

## 2014 Program Report Card: Catherine Kolnaski Elementary School Based Health Center (Grades K-5)

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

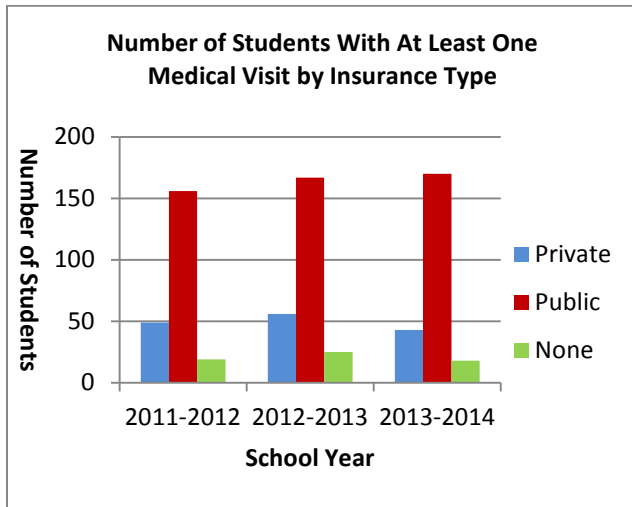
*Contribution to the Result:* School Based Health Centers provide healthcare access for school aged students, so that they are healthy and ready to learn.

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	\$120,361	\$0	\$0	\$1,488*	\$51,899	\$173,748
Estimated SFY 15	\$104,829	\$0	\$0	\$1,188*	\$44,785	\$150,802

*Partners:* Parents, Students, CASBHC, DPH, DSS, DMHAS, DCF, The CT Chapter of the AAP, School Based Health Alliance, Board of Education, Local Health Department, School Nurses, School Administrators and Faculty, Child & Family Agency Programs, Children First Groton

### How Much Did We Do?

Access and Utilization



**Story behind the baseline:** The total school population decreased from 492 in 2011-2012 to 416 in 2013-2014. Similarly, enrollment in the health center has decreased from 373 (76%) to 286 (69%) in that same time period.

However, the number of students with at least 1 visit has increased in percentage over that time. In 2011-2012, 224 students (60%) students were seen and in 2013-2014, 206 (72%) of enrolled students were seen, representing a 12% increase in utilization. (All students seen by the MH clinician are also seen by the nurse practitioner to review medical conditions, allergies, medications ,etc.) This is done in order to identify any medical issues that may be impacting the student's mental health and to satisfy the meaningful use measures for the electronic health record.

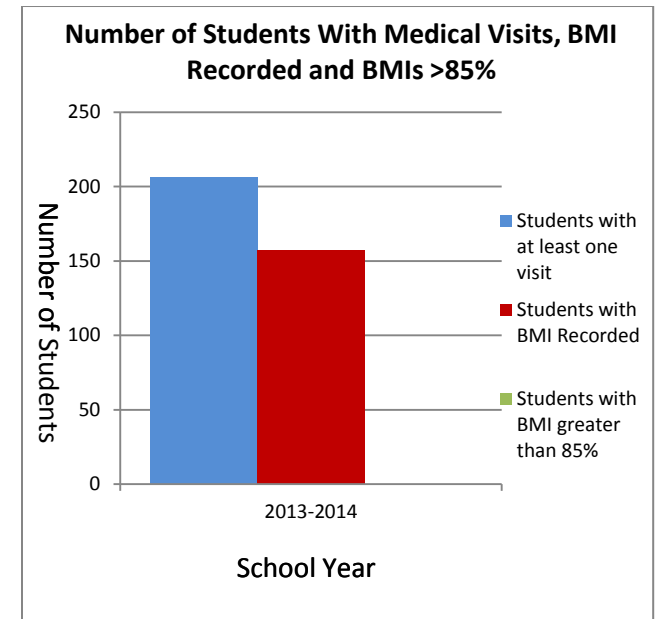
In all three school years, the majority of enrolled student were publicly insured, followed by privately insured and those who said that they did not have insurance. In 2013-14, 192 (67%) had Medicaid/HUSKY insurance; 68 (24%) had private insurance; and 26 (9%) reported no insurance

Catherine Kolnaski has been open for 14 years, having moved from an old site (Eastern Point Elementary School) several years ago. Registration packets with a letter explaining SBHC services are sent to every student who was is enrolled at the beginning of the year and when a new student enters the district. In addition Flu immunization letters and permission forms were sent to every student in the school this year. Enrollment in the SBHC is marketed during Open House by the SBHC staff and day to day by the school nurse and school social worker.

**Trend:** [▲]

### How Well Did We Do?

Reduction in percentage of SBHC users with BMI >85%



**Story behind the baseline:** Body Mass Index (BMI) is calculated at the first medical visit and at subsequent visits that occur a minimum of one month or more from the previous measurement. The SBHC staff utilizes the International Classification of Diseases (ICD-9) to identify the BMI % for students.

The electronic health record automatically calculates the BMI. The number of students with BMI above the 85<sup>th</sup> percentile has not been unexpected. CK Wellness Team has made a concentrated

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effort to increase awareness of both nutrition and physical exercise with varied programs.

The children and families identified at risk for obesity were offered educational support based on 5-2-1-0 model \* and ChoseMyPlate.gov. Both of these sources of wellness materials are free, culturally sensitive and available in multiple languages, which is important for our SBHC program.

\*5 -2 -1- 0 (Daily goals for children/adults)

- 5 or more fruits and vegetables
- 2 hours or less of screen time
- 1 hour of activity/exercise
- 0 sugary drinks

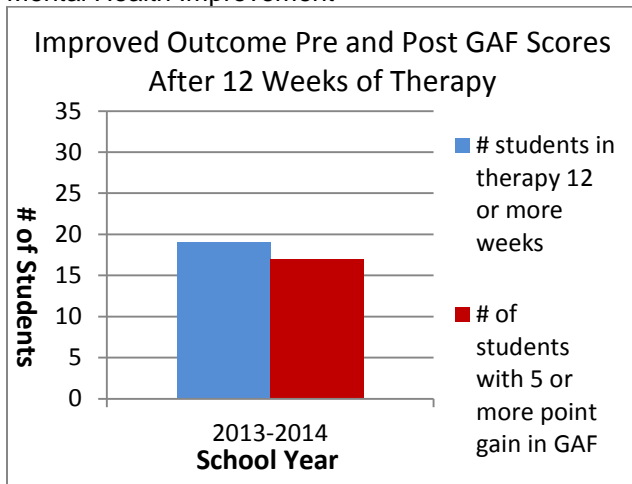
Approximately 10 children were followed in the SBHC because of their BMI being >85%. 9 out of 10 (90%) did not lose weight, but one student who was very motivated did lose weight and decrease her BMI.

Information was available in Spanish for several students' parents. Those students with elevated BMI's were routinely brought back for follow up visits every few months, wt/ht/BMI taken and reviewed. EMR also has growth chart models that could be reviewed with students to demonstrate trends.

**Trend:** [▲]

### Is Anyone Better Off?

#### Mental Health Improvement



**Story behind the baseline:** In 2013-2014, 32 students had at least one MH visit. Of those 21 (66%) were picked up as clinical cases. 19 of them (90%) closed after at least 12 weeks of service. 17 of those 19 (89%) had a 5 point or more gain in their GAF score. The ones whose case was closed but did not show a gain in their score may have left the district or chose to not continue in therapy. The two cases that did not close either moved or were referred to a higher level of care.

Having daily access to students and their teachers makes it easier to provide necessary support throughout the school year to prevent relapse and encourage progress in treatment.

Clients who were discharged with a 5 point GAF increase received excellent support from teachers and school staff who have been in tune with the client's needs and home life, thus informing clinician of events and support that is needed. Teachers are becoming more and more aware of how mental health affects performance in the classroom. They are becoming more likely to refer and less likely to wait until behavior becomes extreme, being proactive in seeking support for students.

**Trend:** [▲]

**Notes:** \* Other Funding is from United Way

### Proposed Actions to Turn the Curve:

#### Access and Utilization:

In the next year letters for permission to give the flu vaccine will go out at the beginning of the school year with all the other school paperwork. For those students who are not yet enrolled, those forms will be provided to the parents. This strategy is expected to increase the SBHC enrollment and utilization by at least 10%.

#### Obesity Reduction:

Given the importance of parental involvement, increased efforts will be made to engage parents through group presentations, incentives, etc. Providing families with the MyPlate tool will be prioritized when doing children's well-child exams.

#### Mental Health Services:

Clinician will maintain organized social skills groups and groups for children of divorce to supplement individual treatment and implement a more intense focus on these common issues.

### Data Development Agenda:

- To align EHR generated reports to meet DPH requirements
- To streamline the process of exporting our data from EHR to DPH
- Further refine data collection capability of the electronic record to define parameters for better identification and management of specific conditions (ex. students who have participated in select programs, students who have an asthma action plan on record, etc.)

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