5 things you should know about school-based health centers

As a student at Newtown Middle School (NMS), your child can to take advantage of medical and mental health services offered during school hours, through the School Based Health Center (SBHC). We work in collaboration with your pediatrician. Our providers will communicate with parents regarding the treatment plan. To take advantage of the SBHC services, please complete, sign and return the 2-page Permission/Medical History Form on the NMS website or have your child stop by the SBHC to pick up a form. Please call us with any questions at 203-270-6114.

For over 30 years, Connecticut's school-based health centers (SBHCs) have been delivering comprehensive health care to students in the place where they spend 25 percent of their waking hours – school. Today, there are more than 100 school-based health centers in the state. The centers have become part of the safety net for children and teens, providing physical, mental, and oral health services to over 44,000 students every year in more than 30 communities.

Never heard of a school-based health center? Here are five things you should know.

1. School based health centers are not the same as the school nurse's office.

School-based health centers complement the work of school nurses by providing services for students in need of more complex care — such as treatment for illnesses and injuries, and behavioral. Each school-based health center is a fully licensed primary care facility, staffed by teams of professionals specializing in child and adolescent health, including nurse practitioners or physician's assistants, clinical social workers, medical assistants, operating under the guidance of a medical director. They offer services including therapy, support groups for issues such as anger management and substance abuse, diagnosis and treatment of minor illnesses and injuries, management of chronic conditions such as diabetes and asthma.

Fast fact: On average, students use their school-based health center 2.7 times each year for medical care. Students receiving mental health services visit an average of 12.1 times in a school year, according to CT Department of Public Health 2014-15 data.

2. Health care plays a big role in schools.

Being a kid can be stressful. Many children and teens deal with stressors including poverty, bullying, discrimination, anxiety, family financial stress, social media pressures, trauma, and unsafe neighborhoods. These stressors can lead to health issues that impact students' school performance. SBHC staff help students learn resilience and coping skills and allow them to develop relationships with trusted adults.

Fast fact: 45% of the school-based health center visits in Connecticut each year are for mental health services, according to CT Department of Public Health 2014-15 data.

3. Having health care services in schools keeps students in class.

With a health center located in their school, students can get the medical care, mental health therapy, and dental care they need without leaving school and missing valuable class time. Studies have also shown that adolescents who use SBHCs for medical care have significantly increased attendance compared to students who don't use them. In addition, students who used SBHCs for mental health services had increased grade point averages compared to those who didn't.

Fast fact: More than 90 percent of students who use SBHCs returned to class immediately after their appointment.

4. School-based health centers support parents too.

Since children and most teens can't get around by themselves, being able to get health care in schools also makes a big difference for their parents. One parent whose son goes to his school's SBHC said, "If it were not for this center, I would have to pick him up and go to the emergency room each time, and without transportation. My son can attend more school because there is available care."

5. School-based health centers provide care to students regardless of insurance status or ability to pay.

Many SBHCs partially rely on grant funding to help support their operations, particularly since they aren't always paid for the care they deliver. Just as a doctor's office would, SBHCs also support themselves by billing students' insurance, they don't turn away anyone who can't afford to pay. Parents must give permission for their children to receive care from the health centers, but once they do, payment isn't a barrier.

It is the mission of school-based health centers to work in partnership with parents, respecting the age, cultural values, and family situation of every student. A survey of 1,005 Connecticut students in grades 6 – 12 who use their SBHC show the value that these centers have on their lives.

- 75% agreed with the statement, "I have learned how to better manage my health issues/problems since coming to the SBHC."
- 70% agreed with the statement, "I have learned some new health habits through my visits to the SBHC."
- 65% agreed with the statement, "I have learned that some of the things I do may cause my health problems."

Every child deserves a healthy future – and school-based health centers can help them get there.

Healthy kids make better learners

Connecticut Institute For Communities, Inc.
School-Based Health Centers

"Healthy Kids Make Better Learners"

Dear Parent or Guardian,

As a student at Newtown Middle School (NMS), your child has the opportunity to take advantage of medical and mental health services offered during school hours, through the **School Based Health Center (SBHC)**. The SBHC is different from the school nurse office or school Guidance/social work office. The SBHC staff, including a licensed Nurse Practitioner, Clinical Social Worker, and Medical/Office Assistant, provide medical and mental health care much like a private doctor or mental health care provider's office would. Our broader goal is to reduce a student's number of days absent from school by diagnosing and treating illnesses early. Services are offered at no out of pocket cost to families. Parents/guardians don't have to miss time from work to take their child to an outside provider for most services, since they are provided at the SBHC. Some of the medical and mental health services offered at the SBHC include:

Medical Services

* Immunizations
* Complete physical exams
* In-house testing for strep, flu, urine, glucose, hemoglobin etc.
* Prescriptions sent to your pharmacy
* Asthma education, inhaler refills, school medication forms
* Health education for nutrition, exercise, weight management and allergy triggers
* Diagnose and treat common illnesses such as ear infections, pneumonia, rashes, strep throat, allergies etc.

Mental Health Services

* Mental health assessment /Individual, Group and Family Therapy
* History of or current bullying
* Anxiety/Depression
* Recent move to Newtown from another town
* Peer relationships/Family relationships
* Poor academic performance/learning challenges
* Behavior problems
* Exposure to trauma/loss
* History of or current self harm and suicidal ideation

To take advantage of the SBHC services, please complete, sign and return the attached 2-sided Permission/Medical History Form to the NMS SBHC. You may email it to kettnern@CT-Institute.org

If you have any questions about the SBHC, please call us at (203) 270-6114 or fax us at (203) 270-4644.

Thank you – The SBHC Team

Connecticut Institute For Communities, Inc. (CIFC)
Greater Danbury Community Health Center (GDCHC) NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW THE GREATER DANBURY COMMUNITY HEALTH CENTER ("GDCHC") MAY USE AND/OR DISCLOSE HEALTH INFORMATION ABOUT YOU, HOW YOU CAN ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

GDCHC's Commitment to Your Privacy

GDCHC is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain at GDCHC concerning your PHI. According to federal and state law, we must follow the terms of the Privacy Notice that we have in effect at the time. This Notice will take effect on August 1, 2013, and will remain in effect until it is amended or replaced by GDCHC.

GDCHC reserves the right to change its privacy practices as the law permits. GDCHC will amend this Notice to reflect any change(s) and make any new Notices available upon request. Any changes to our privacy practices will be effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of GDCHC's Notice of Privacy Practices at any time by contacting our Privacy & Security Officer, Diana Trumbley, at (203) 743-0100, or via mail at 57 North St., Suite 311, Danbury, CT 06810. You may also contact Ms. Trumbley with questions about this notice or to file a privacy/security complaint.

GDCHC WILL KEEP YOUR HEALTH INFORMATION CONFIDENTIAL, USING IT ONLY FOR THE FOLLOWING PURPOSES. PLEASE NOTE THAT THE FOLLOWING USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Treatment: While we are providing you with health care services, we may share your protected health information (PHI), including electronic protected health information (ePHI), with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment, billing, administrative support, or data analysis. These business associates and subcontractors are required by Federal law to protect your health information. For example, we may ask you to have laboratory tests (such as blood or urine), and we may use the results to help us reach a diagnosis. We may use your PHI in order to write a prescription for you, or we may disclose your PHI to a pharmacy when we order a prescription for you. We have established "minimum necessary" or "need to know" standards that limit various staff members' access to your health information according to their primary job functions. Additionally, everyone on our staff is required to sign a confidentiality statement.

Payment: We may use and disclose your PHI to seek payment for services we provide to you. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatments. This disclosure involves our business office staff and may include insurance organizations, collections or other third parties that may be responsible for such costs, such as family members.

Healthcare Operations: We may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care you received from us, to evaluate the implementation of our compliance programs, and/or to conduct cost-management or business planning activities.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

NOTE: This is an abbreviated version of GDCHC's Notice of Privacy Practices. The full notice lists: (1) additional ways GDCHC may use your health information; (2) situations when your authorization is required for release; and (3) your rights regarding PHI. A full notice is available at all GDCHC sites. To receive a copy of the full and complete GDCHC Notice of Privacy Practices, please contact School Based Health Center Staff.

Registration # _____

Connecticut Institute for Communities, Inc. (CIFC) Greater Danbury Community Health Center (GDCHC)

School Based Health Centers Permission Form

All information on the front and back of this permission form must be completed, dated and signed before your child can receive services from the School Based Health Centers. If a student is 18 or older, he/she may sign his or her own permission form. Demographic information is required by the State and will be used for statistical purposes only.

Student Name (Last, First, M.I.)	Date of Birth (month/day/year)	☐ Male ☐ Female	Grade/Cluster
Street Address (Street, Town, State, ZIP code)		Home Phone Number	

Parent/Guardian Name		Relationship to Student	Date of Birth
Parent/Guardian Address, if different from the student (Street, Town, State, ZIP code)		Parent/Guardian E-Mail address	
Home Phone Number	Cell Phone Number		Work Phone Number

Parent/Guardian Name		Relationship to Student	Date of Birth
Parent/Guardian Address, if different from the student (Street, Town, State, ZIP code)		Parent/Guardian E-Mail address	
Home Phone Number	Cell Phone Number		Work Phone Number

Emergency Contact Name		Relationship to Student
Home Phone Number	Cell Phone Number	Work Phone Number

Demographic Information	Race: (Please check one) ☐ American Indian/Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ More than one race	
Is the student Hispanic/Latino? ☐ YES or ☐ NO	What language(s) does the student speak? (check all that apply) ☐ English ☐ Spanish ☐ Portuguese ☐ Other:_____	In what country was the student born?
Is the student on the free or reduced lunch program? ☐ YES or ☐ NO	Family Income Per Year	Family Size

Medical Care **Please provide a copy of insurance card		**Dental Care** **Please provide a copy of dental insurance card	
Name of Doctor or Medical Clinic:		Name of Dentist:	
Doctor's Address **(Street, Town, State, ZIP)**		Dentist's Address **(Street, Town, State, ZIP)**	
Doctor's Phone Number:	Date of last physical exam:	Dentist's Phone Number:	Date of last dental exam:

Does the student have **MEDICAID/Husky Insurance:** YES or NO
Medicaid Pending: YES or NO
****Please provide a copy of the insurance card**

If your child does not have health insurance
Please call 1-877-CT-HUSKY

Medicaid #: _____

Child's name on Card: _____

Does the student have **Private/Commercial Insurance:** YES or NO
****Please provide a copy of the insurance card**

Name of Insurance Company: _____
Policy Holders Name: _____
Policy Holders Date of Birth: _____
Policy Holders Address: _____
Policy Holders Employer: _____
Relationship to student: _____
Insurance Number for the student: _____
Group number: _____

I have read the information regarding the CIFC GDCHC School Based Health Center and I give permission for this student to obtain all services offered at the School Based Health Center while he/she is enrolled in school. I understand that services are confidential, except in life-threatening situation or emergency services and accordance with the law. I give permission to the CIFC GDCHC School Based Health Centers and the Newtown Public Schools to exchange pertinent information to appropriate persons for the purpose of providing healthcare, diagnosis, treatment and counseling services, as well as maintaining safety in schools. This shared information may include health, academic and special education data needed for treatment/services to the named insurance providers for the purpose of billing. I authorize payments to be made directly to the CIFC GDCHC School Based Health Center for services provided. My signature below also serves as acknowledgement that I have received a copy of the CIFC GDCHC's privacy policy as per federal law. **Unless I choose to withdraw my consent in writing, this authorization for services at the School Based Health Centers will continue for the entire period of time this student is enrolled in Newtown Public Schools.**

Date: _____ Signature: _____Relationship to student: _____

SBHC Medical History Form

Student's Name: _____ Date of Birth: _____

Is the student currently taking any medications? If yes, please list medications and dose:

_____

_____

_____

Please check "**YES**" or "**NO.**" Please explain all "YES" answers in the space provided.

Medical History:	**NO**	**YES**	**(If YES, please explain)**
Allergies (i.e. food, medication, chemicals, etc.)			
Any problems with vision (contacts/glasses)			
Any problems with hearing			
Concussion (when?)			
Fainting or blacking out			
Heart Problems/Murmurs/Chest Pain			
High Blood Pressure/Cholesterol			
Problems Breathing/Coughing/Asthma			
Blood Disease/Disorders (i.e. Anemia, Sickle Cell, etc.)			
History of Seizures			
Diabetes/Thyroid/Endocrine			
Hospitalization or Surgery			
Broken bones, dislocations, or other problems			
Muscle or joint injuries			
Neck or back injuries			
Running/exercise problems			
"Mono" (When?)			
TB or Positive skin test			
Dental Problems			
Headaches or Migraines			
Weight or Eating issues			
Has only one kidney or testicle or eye			
Females: Menstrual problems			
Other medical problems not addressed above:			

Mental Health History:	**NO**	**YES**	**(If YES, please explain)**
Anxiety			
Mood disorder/depression			
Loss/divorce issues			
ADHD/ADD/Learning Disorder			
Autism/Aspergers			
Eating disorder/weight problem			
Cutting/self-mutilation			
Smoking/Alcohol Use/Drugs			
Other mental health/behavioral problems:			

Family History:	**NO**	**YES**	**Relative (who?)**	**(If YES, please explain)**
Death of a relative under age 50				
Family members with heart disease, high cholesterol and/or diabetes (which?)				
Alcohol/Drug Problems				
Mental Illness (i.e. Depression)				
Any other family medical problems not addressed above				
Any other family issues not addressed above				
Is the student under the care of any medical specialist (Explain)				

If you would like to speak with one of the School Based Health Center staff members regarding concerns you may have about your child, or for general SBHC questions, please call during school hours:

Newtown Middle School SBHC Phone: (203) 270-6114 Fax: (203) 270-4644

This medical history is accurate to the best of my knowledge. I understand that I am required to inform the School Based Health Center if there are any changes in my child's mental or physical health.

Date: _____ Signature:_____ Relationship to student: _____