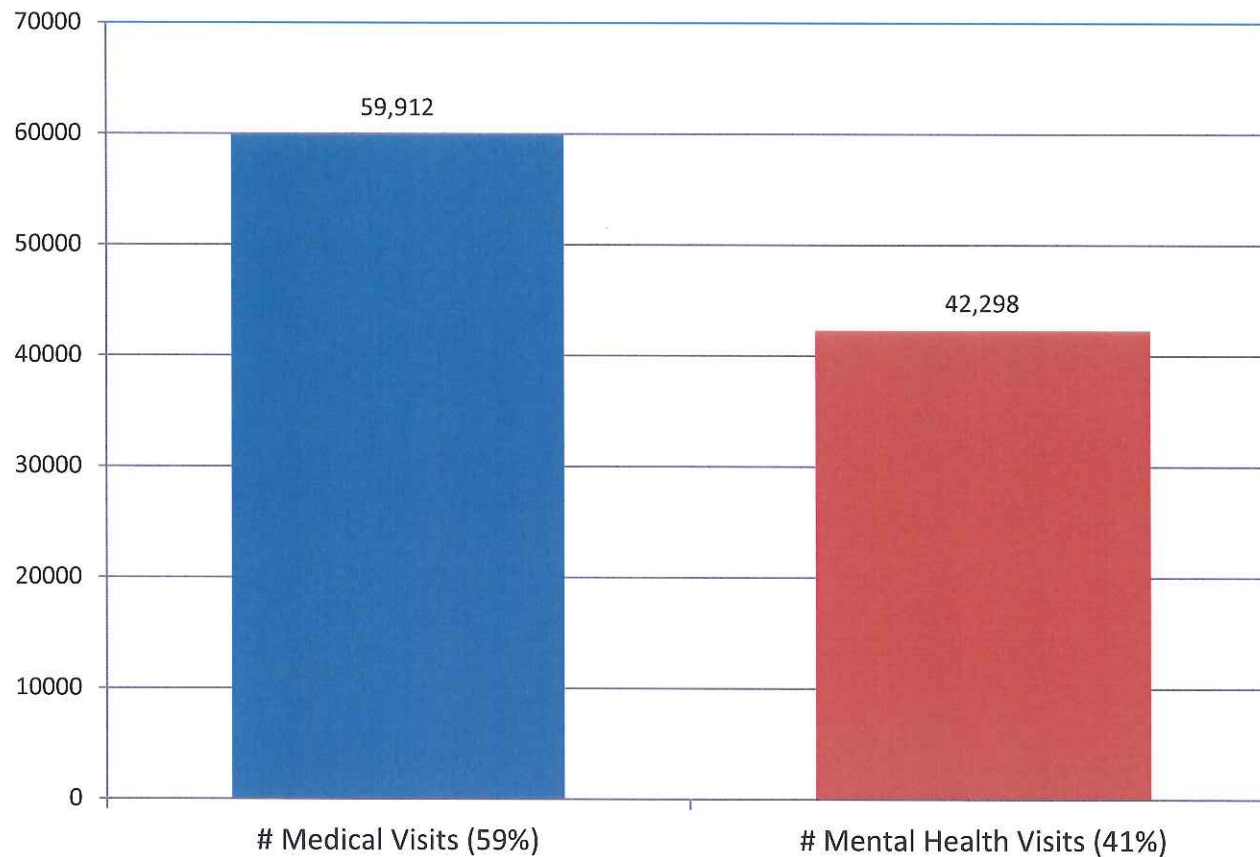
Grades Covered by Sites in CT 2014-2015



How Much?

Utilization

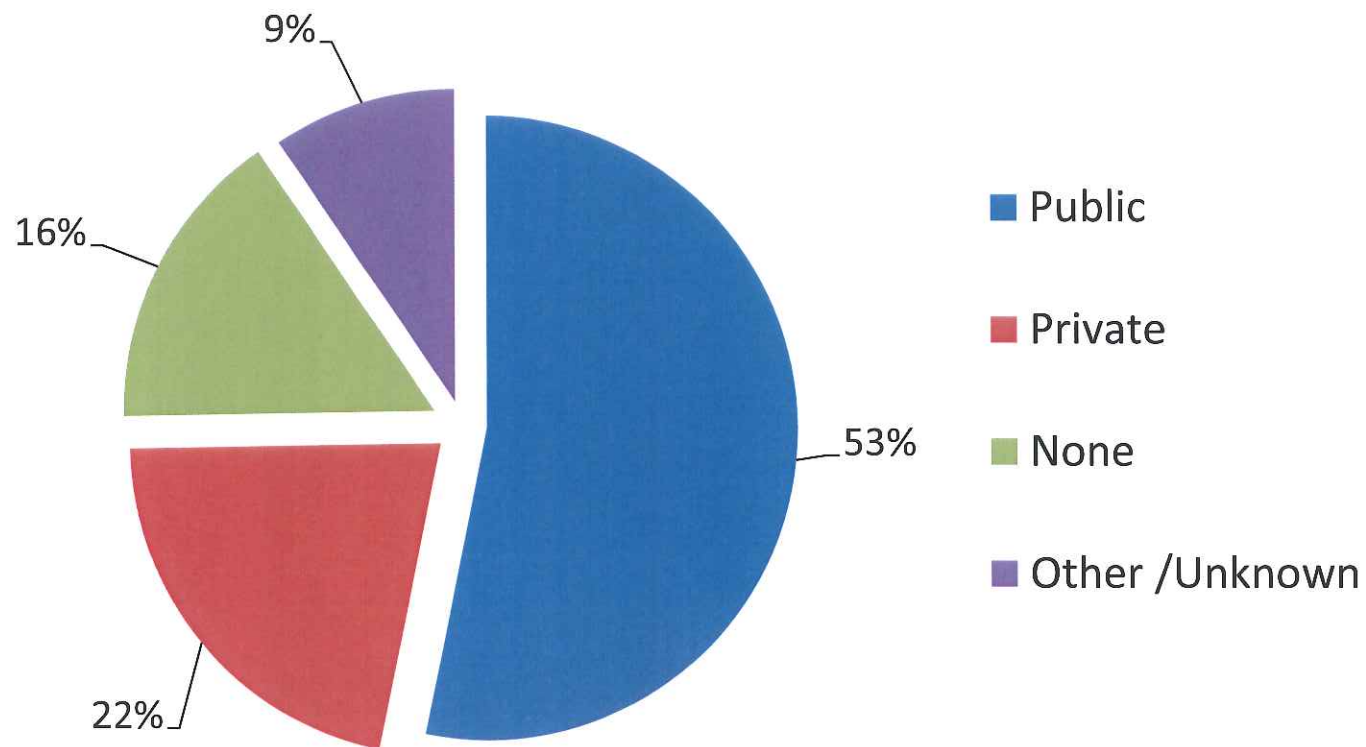
Number of Medical Visits vs. Mental Health Visits
2012-2013*



Total: 102,210 visits (PRI 102,414)
* 2012-2013 school data is not finalized

Insurance Type

(Individuals)
2012-2013*



* 2012-2013 school data is not finalized

How well do we do it?

- Key Measures identified in the PRI report have been incorporated in the contract deliverables and the center's QI plans:
 - Enrollment, utilization and outreach
 - Preventable Disease Immunizations
 - Improved Psychosocial functioning
 - Asthma
 - Obesity
 - Reproductive Health (STD's)
 - Oral Health (if applicable)
 - Cultural Competency Development
 - Annual Satisfaction Surveys

DPH Funded Sites-Is Anyone Better Off ?

- More students have access to care
- More than 95% of the students who receive services through the DPH funded sites return to class.
- New standards have been put in place across DPH funded sites with the expectation that:
 - Mental health screenings are completed with all physical exams,
 - BMI's are monitored at all medical visits,
 - All students with a diagnosis of asthma are confirmed to have an asthma action plan in place at the time of their medical visit.
- All sites are required to have additional performance measures in place.

Report Card

2013 Program Report Card: Integrated Health Services Silver Lane School Based Health Center

Quality of Life Result: School Based Health Centers have had a significant impact on our students medical, dental and behavioral health wellness.

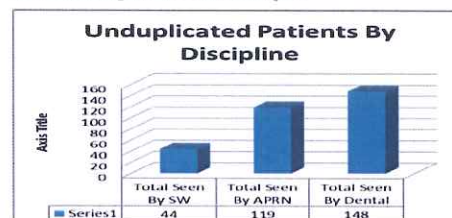
Contribution to the Result: School Based Health Centers have increased access to Medical and Behavioral Health.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$123,642	\$3,000	N/A	\$126,642
Estimated SFY 13	\$135,000	\$5,000	N/A	\$140,000

Partners: First Choice Community Health Center, Intercommunity Mental Health, Manchester Memorial Hospital, Child Plan, CASBHC,

How Much Did We Do?

Of the 279 students at Silver Lane Elementary School, 84% are members of the SBHC. Of these, a total of 195 were seen during the 2012-2013 school year.



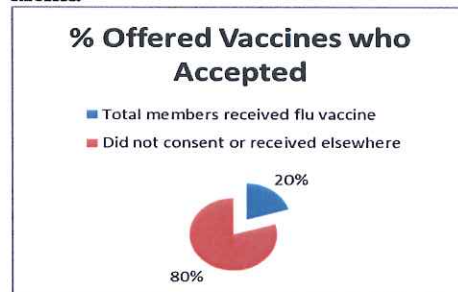
Story behind the baseline:

Letters were sent home in English and/or Spanish with every school student at the beginning of the year with information about the School Based Health Center and a language-appropriate Parent Permission Form (PPF). Parents/Guardians were invited to come to the SBHC if they had questions or would like additional information. Additional letters with PPF's were sent home to registered and non-registered students for each program run including flu vaccines, walking program, vacation and after-school programs, and therapy groups including mental health and asthma groups. A bulletin board was designed and placed at the school entrance detailing information and services available. New students to the school were brought to the SBHC during orientation tours to sign up. Unregistered students requiring services had PPF's sent home, faxed or e-mailed. Registration forms are available with the school nurse, central registration at the Board of Education, the Family Resource Center at the school and the Community Resource Center at East Hartford Middle School. Although there were only 148 unduplicated hygiene visits, duplicated visits were 263.

Trend: ▼

How Well Did We Do It?

Reduce the occurrence of preventable disease among SBHC enrollees.



Story behind the baseline

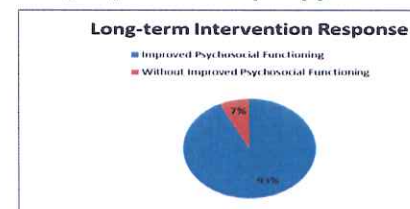
The school based health center often does not have access to the patient's complete vaccination record. Especially in this age group, parents often prefer to use their primary care provider for vaccinations (if available). Students are referred for "catch-up" vaccinations by the school's RN. The school nurse's record is typically only up to date as of the last physical. At the elementary school level most vaccines required for school entry are obtained at the 4-year-old checkup. One-hundred percent (100%) of clinic users were offered the influenza education and vaccination. One-hundred percent (100%) of students referred for other vaccinations were vaccinated. One-hundred percent (100%) of those returning influenza vaccine permission forms received them. Silver Lane will again have a 6th grade classroom in 2013-2014, and plans are in place to send make parents/guardians aware that their students can receive their 7th grade physical and vaccines here at the School Based Health Center. The APRN was also providing coverage at the Middle School SBHC for part of the year.

Trend: ◀▶

Story behind the baseline

Fifty (50) Percent of clinic users receiving mental health services through the SBHC for at least three months of regular therapy demonstrated improved psychosocial functioning.

Of the 44 registered students seen by the LCSW, 27 were seen regularly for 3 or more months. Twenty-five of the 27 (93%) students receiving therapeutic intervention improved psychosocial functioning.



Story behind the baseline:

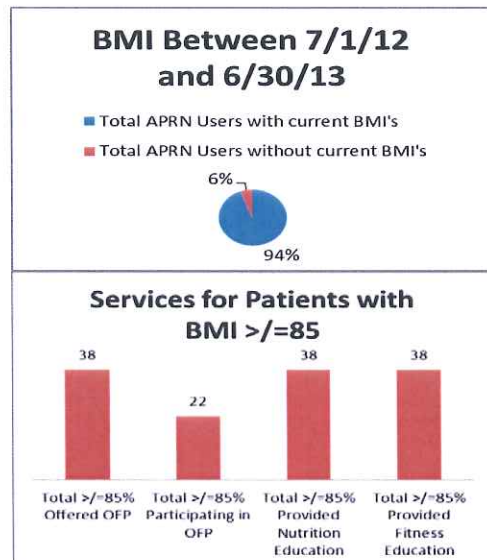
Ninety-three percent (93%) achieved goal as demonstrated by increases in: self-control in structured/non-structured environments, assertive behavior, anxiety coping strategies, ability to give and receive compliments appropriately, social skills (listening, sharing, eye contact, taking turns, respecting personal space, appropriate expression of feelings in multiple situations), understanding the impact of verbal and non-verbal communication, self-confidence/self-esteem (speaking up in class and acting with confidence, trying something new, standing up for oneself, asking for help, ability to identify multiple positive characteristics of self and branching out with friendships) and decreases in negative self-talk, anxious behaviors (avoidance, tearfulness, heart racing, nightmares, rumination).

These improvements have been reported by the students, school staff (teachers and paraprofessionals), parents, pre and post tests and clinician evaluation/judgment. Clinic Users participated in individual, group and family therapy sessions. In an effort to increase psychosocial functioning of our enrolled Silver Lane Students, referrals are requested at the beginning of and throughout the school year by members of the interdisciplinary team.

Trend: ▲

Is Anyone Better Off?

Reduce the proportion of SBHC users with obesity



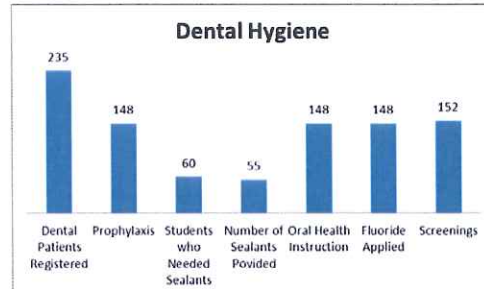
Story behind the baseline:

Ninety-four percent (94%) of users of medical services have documentation of a Body Mass Index (BMI) in their record. One-hundred percent (100%) of SBHC users with a BMI of ≥ 85 received education and/or counseling about nutrition and physical activity. An Onsite Fitness Program (OFP) was offered in which 58% of members with a BMI ≥ 85 participated. A relationship has been established with the CCMC Obesity and Weight Management Clinic to begin referrals for more intensive education and support during the 2013-2014 school year. Students were offered an onsite fitness program in which 58% of those with a BMI ≥ 85 participated.

Trend: ▲

Is Anyone Better Off?

Increase access to and utilization of primary and preventive oral health care and other essential oral public health services to improve the health status of SBHC enrollees.



Story behind the baseline:

One-hundred percent (100%) of members without private dentists in the community were screened. One-hundred (100%) of dental clinic users were able to demonstrate proper preventative oral hygiene at their last visit. Ninety-two percent (92%) of dental clinic users received sealants on their permanent molar teeth. One-hundred percent (100%) of dental clinic users received fluoride varnish applications. Due to the transient nature of the population at the number of screenings completed does not reflect the number of students enrolled. In addition, due to the lack of a dental hygienist on site for part of the year (providing services at the middle school, staff attendance and turnover), the numbers are expected to increase in the following year.

Trend: ▼

Proposed Actions to Turn the Curve:

To maintain the number of students enrolled at the SBHC, an increased number of orientations to kindergarten will be completed at the beginning of the year, and the APRN and LCSW will obtain lists of at-risk students from the school nurse, school psychologist and Student Support Center Tutor. Information about the SBHC will also be put in the school newsletter and will remain on the bulletin board at the school entrance. School nurse and Family Resource Center will be provided with SBHC permission forms, and encouraged to make referrals when appropriate.

The APRN will request copies of all vaccine records from the school nurse at the beginning of the year and records of any new vaccines that are given. Students will continue to be offered the vaccine through letters home, newsletter postings (as available) and direct family contact as appropriate. Marketing of the availability of the vaccine will be posted, and information will be provided to the school nurses for referrals.

The Silver Lane School will have 6th graders next year who will be required to have physicals prior to the start of 7th grade. Most of the students entering 6th grade are members. Notices will be sent home to all 6th graders making their families aware that school physicals and vaccinations will be available at the SBHC.

Two (2) Students for referral to the Connecticut Childrens Medical Center (CCMC) weight management program have been identified as potential test-cases. Referral will be discussed with the families on the student's return in the fall. Plans are in place for additional supports to begin in the 2013-2014 school year including "lunch-bunch" groups and collaborative efforts with the physical education teacher. This will involve students who have a BMI ≥ 85 and do not pass the physical fitness challenge at the beginning of the year.

Data Development Agenda:

To improve data collection capabilities, we are working with our electronic medical record system to develop reports to meet DPH requirements. We continue to search for age-appropriate, culturally-sensitive, evidence-based, mental health screening tools for use in this population by both the LCSW and for the APRN during physicals. A simplified but comprehensive survey tool will be developed for use at the elementary school level.

Coordination and Leadership

- Public Act 13-287 expanded the membership of the school-based health center (SBHC) advisory committee and added to its responsibilities. It requires the committee to advise the Department of Public Health (DPH) commissioner on matters relating to (1) minimum standards for providing services in SBHCs to ensure that high quality health care services are provided and (2) statutory and regulatory changes to improve health care through access to SBHCs.
- School Based Health Center Advisory Committee
 - Definition

Committee Membership

Legislative and other Appointees

- ***House speaker**- one family advocate or parent whose child uses SBHC services
- **Senate president pro tempore**-one school nurse
- **House majority leader**-one representative of an SBHC sponsored by a community health center
- **Senate majority leader**-one representative of an SBHC sponsored by a nonprofit healthcare agency
- **House minority leader**-one representative of an SBHC sponsored by a school or school system
- ***Senate minority leader**-one representative of an SBHC that does not receive state funds
- **Governor**-one representative each of (a) the American Academy of Pediatrics' Connecticut Chapter and (b) a hospital-sponsored SBHC
- **DPH commissioner**- one representative of an SBHC sponsored by a local health department
- **CASBHC Executive Director** and two BOD
- the **Commission on Children's** executive director, or her designee and **state agency representatives**

Coordination and Leadership

- DPH released Healthy CT 2020 (State Health Assessment (SHA) and State Health Improvement Plan (SHIP))-March 2014.
- Input from community forums in CT's eight counties
- A coalition comprised from government agencies, local health departments, educational institutions, Family Advocates, community organizations, health care facilities, and businesses from across the state developed the SHA and SHIP through a planning process led by DPH.

Priorities Identified in Healthy CT 2020

- Vaccine preventable disease targets were identified to-increase the percentage of adolescents age 13-17 years who receive the following:
 - Varicella vaccine
 - Tdap vaccine
 - Meningococcal vaccine
- Asthma-reduce asthma-related emergency department visits by 5%.
- Obesity-reduce prevalence of childhood obesity by 5% among children aged 5-12 years and students in grades 9-12.
- Healthy CT 2020 State Health Assessment/Health Improvement Plan

<http://www.ct.gov/dph/cwp/view.asp?a=3130&Q=542346&PM=1>

Mental Health Priorities

- Public Act 13-178 An Act Concerning the Mental, Emotional and Behavioral Health of Youth
 - Representatives from DPH and CASBHC serve on the Advisory Committee to develop a statewide behavioral health plan that is comprehensive and integrated and that meets the behavioral health needs of all children in the state.
- Mental health screening and provision of services for children and youth served in SBHCs has been a state priority in the federal Maternal and Child Health (MCH) Services Block Grant since 2010.
- DPH staff participated in the development of the State Suicide Prevention Plan in collaboration with DCF, DMHAS and other stakeholders. The reduction of Adolescent suicide remains a National Performance Measure of the MCH Block Grant.

Longitudinal study

- PRI recommended a comparative analysis between SBHC users and nonusers regarding academic performance, school absenteeism and tardiness. This cannot be done.
- When meeting with each of the contractors to review new contract language and negotiate contract deliverables, several of the contractors let us know that the exchange or sharing of academic information with the clinic is not done or allowed in the majority of cases.
- DPH does not have the resources to provide this type of analysis.

Technical Assistance and Training

- Technical assistance has been provided through conference calls, face to face meetings, the use of GoTo software, and sponsoring traditional conferences.
 - DPH has provided funds to support CASBHC training in FY 12, 13 and 14.
 - The focus during the school year 12-13 was supporting database implementation and training, changing contract deliverables, and mental health and trauma.
 - The focus during the school year 13-14 was on continued training and trouble-shooting with the new database, program reporting requirements, and cultural competency.

FY 15:

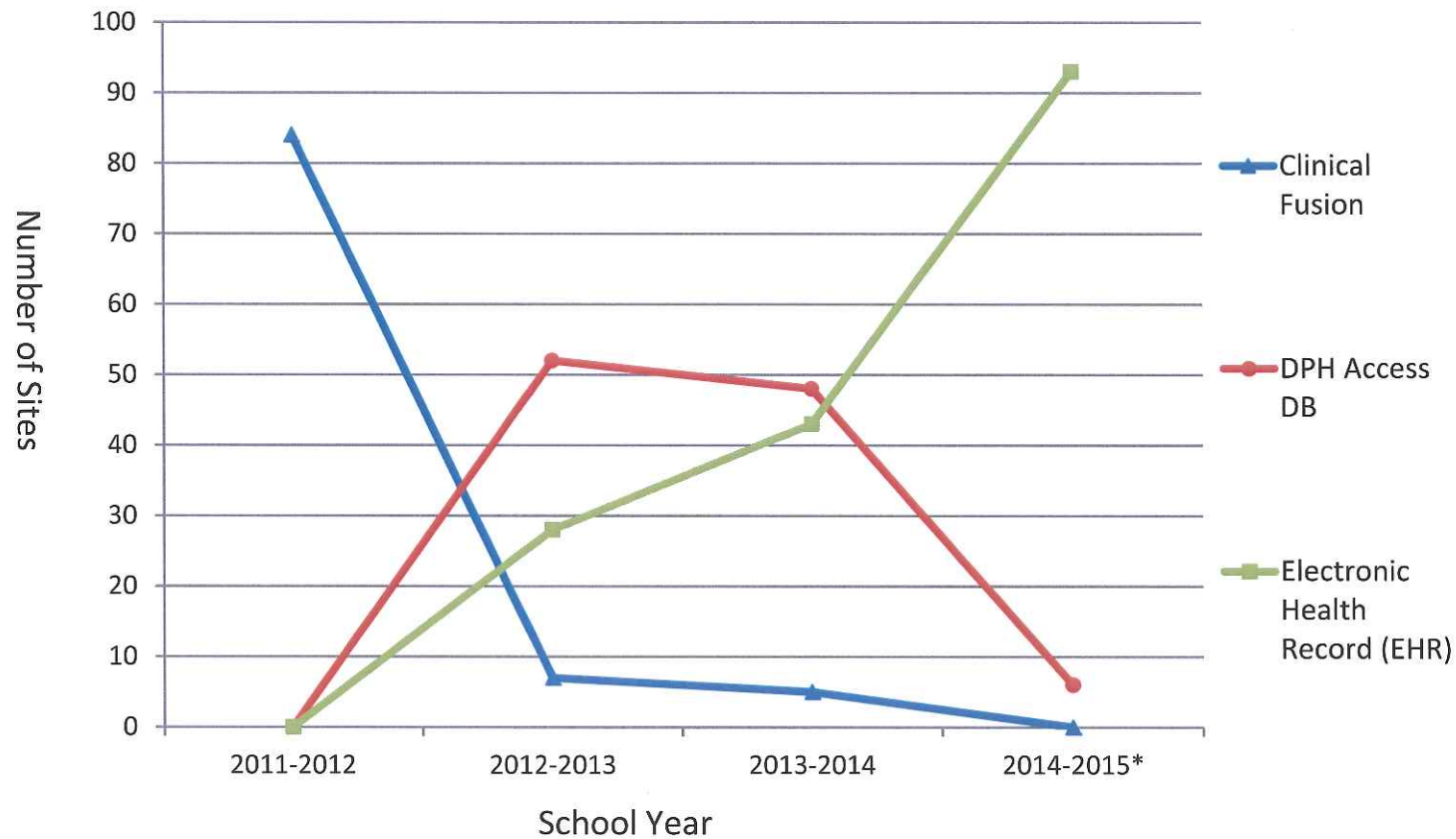
- Webinar is being planned to provide training for report card submission in collaboration with DCF.
- Preliminary planning/discussion has occurred for training in the following areas: Elements (Use of data) for Statements of Need and Quality Improvement Plans.

Accountability and Data

Electronic Health Records

2011-2015*

Sites Reporting Data to DPH



*2014-2015 projected

Electronic Health Records

- EPIC
- e-Clinical Works
- SNAP Health Center
- EVOLVE
- Intergy
- Athena Clinicals
- Practice Fusion
- Green Way
- Centricity
- Sigmung
- NextGen
- Vitera Intergy
- Allscripts My Way

ACCESS Data Collection


Views | Clipboard | Sort & Filter | Records | Find

Main Switch Board

School Based Health Clinic Database 2012

Main Switch Board

- Open Student Form Medical Visit
- Open Student form Mental Health Visit
- Open Student Form Dental Visit
- Add Provider/Staff
- Health Education
- GoTo Reports
- Exporting Tables and E-mailing Data for DPH
- Close Database



Navigation Pane

Color Key Pink - Mandatory Green - Action Button Blue - Search Red -System Generated

Record: 1 of 1 No Filter Search

ACCESS Generated Reports

Views | Clipboard | Sort & Filter | Records | Find | Text Formatting

Main Switch Board | Report Switch board

Enrollment Reports

- All Enrolled Students
- Student Roster
- New Enrollment by date

Utilization Reports

- Number of Medical Visits by date
- Number Mental Health Visits by date
- Number of Dental Visits by date

Demographic Reports

- Gender and Race/Ethnicity Report All Enrolled
- Gender and Race/Ethnicity Report w/Medical Visit
- Gender and Race/Ethnicity Report w/Mental Health Visit
- Gender, Age Breakdown Report All Enrolled
- Gender, Age Breakdown Report w/ Medical Visit
- Gender, Age Breakdown Report w/ Mental Health Visit
- Gender, Age Breakdown Report w/ Dental Visit

Reports

Dispositions Reports

- Medical Dispositions By Date
- Mental Health Dispositions By Date
- Dental Dispositions by Date

Provider Reports

- Primary Source of Medical Care
- Medical Visits by Provider by date
- Mental Health Visits by Provider by date
- Dental Visits by Provider by date

Diagnosis Reports

- Diagnosis (ICD9 code) for Medical Visits by date
- Count of all Diagnoses for Mental Health
- Count of all Diagnoses for Dental Health

Insurance Reports

- Insurance report all Enrolled Students
- Insurance report Students with Medical Visit
- Insurance report Students with Mental Health Visits
- Insurance report Students with Dental Visits

Specific Reports

- Number of Students with Mental health Screener done at physical
- Number of Students with a Diagnosis of Asthma that have an action plan
- Medical Billing
- Report BMIs Completed

Health Education and Outreach Reports

- Open Health Session Report
- Open Health Session Expanded Report

Close Reports

Navigation Pane