Measuring Success: Improving School Health Center Evaluation Using a Results-Based Accountability Framework

School-Based Health Alliance 2017 Convention

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Learning Objectives

• Explain how a Results-Based Accountability (RBA) Framework can be used to evaluate school health centers (SHCs) and “tell the story.”

• Describe SHC evaluation results and measures of health and education equity using a RBA Framework.

• Discuss how to incorporate the national SHC performance measures into an evaluation that uses the RBA framework.

• Discuss how to leverage existing data systems or implement new strategies to collect data.

Presenter Disclosures

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Samira Soleimanpour, MPH, PhD

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
RBA in Alameda County

**STEPS**

1. **Choose RESULTS** or conditions of well-being that you want to achieve for youth, families, and communities.

2. **Identify the overall population** you hope to influence and the **POPULATION INDICATORS** that measure these results at the population level.

3. **Identify the people** you are directly serving and choose **PERFORMANCE MEASURES** that measure the impact of your programs/services on them. Find measures that answer:
   - How much did you do?
   - How well did you do it?
   - Is anyone better off?
QUESTIONS

1. Name one overall RESULT (condition) you are working towards.

   a. Name a POPULATION INDICATOR that matches this result and the population you hope to influence. Remember, the population you choose is LARGER than the clients you serve.

   b. 2015-16 Data Collection Tools

   • Client Services Form (Efforts to Outcomes/ETO)  
     14,790 clients

   • Community Functioning Evaluation Form (ETO)  
     227 behavioral health clients

   • Student and School Community Activity Log (Activity Log)  
     113,234 youth

   • Quarterly Reports  
     27 SHC directors
2015-16 Data Collection Tools (cont.)

- California Healthy Kids Survey, SHC Module (CHKS)
  - 11,786 students
  - 58% students from 24 schools

- Client and Youth Program Participant Survey
  - 1,632 clients
  - 50% of all clients over a 2-month period

Sharing Data: QI, Accountability, Making the Case

- School Health Centers
  - Agency/District Level Reports
  - Site Level Workbooks

- County Level
  - Measure A Report
  - Insurance Trends
  - Program Level
  - Presentations to stakeholders

- Making the Case
  - Issue Brief
  - Presentations to stakeholders

Sharing 2015-16 Findings with you today!

- Access to Care
- Reproductive Health Services
- Oral Health Services
- Behavioral Health Services
- Youth Engagement

** NQI Measures

Access to Care
PERFORMANCE MEASURE
How much? Increased clients & visits

2011-16 School Health Centers serve:
• 2 elementary schools
• 12 middle schools
• 24 high schools

PERFORMANCE MEASURE
How much? Client demographics

PERFORMANCE MEASURE
How well? Client satisfaction

Experiences with the School Health Center (% of 4,464-1,567)

- The people who work there helped me to work through my problem
  98%
- It felt like a safe place
  99%
- The people who work there were easy to talk to
  98%

- Demonstrating satisfaction…
  - 62% clients returned for ≥ 1 visit
  - 30% returned for a different type of service

Data Source: ETO Client Service Form and California Dept. of Education
School Health Center clients were more likely than non-clients to “always” receive counseling when needed (32% vs. 27%, p<0.001).

<table>
<thead>
<tr>
<th>Experiences with the School Health Center</th>
<th>% Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>They helped to get help sooner than I normally would</td>
<td>97%</td>
</tr>
<tr>
<td>They helped me to get services I wouldn’t otherwise get</td>
<td>96%</td>
</tr>
</tbody>
</table>

Data Sources: CHRS and Client Survey

24 of the 27 SHCs conducted some amount of application assistance to educate and/or enroll 7,220 families in health coverage and other benefits programs, such as CalFresh.

PERFORMANCE MEASURE
Better off? Increased insurance enrollment

% SHC Clients with No Reported Insurance

% Uninsured at Any Point in Last Year

2001 2003 2005 2007 2009 2011 2013

California Alameda County

Definition: % children ages 0-17 uninsured at any point during the 12 months prior to the survey.

Data Source: California Health Interview Survey, UCLA
Reproductive Health Services

How much? Reproductive Health Services

- Provided during 28% of all School Health Center visits
  (Client Service Form, ETX)
  - Contraceptive counseling (87% of reproductive/sexual health services)
  - STI screening/counseling (37%)
  - HIV screening/counseling (21%)
  - Chlamydia screening (19%)
- School Health Centers also provided 1,033 HPV immunizations

Data Source: Client Service Form, ETX

How well? Reproductive Health Services

- Stay tuned....

POPULATION INDICATOR
Better off? Teen birth rates

<table>
<thead>
<tr>
<th>Year</th>
<th>California</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>14.7</td>
<td>23.2</td>
</tr>
<tr>
<td>2012</td>
<td>17.7</td>
<td>26.2</td>
</tr>
<tr>
<td>2011</td>
<td>19.3</td>
<td>28.3</td>
</tr>
<tr>
<td>2010</td>
<td>21.8</td>
<td>31.6</td>
</tr>
<tr>
<td>2009</td>
<td>24.7</td>
<td>35.4</td>
</tr>
<tr>
<td>2008</td>
<td>26.0</td>
<td>38.3</td>
</tr>
<tr>
<td>2007</td>
<td>26.6</td>
<td>38.3</td>
</tr>
<tr>
<td>2006</td>
<td>27.6</td>
<td>40.2</td>
</tr>
</tbody>
</table>

Definition: Number of births per 1,000 young women ages 15-19.
Data Source: CA Dept. of Finance, CA Dept of Public Health, & CDC
**POPULATION INDICATOR**

Better off? Chlamydia rates

![Graph showing chlamydia rates for California and Alameda County from 2006 to 2014.](graph)

**Definition:** Rate of chlamydia and gonorrhea infections per 100,000 youth ages 10-19.

Data Source: CA Dept. of Public Health, CA Dept. of Finance, CDC, & US Census

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**Oral Health Services**

**PERFORMANCE MEASURE**

*How much? Oral health visits and clients*

![Graph showing oral health visits and clients from 2011-12 to 2015-16.](graph)

Data Source: EDI/Client Service Form

**PERFORMANCE MEASURE**

*How much? Oral health screenings*

- 18% of all visits (1,341 clients) had a dental service provided for screening exams and cleanings, and restorative treatment.
- 2,489 students participated in one of 27 school-wide dental screenings

Data Source: Activity Log and Client Service Form, ETO
**PERFORMANCE MEASURE**

*How well? Oral health screenings*

- 91% School Health Center dental clients had a clinical baseline dental assessment
- 85% were found to have some dental decay

*Data Source: Activity Log and Client Service Form, ETO*

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**PERFORMANCE MEASURE**

*Better off? Improved oral health*

At the 10 sites that provided oral health services:

- 85% of clients had suspicious areas of decay identified at first oral health assessment
- 20% had urgent dental needs identified
- Decay improved or did not worsen over time in 82% of clients screened at baseline and follow-up

*Data Source: ETO Client Service Form*

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**Behavioral Health Services**

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**PERFORMANCE MEASURE**

*How much? Behavioral health services*

<table>
<thead>
<tr>
<th>School-Wide Prevention (Tier 1 and Tier 2)</th>
<th># Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative justice/circle activities</td>
<td>2,901</td>
</tr>
<tr>
<td>School/teacher consultation (i.e., Coordination of Services Team)</td>
<td>2,400</td>
</tr>
<tr>
<td>Screening, trauma, 9th and other grades</td>
<td>1,753</td>
</tr>
<tr>
<td>School safety/climate presentation/activity</td>
<td>1,710</td>
</tr>
<tr>
<td>Social skills/communication/anger management/conflict resolution</td>
<td>1,175</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Early/Intensive Intervention (Tiers 2 &amp; 3) Services, by type of Behavioral Health Service (1 service can be selected per visit, N=15,847 visits)</th>
<th># Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual therapy</td>
<td>44%</td>
</tr>
<tr>
<td>Assessment/intake</td>
<td>17%</td>
</tr>
<tr>
<td>Psychosocial screening</td>
<td>15%</td>
</tr>
<tr>
<td>Individual contact</td>
<td>8%</td>
</tr>
<tr>
<td>Plan development</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Data Source: Activity Log and ETO Client Service Form*
Among 6 OUSD School Health Centers (in high schools) providing trauma-informed interventions:

- 21% of unduplicated clients received trauma screenings during a visit to the School Health Center
- 35% of those screened positive for trauma and needed follow-up care
- 86% were connected to services/supports to address their needs

Data Source: Client Survey and ETO Client Service Form

PERFORMANCE MEASURE
How well? Behavioral health services

<table>
<thead>
<tr>
<th>Experiences with the School Health Center</th>
<th>% Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel like I had an adult I could turn to if I needed help or support</td>
<td>97%</td>
</tr>
<tr>
<td>Feel safe talking about my problems</td>
<td>97%</td>
</tr>
</tbody>
</table>

Data Source: Client Survey and ETO Client Service Form

PERFORMANCE MEASURE
Better off? Behavioral health services

<table>
<thead>
<tr>
<th>Experiences with the School Health Center</th>
<th>% Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deal with stress/anger better</td>
<td>94%</td>
</tr>
<tr>
<td>Concentrate better</td>
<td>93%</td>
</tr>
<tr>
<td>Stop using or use less tobacco, alcohol or drugs</td>
<td>91%</td>
</tr>
<tr>
<td>Feel less irritable or have less angry outbursts</td>
<td>91%</td>
</tr>
</tbody>
</table>

Data Source: Client Survey

PERFORMANCE MEASURE
Better off? Behavioral health services

<table>
<thead>
<tr>
<th>% Change in Presenting Concerns, Baseline and Follow-Up (N=227)</th>
<th>**significant at p&lt;0.0001, ** significant at p&lt;0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Relationships</td>
<td>36%**</td>
</tr>
<tr>
<td>Health/Basic Needs</td>
<td>35%**</td>
</tr>
<tr>
<td>Emotional &amp; Behavioral Functioning</td>
<td>32%**</td>
</tr>
<tr>
<td>Exposure</td>
<td>24%**</td>
</tr>
<tr>
<td>Living Arrangements &amp; Family Functioning</td>
<td>18%**</td>
</tr>
<tr>
<td>Academic Functioning</td>
<td>17%**</td>
</tr>
</tbody>
</table>

Data Source: Community Functioning Evaluation, ETO

POPULATION INDICATOR
Better off? Depression rates

<table>
<thead>
<tr>
<th>Depression rates</th>
<th>2011-2013</th>
<th>2013-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>30.0%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Alameda County</td>
<td>29.1%</td>
<td>26.9%</td>
</tr>
</tbody>
</table>

Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether in the past 12 months they had felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities.

Data Source: CHKS & California Student Survey (2011-2015); Note: Alameda County "2013-15" data are from the 2013-14 school year only and should be considered estimates.
Youth Engagement
School Community Supports

Additional Contacts with Youth

<table>
<thead>
<tr>
<th>Activity</th>
<th># Sessions</th>
<th># Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health fairs/outreach</td>
<td>214</td>
<td>26,196</td>
</tr>
<tr>
<td>School-wide assembly or special event</td>
<td>34</td>
<td>5,222</td>
</tr>
<tr>
<td>Job training/career exploration (e.g., applying, internships, shadowing)</td>
<td>305</td>
<td>2,801</td>
</tr>
<tr>
<td>Youth advisory board/leadership/research/advocacy</td>
<td>299</td>
<td>2,663</td>
</tr>
<tr>
<td>Peer health education group/peer counseling/mentoring</td>
<td>238</td>
<td>2,442</td>
</tr>
<tr>
<td>Physical activity/recreation/dance/yoga</td>
<td>148</td>
<td>1,877</td>
</tr>
<tr>
<td>Acculturation support (for newcomers, unaccompanied youth, etc.)</td>
<td>116</td>
<td>1,376</td>
</tr>
</tbody>
</table>

Data Source: Activity Log

PERFORMANCE MEASURE

Better off? School assets

- More SHC clients reported higher levels of school assets than non-clients, including:
  - Having caring relationships with teachers or other adults at school (36% vs. 29%, p<0.001)
  - Having a teacher or other adult at school who had high expectations for them (49% vs. 41%, p<0.001)

Data Source: CHKS

PERFORMANCE MEASURE

Better off? Youth enrichment

<table>
<thead>
<tr>
<th>Impact of SHC Services (n=1,042-1,272)</th>
<th>% Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have goals and plans for the future</td>
<td>95%</td>
</tr>
<tr>
<td>Stay in school</td>
<td>93%</td>
</tr>
<tr>
<td>Do better in school</td>
<td>89%</td>
</tr>
<tr>
<td>Have better attendance (cut classes less)</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact of SHC Group Programs (n=370-377)</th>
<th>% Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn skills that will help in future</td>
<td>96%</td>
</tr>
<tr>
<td>Feel more confident</td>
<td>94%</td>
</tr>
<tr>
<td>Make school a better place</td>
<td>96%</td>
</tr>
<tr>
<td>Feel more connected to people at school</td>
<td>93%</td>
</tr>
</tbody>
</table>

Data Source: Client Survey
PERFORMANCE MEASURE

Better off? Seat time

- After 96% of medical visits, clients were sent back to class potentially saving an absence from school for the rest of the school day
- With an estimated Average Daily Attendance (ADA) payment of $36/day, this saved school districts nearly $900,000 (16,017 medical visits x $36) in ADA in 2015-16

Data Source: Client Service Form, ETO; ADA estimate from OUSD (2014-15)

PERFORMANCE MEASURE

POPULATION INDICATOR

Better off? Suspension and Graduation rates

<table>
<thead>
<tr>
<th></th>
<th>Suspension Rates</th>
<th>Graduation Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010-11 2014-15</td>
<td>% Change 2010-11 2014-15</td>
</tr>
<tr>
<td>California</td>
<td>11.3 3.8</td>
<td>-66% 77.1 82.3</td>
</tr>
<tr>
<td>Alameda County</td>
<td>9.6 3.3</td>
<td>-66% 78.0 85.0</td>
</tr>
<tr>
<td>Alameda County School Health Center schools</td>
<td>18.4 6.3</td>
<td>-66% 72.3 79.5</td>
</tr>
</tbody>
</table>

Data Source: California Dept of Education, Data Reporting Office: California Longitudinal Pupil Achievement Data Systems (CALPADS)

QUESTIONS

2. What is one thing you wish you could measure?

a. Is there a proxy measure that would not be resource intensive?

National Quality Initiative
SBHA National Quality Initiative

- School-Based Health Alliance, with support from the Maternal and Child Health Bureau (MCHB), launched the School Health Services National Quality Initiative (NQI)
- Central to NQI is the adoption of SHC standardized performance measures to help describe the quality of care delivered in SHCs and demonstrate our collective impact
- Performance measures include:
  1. Annual Well Child Visits
  2. Annual Risk Assessments
  3. BMI Screening and Nutrition/Physical Activity Counseling
  4. Depression Screening with Follow-up Plan
  5. Chlamydia Screening
- For more information, visit: [http://www.sbh4all.org/resources/quality-counts/](http://www.sbh4all.org/resources/quality-counts/)

NQI PERFORMANCE MEASURES
How well?

| % Unduplicated clients with documentation of ≥ 1 of the following during the school year: | Alameda County SHCs | National Dist.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Child Visit: ≥ 1 comprehensive well-care visit with a PC or an OB/GYN provider regardless of where the exam was provided, including documentation of health and developmental history, physical exam, and health education/anticipatory guidance</td>
<td>9%</td>
<td>44%*</td>
</tr>
<tr>
<td>Annual Risk Assessment: ≥ 1 appropriate annual risk assessment</td>
<td>Not documented</td>
<td>N/A</td>
</tr>
<tr>
<td>BMI Screening &amp; Nutrition/Physical Activity Counseling (ages 3-20 years):</td>
<td>8% of clients</td>
<td>58%**</td>
</tr>
<tr>
<td>- BMI percentile AND counseling for nutrition AND physical activity</td>
<td>37% clients w/ BMI ≥85</td>
<td>TBD</td>
</tr>
<tr>
<td>Depression Screening &amp; Follow-up Plan (ages ≥12 years):</td>
<td>Not documented</td>
<td>51% (includes adults)**</td>
</tr>
<tr>
<td>- Screening for clinical depression using age appropriate standardized tool AND a follow-up plan documented if positive screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Screening: ≥ 1 test for Chlamydia if identified as sexually active</td>
<td>52% female</td>
<td>48%* female</td>
</tr>
<tr>
<td>47% male</td>
<td>74% male</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: [Evaluation Client Service Form (2015-16) SBHA](http://www.sbh4all.org/resources/quality-counts/)

Evaluation Client Service Form
-NQI-Related Fields

**SCREENINGS/NEEDS AND DIAGNOSES/PROCEDURES**

**PHYSICAL AND BEHAVIORAL HEALTH SCREENINGS/NEEDS (during this visit)**

- Annual Risk Assessment (GAPS, RAAPS, HEEADSSS, etc.; 99420):
  - Yes
- BMI Screening
  - < 5% (underweight)
  - 5-84% (normal)
  - 85%-94% (overweight)
  - 95%+ (obese)
- Depression Screening (PHQ-2, PHQ-9, etc.; 96127):
  - Yes
- Nutrition counseling (E66, Z68.51-4, Z71.3)
- Physical activity counseling (E66, Z68.51-4, Z71.3)
- Well care visit (99381-5, 99391-5, Z00.00-.01, Z00.121, Z00.129)

**SEXUAL/REPRODUCTIVE HEALTH SCREENINGS/NEEDS**

- Is client sexually active (past 3 months)?
  - Yes
  - No
- Chlamydia screening (86631-2, 87110, 87270, 87320, 87490-2, 87810, Z11.8)

For more information contact:
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www.acgov.org/healthcare