

Families and Education Levy Health Investment 2014-15 Report

Levy Oversight Committee Meeting
April 19, 2016

Presentation Overview

- ▶ Health investment and services overview
- ▶ 2014-15 Performance Outcomes and Indicators
- ▶ Discussion of successes and challenges
 - ▶ Elementary health
 - ▶ Crisis planning and response
 - ▶ Long-acting reversible contraception (LARC)



FEL Health Investment

- ▶ **School Based Health Centers**

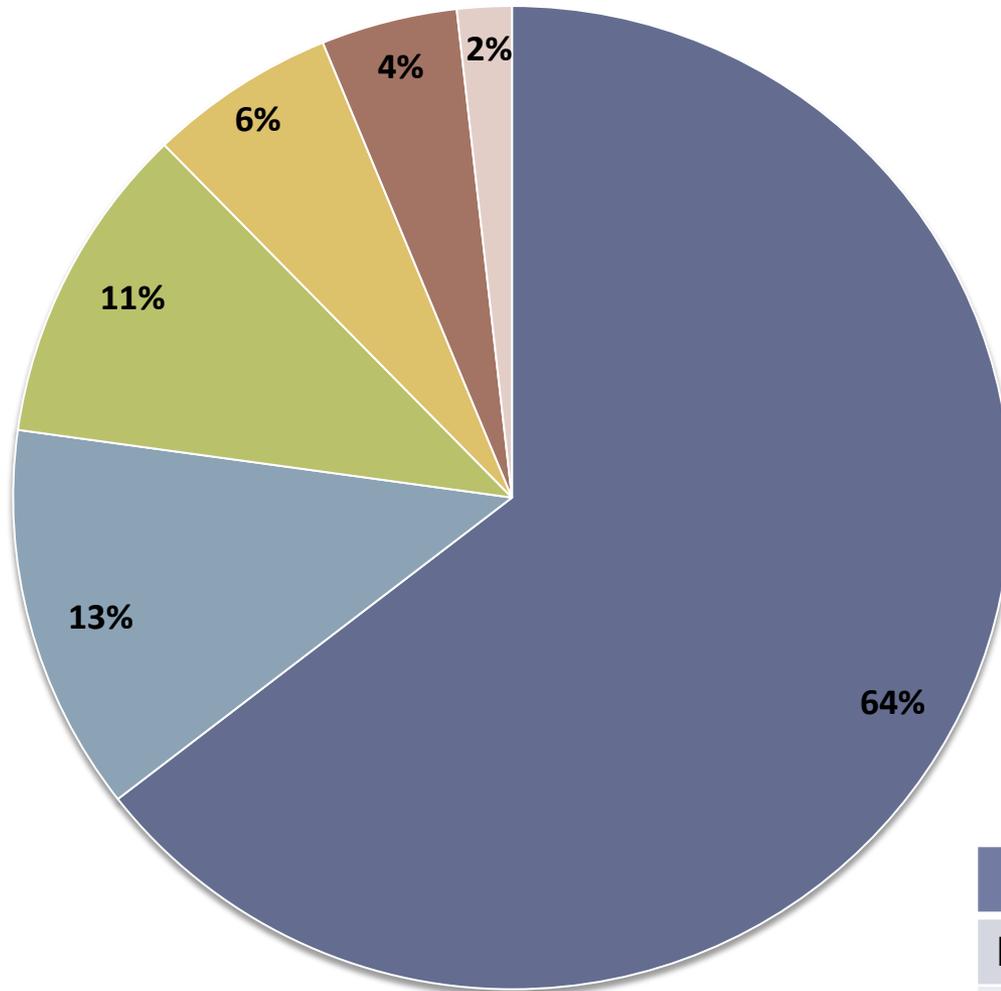
- ▶ Middle/High School
- ▶ Elementary School
- ▶ Dental
- ▶ Mental Health Enhancement

- ▶ **School Health Support**

- ▶ SPS School Nurses



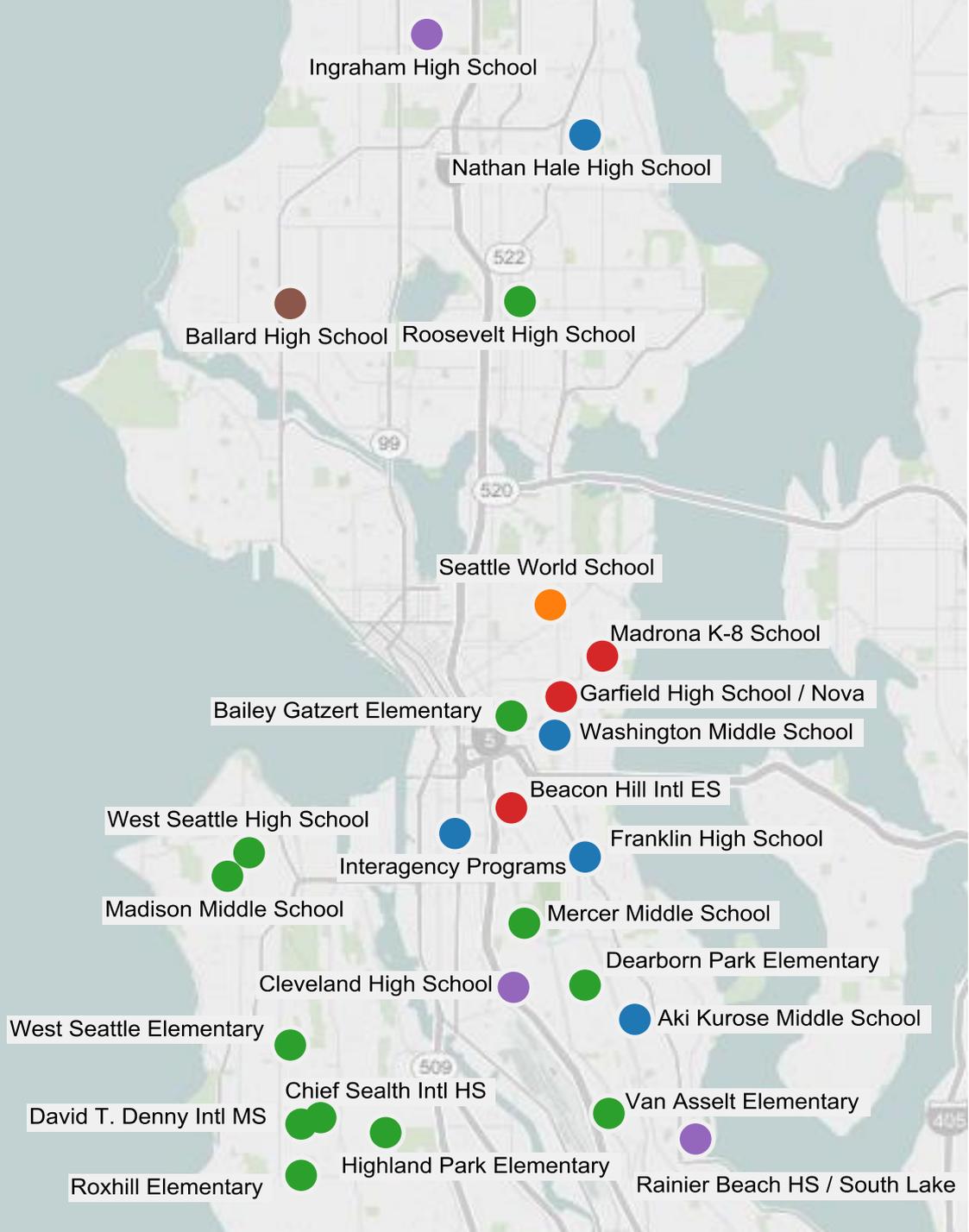
Scope and Budget



- Middle and High School SBHCs
64% - \$3,806,457
- School Health Support
13% - \$804,903
- PHSKC Administration
11% - \$667,209
- Elementary
6% - \$385,287
- Oral Health
4% - \$280,159
- Mental Health Enhancement
2% - \$112,064

| PHSKC Also Manages | |
|------------------------|-------------|
| Family Support Program | \$1,340,891 |
| Early Learning Health | \$447,914 |

▶ Administration total includes admin budget for Early Learning Health



Sponsor Agency

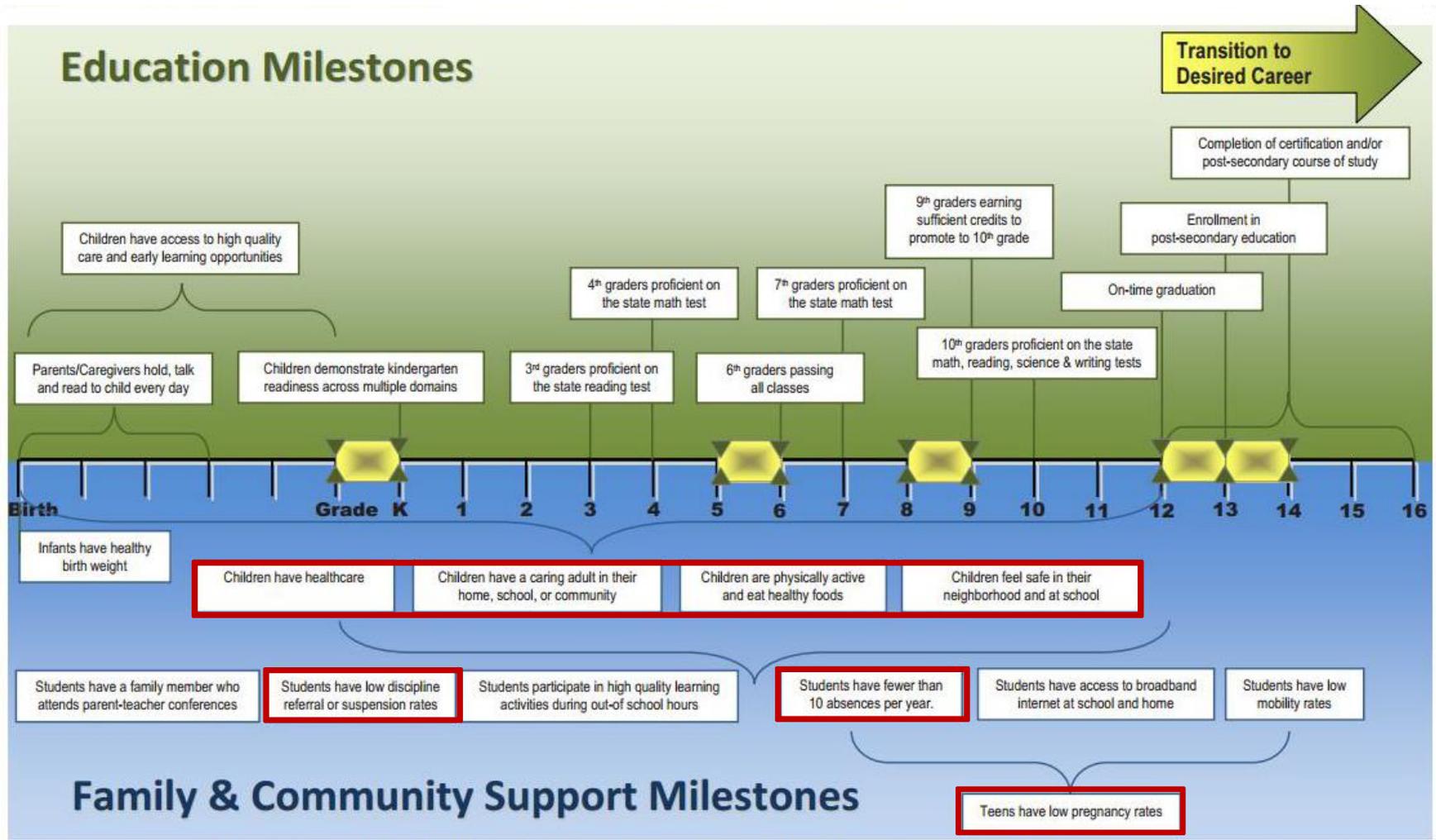
- Group Health Cooperative
- International Community Health Services
- Neighborcare Health
- Odessa Brown Children's Clinic
- Public Health - Seattle & King County
- Swedish Medical Center

School Based Health Centers

Comprehensive primary and preventive medical and mental health care

- ▶ Well child exams
- ▶ Mental health evaluation and treatment
- ▶ Social/Emotional support
- ▶ Health education and promotion
- ▶ Sexual and reproductive health
- ▶ Oral health

Why is Health an Academic Intervention?



Why is Health an Academic Intervention?

Impact of School-Based Health Center Use on Academic Outcomes

Sarah Cusworth Walker, Ph.D.^{a,*}, Suzanne E.U. Kerns, Ph.D.^a, Aaron R. Lyon, Ph.D.^a,
Eric J. Bruns, Ph.D.^a, and T.J. Cosgrove, M.S.W.^b

Can school-based health services reduce absenteeism and dropping out of school?

LV Klerman - Adolescent medicine (Philadelphia, Pa.), 1996 - europepmc.org

Studies have shown that a high school diploma, and preferably some post-high school education, is essential to economic success for most individuals in American society today.

With large numbers of adolescents having excessive absenteeism or dropping out of ...

School-based clinic use and school performance ☆

Marcella T. McCord, M.D., M.P.H.^a, Jonathan D. Klein, M.D., M.P.H.^a, Jane M. Foy, M.D.^a,
Kate Fothergill, M.P.H.^a

Adolescent Use of School-Based Health Centers and High School Dropout

Suzanne E. U. Kerns, PhD; Michael D. Pullmann, PhD; Sarah Cusworth Walker, PhD;
Aaron R. Lyon, PhD; T. J. Cosgrove, MSW; Eric J. Bruns, PhD

School-Based Health Centers and Academic Performance: Research, Challenges, and Recommendations

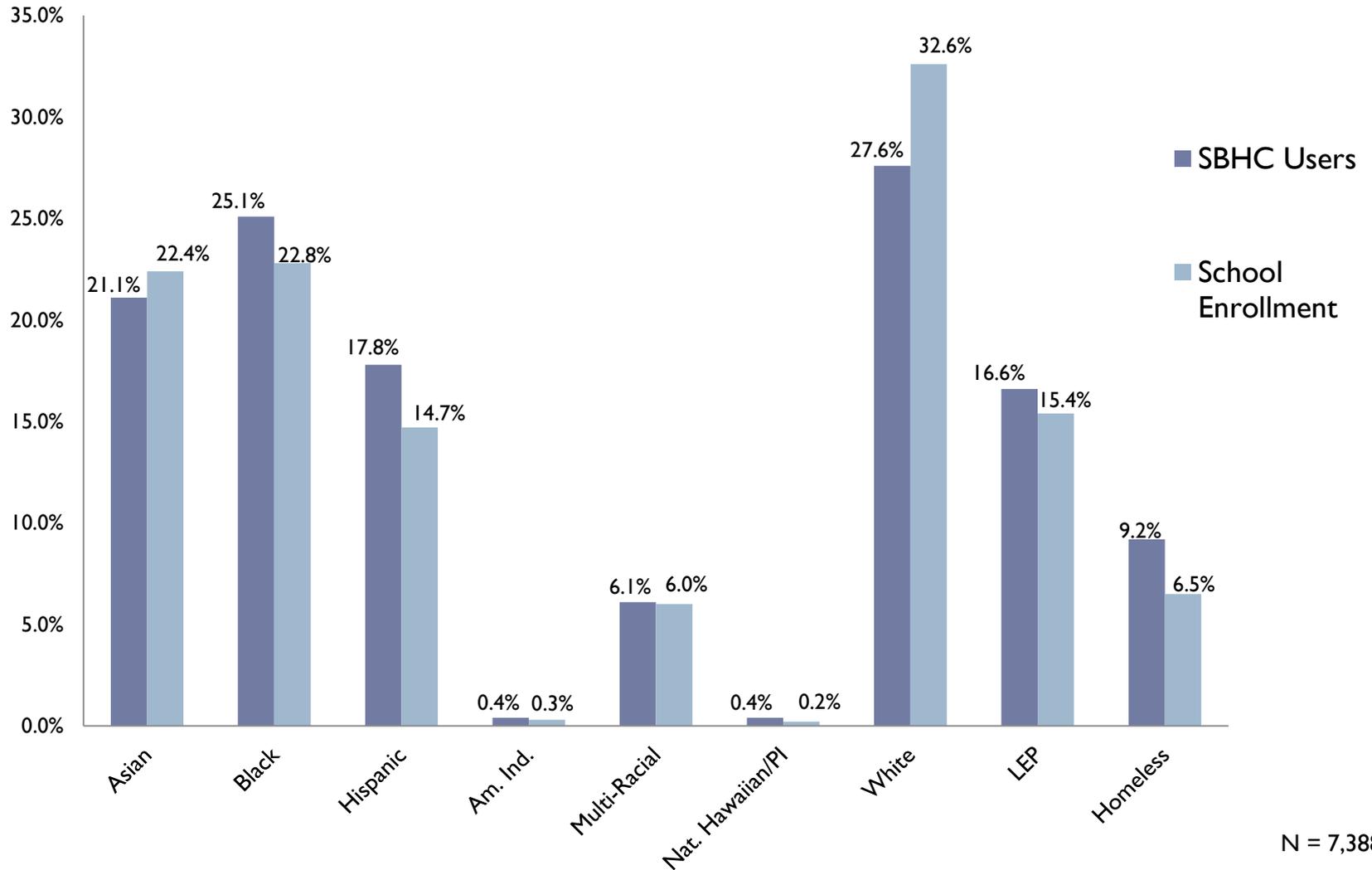
[Sara Peterson Geierstanger](#), [Gorette Amaral](#), [Mona Mansour](#), [Susan Russell Walters](#)



Why is Health an Academic Intervention?

- ▶ March 2015 systematic review of 46 published studies recommends SBHCs based on sufficient evidence of effectiveness
 - ▶ School performance, grade promotion, high school completion
 - ▶ Vaccinations, preventive services, asthma morbidity, emergency department use
 - ▶ www.thecommunityguide.org/healthequity/education/schoolbasedhealthcenters.html
- ▶ Seattle-focused research found:
 - ▶ Those who use the clinic for medical purposes had a **significant increase in attendance** over nonusers
 - ▶ Those who use the clinic for mental health purposes had **increased their Grade Point Averages** over time compared to nonusers

2014-15 Students Served



Elementary School Based Health

| | Mental Health | Medical | TOTAL |
|---------------|----------------------|----------------|--------------|
| Users | 100 | 748 | 796 |
| Visits | 1,513 | 1,590 | 3,103 |

| | Common Visit Reasons/Diagnoses |
|----------------------|--|
| Mental Health | <ul style="list-style-type: none">• Educational circumstances• Adjustment reaction/disorder• Anxiety |
| Medical | <ul style="list-style-type: none">• Immunizations• Routine well-child visits |



Middle/High School Based Health

| | Mental Health | Medical | TOTAL |
|---------------|----------------------|----------------|---------------|
| Users | 2,054 | 5,956 | 6,623 |
| Visits | 13,860 | 19,207 | 33,067 |

| | Common Visit Reasons/Diagnoses |
|----------------------|--|
| Mental Health | <ul style="list-style-type: none">• Educational circumstances• Interpersonal problems• Depression |
| Medical | <ul style="list-style-type: none">• Immunizations• Routine well-child visits• Contraceptive management |

Indicators and Outcomes

Outcomes

| Measure | Target | Performance |
|--------------------------------|--------|--|
| Elementary: MAP | 25% | 21.16% |
| Elementary: SGP - math | 58% | NA |
| Elementary: SGP - reading | 58% | NA |
| Middle School: Passing classes | 87% | 82.00% <input checked="" type="checkbox"/> |
| High School: Passing classes | 74% | 70.37% <input checked="" type="checkbox"/> |

≥90% of Target achieved

Indicators and Outcomes

Indicators

| Measure | Target | Performance |
|--|--------|---|
| Elementary: ≤ 10 Absences | 73% | 71.91%  |
| Middle School: ≤ 10 Absences | 62% | 61.20%  |
| High School: ≤ 10 Absences | 48% | 43.74%  |
| Interagency: 70% Attendance (1 st semester) | 40% | 49.08%  |
| Interagency: 70% Attendance (2 nd semester) | 40% | 45.39%  |
| SBHC users | 6,260 | 7,419  |

 $\geq 90\%$ of Target achieved

Indicators and Outcomes

Indicators

| Measure | Target | Performance |
|----------------------------------|--------|---|
| Childhood immunizations | 4,500 | 5,063 <input checked="" type="checkbox"/> |
| Behavioral risk factor screening | 1,200 | 877 |
| Oral health screening | 700 | 1156 <input checked="" type="checkbox"/> |
| Oral health exams | 261 | 292 <input checked="" type="checkbox"/> |
| Oral health treatments | 221 | 282 <input checked="" type="checkbox"/> |

≥90% of Target achieved

Successes & Challenges – Elementary Health

- ▶ High demand for mental health services
- ▶ Collaboration with coordinated school health staff, especially nurse and school counselor, key to successful referral systems
- ▶ Levy investment able to leverage additional funding targeting school's specific needs
 - ▶ Trauma-informed schools intervention at one site, grant pending for expansion
 - ▶ Most sites exploring funding models for expanded services
- ▶ Health coordinator role evolving to provide health education, outreach, and support for families – family involvement key to success!

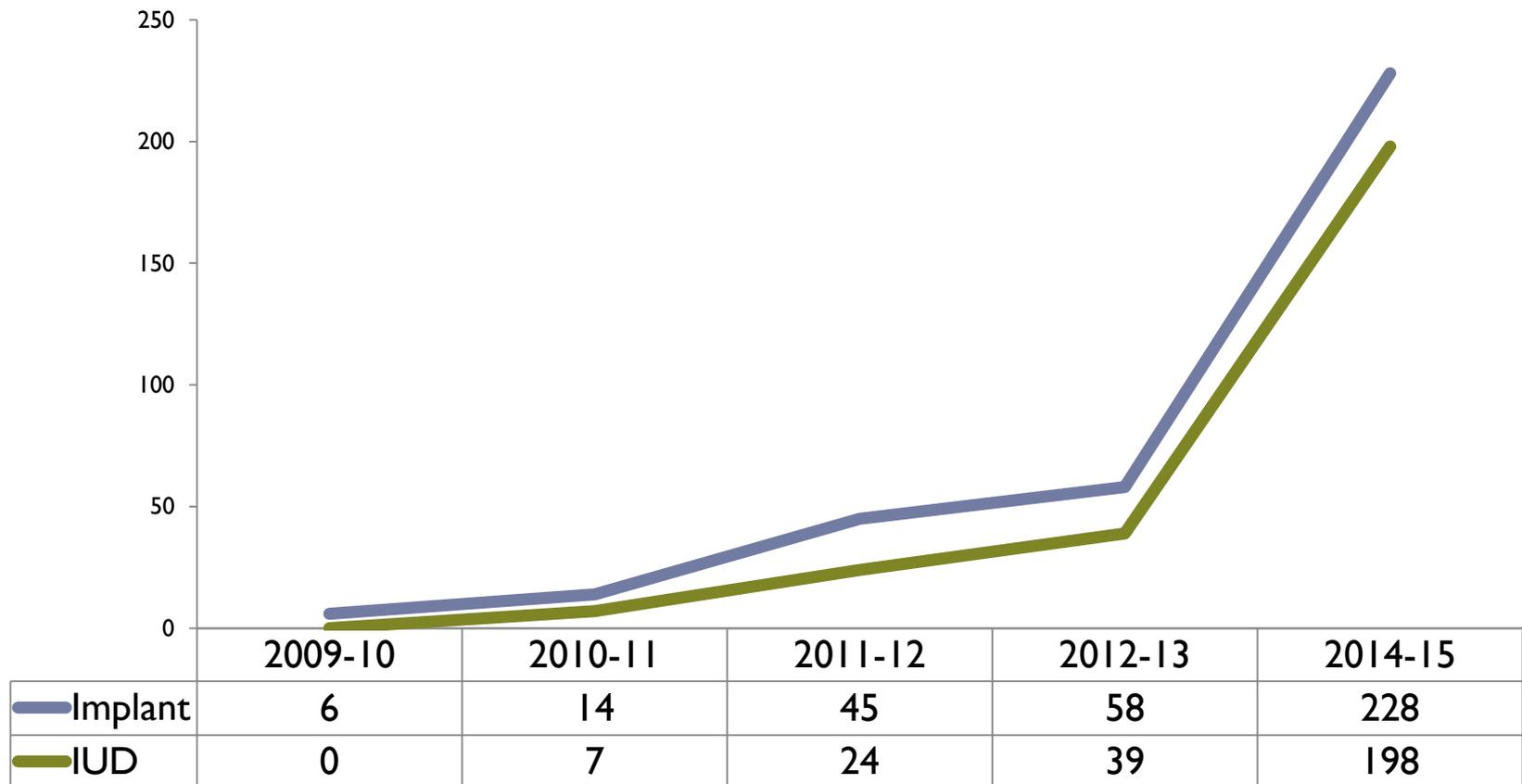


Successes & Challenges – Crisis Planning and Response

- ▶ 2013 HB 1336- suicide recognition and response for school staff
- ▶ Identified need to better clarify SBHC and school staff roles in event of health-related crisis
 - ▶ Required collaborative, building-level crisis plan for each SBHC
 - ▶ Presented new SPS crisis response policy to all SBHC staff
- ▶ Facilitated more intensive care coordination and crisis response systems work with Interagency, following several student deaths

Successes & Challenges – Long-Acting Reversible Contraception (LARC)

- ▶ 2014-15 first year of system-wide implementation
 - ▶ Implant and/or IUD available at middle and high school SBHCs



Successes & Challenges – Long-Acting Reversible Contraception (LARC)

- ▶ Birth rate for Seattle teenagers declined 92% from 1990-2013
 - ▶ Faster than national and King County average since mid-1990s
- ▶ Birth rate for Seattle teenagers is 80% lower than the national average



Photo credit: <http://www.mirena-us.com/index.php>

Successes & Challenges

| Program | Successes | Challenges |
|---------------------------|---|---|
| Elementary | <ul style="list-style-type: none"> • Increased users • Crisis planning | <ul style="list-style-type: none"> • Higher demand than can be met • Coordination challenges with community and building-level providers |
| Interagency | <ul style="list-style-type: none"> • Violence response initiative • New space, greater capacity • Improved care coordination systems | <ul style="list-style-type: none"> • Higher demand than can be met • More complex cases • Dynamic student population at multiple sites |
| Middle/High School | <ul style="list-style-type: none"> • Increased users • Crisis planning • Continued LARC training | <ul style="list-style-type: none"> • Coordination challenges with community and building-level providers • LARC training logistics |
| Mental Health Enhancement | <ul style="list-style-type: none"> • Mental Health Model of Care committee • Attendance data in MHITS | |
| School Health Support | <ul style="list-style-type: none"> • Collaborated professional development with SBHC providers | <ul style="list-style-type: none"> • High demand for services |
| Oral Health | <ul style="list-style-type: none"> • Increased services and coordination | <ul style="list-style-type: none"> • Passive consent and follow-up |



2015-2016 School Based Health

- ▶ Increased staffing at elementary sites
- ▶ Crisis response training and protocols at Interagency
- ▶ Mental Health Providers Institutional Partners with Seattle Public Schools
- ▶ MHITS including academic data
- ▶ PHSKC pilot to improve HPV vaccination

Questions?

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