

# The Los Angeles Trust for Children's Health Virtual Learning Collaborative



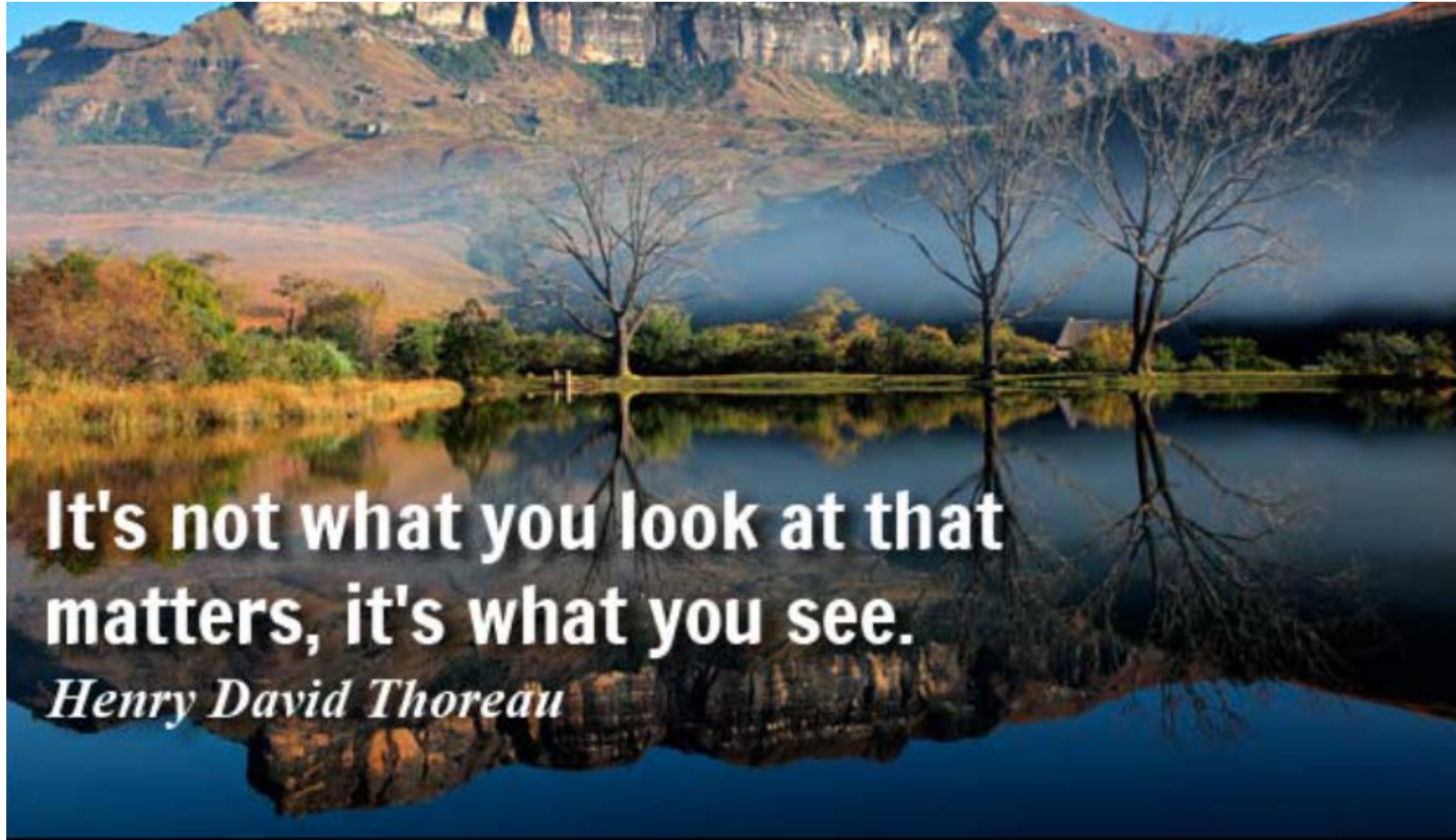
**WEB MEETING** | Wednesday, December 2, 2020



**The Los Angeles Trust  
for Children's Health**



Thought for the day:



# Meeting objectives

1. Describe the performance of the Wellness Network by highlighting one indicator that is important to your work in advancing student wellness.
2. List the five domains of the School Health Integration Tool.
3. Identify one strategy that you may consider testing out from the School Health Integration Tool breakout discussions.

# New publications

## *Practice Notes*

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### ***Bridging the GAP: Leveraging Partnerships to Bring Quality Nutrition Education to the Gardening Apprenticeship Program***

Lillian Orta, BS <sup>1</sup>

Esther Yepez, BS<sup>1</sup>

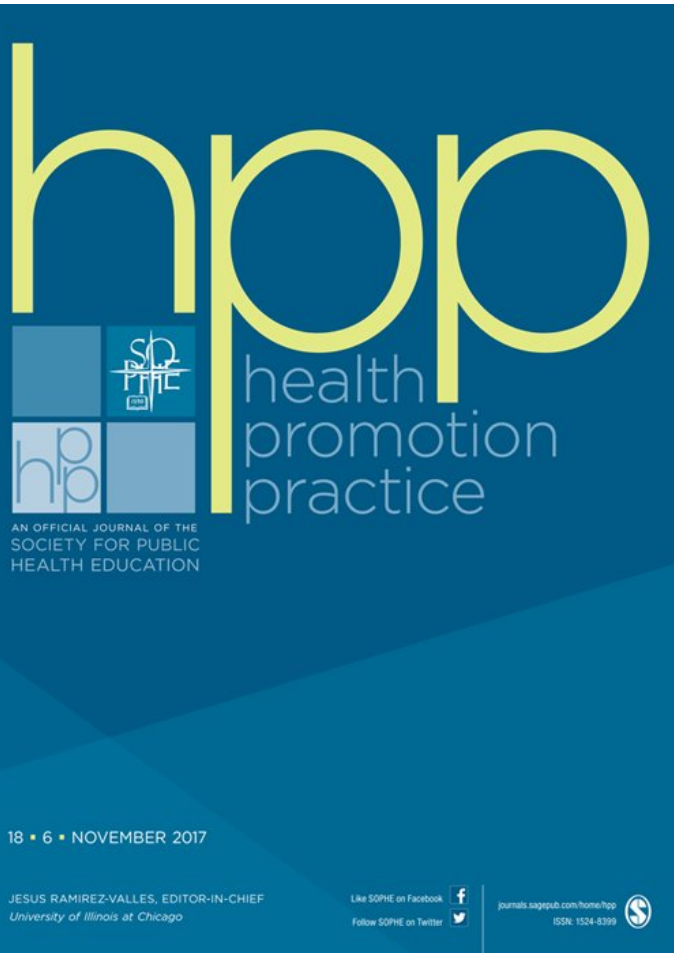
Nina Nguyen, MPH, CHES<sup>1</sup>

Rosario Rico, MPH<sup>1</sup>

Sang Leng Trieu, DrPh<sup>1</sup>

*In the United States, about 12% of households are food-insecure, which can have negative health outcomes for children, including delayed development and early onset of obesity. Although many programs prioritize children, few evidence-based interventions exist for adolescents*

*Health [LACDPH], 2017), which can have negative health outcomes for children, including delayed development and early onset of obesity. Many nutrition-based programs address obesity; however, more emphasis is needed on both increasing access to healthy foods and supporting*





# Roll Call



Belmont	Carson	Crenshaw	Elizabeth Learning Center
Fremont	Gage	Garfield	Hollywood
Jefferson	Jordan	Locke	MaCES
Manual Arts	Monroe	Santee	Washington Prep

# Wellness Network Report Card:

**2020 – 2021 Academic Year  
(July – October 2020)**

### All Wellness Centers

play a vital role in providing access to health services for our students & community members



Unique Patients

22,460

- 74% compared to last year



Encounters

50,196

- 79% compared to last year



Student Patients

3,540

- 85% compared to last year

### National School-based Health Alliance Performance Measures

RISK ASSESSMENT

NA

WELL CHILD EXAM

33%

BMI SCREENING

NA

CHLAMYDIA SCREENING

42%

DEPRESSION SCREENING

NA

o Growth or decline over previous year is calculated as (current year - previous year) / previous year \* 100  
o National School-based Health Alliance Performance Measures are from the SBHA report and are based on The L.A. Trust Expanded Code List  
o BMI Screening includes both nutrition and exercise counseling | Chlamydia Screening includes both Male and Female Patients | Follow-up Plan for Depression Screening is not available  
o Where SBHA Measure = NA, data is not available due to inconsistent coding practices



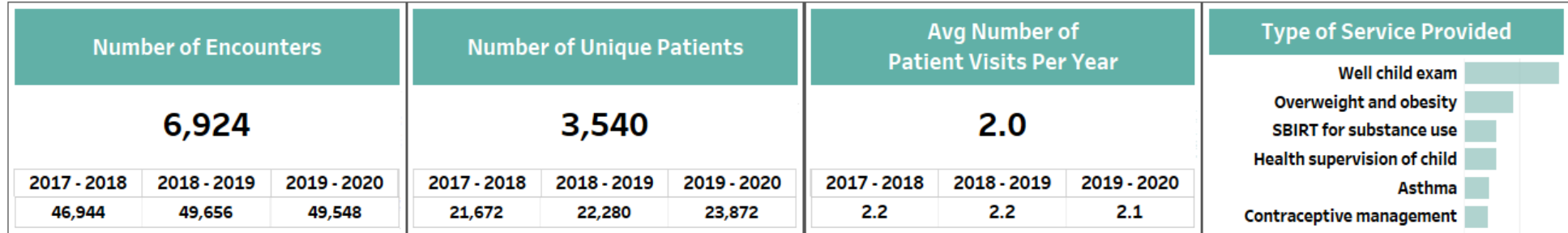
# All Wellness Centers: 2020 - 2021

## Clinic-specific Medical Report with History

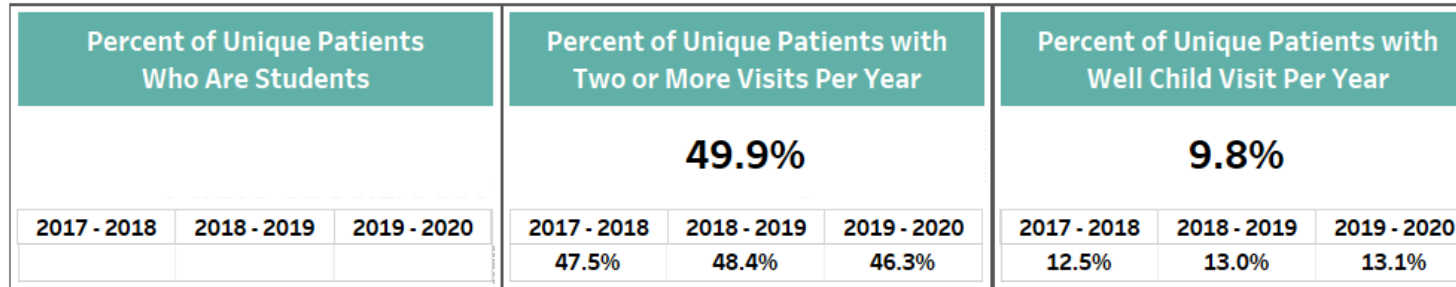
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Student Only

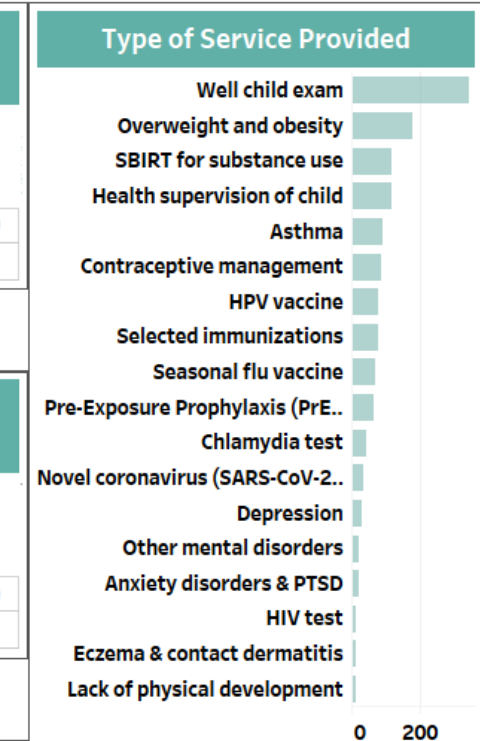
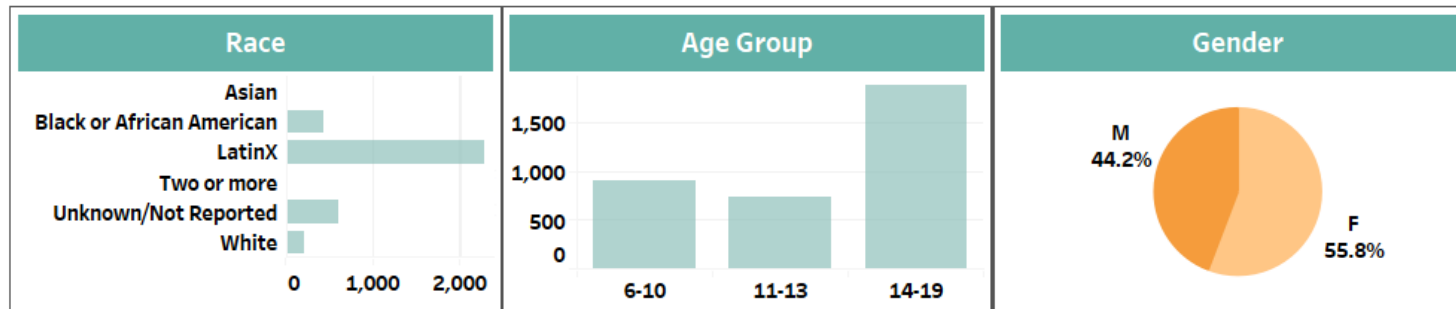
### Key Metrics - Medical



### Indicators of Depth of Relationship Clinics Have With Patients - Medical

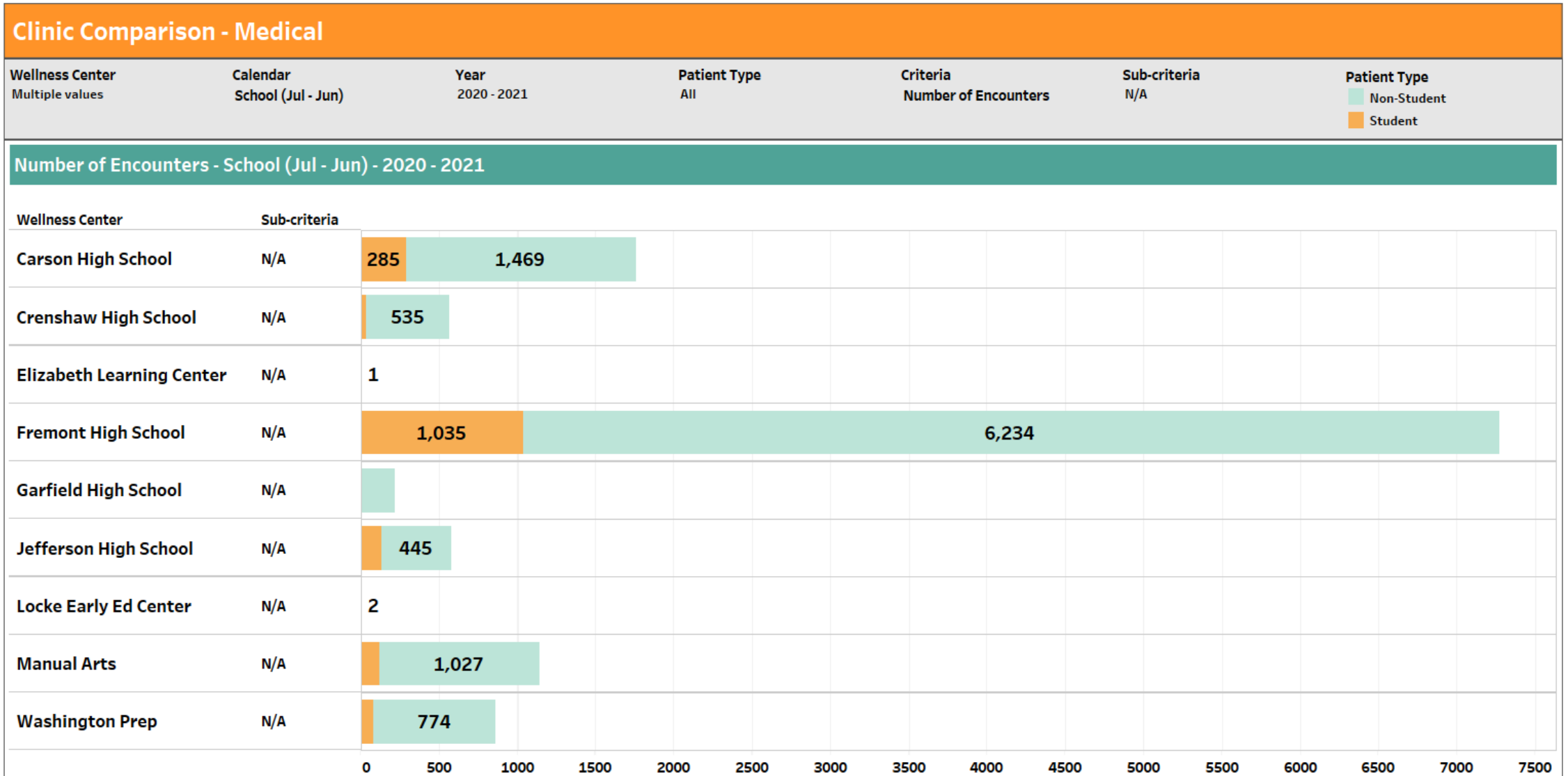


### Patient Demographics Across All Wellness Centers - Medical





# Clinic Comparison for Medical Services, by Number of Encounters, 2020-2021 (Students and Non-Students)

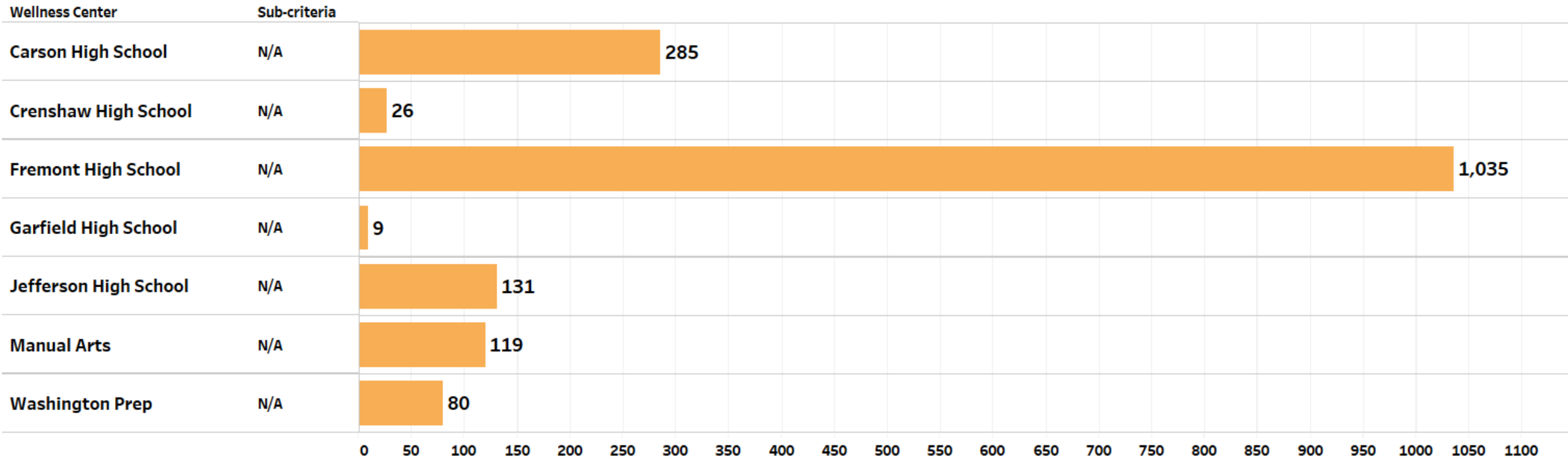


# Clinic Comparison for Medical Services, by Number of Encounters, 2020-2021 (Students only)

## Clinic Comparison - Medical

<b>Wellness Center</b> Multiple values	<b>Calendar</b> School (Jul - Jun)	<b>Year</b> 2020 - 2021	<b>Patient Type</b> Student	<b>Criteria</b> Number of Encounters	<b>Sub-criteria</b> N/A	<b>Patient Type</b> Student
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### Number of Encounters - School (Jul - Jun) - 2020 - 2021



## Overview - SBHA Performance Measures (as defined by the National School Based Health Alliance)

<b>Wellness Center Name</b> All			<b>School Year</b> 2020-2021			<b>Code List Used</b> <input type="radio"/> SBHA Code List <input checked="" type="radio"/> The L.A. Trust Expanded Code List			<b>Notes</b> BMI Screening includes both nutrition and exercise counseling * Follow-up Plan for Depression Screening is not available ** (See definition tab for details)		
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Clinic Operator	Wellness Center Name	School Year	Well Child (Ages 0-21)	Risk Assessment (Ages 6-19)	Risk Assessment (12-19)	BMI Screening * All Percentiles (Ages 3-17)	BMI Screening * Percentile ≥ 85+ (Ages 3-17)	Depression ** Screening All (Ages 12-19)	Dep. Screening ** Positive (Ages 12-19)	Chlamydia Screening Female (Ages 6-19)	Chlamydia Screening Male (Ages 6-19)
SCFHC	Jefferson High School	2020-2021	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%		
South Bay	Carson High School	2020-2021	37.9%	5.0%	5.4%	0.0%	0.0%	10.9%	0.0%	50.0%	60.0%
St. John's	Manual Arts	2020-2021	37.1%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	100.0%
	Washington Prep	2020-2021	32.3%	1.5%	1.9%	0.0%	0.0%	1.9%	0.0%	0.0%	50.0%
Watts	Locke Early Ed Center	2020-2021	0.0%								
<b>Grand Total</b>			<b>32.9%</b>	<b>2.1%</b>	<b>2.4%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>4.8%</b>	<b>0.0%</b>	<b>36.6%</b>	<b>66.7%</b>

## Whiteboard activity

Share successes you are having with student outreach and delivery of healthcare services



**The Los Angeles Trust  
for Children's Health**



# School-Based Health Center Integration with Schools

The L.A. Trust Learning Collaborative  
December 2, 2020



# Agenda

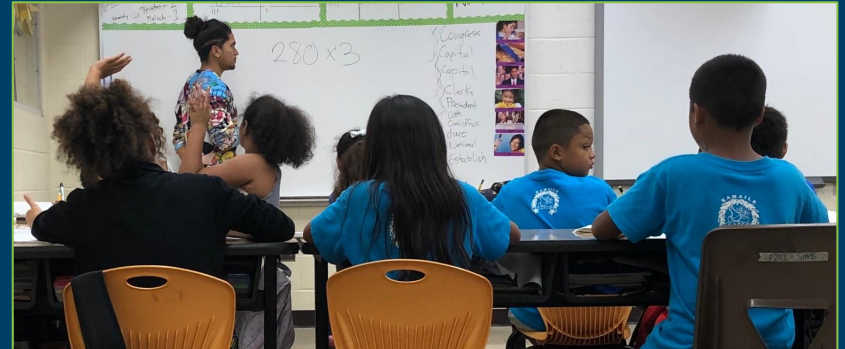
The L.A. Trust Learning Collaborative  
December 2, 2020

1. Introductions
  2. Background on Integration
  3. Process Overview
  4. Results
  5. Next Steps
  6. Questions & Wrap-Up
- 



# 1. Introductions

Thank you for being here!



## 2. Background: Integration

Beyond geographic co-location, school-based health centers (SBHCs) have the potential to integrate health services with educational services to achieve common goals of student well-being and success.

No measure exists to quantify the degree of integration for clinics and their partner schools.

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# The Importance of Measuring

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Operationalizes a concept so we know what it really means

Helps drive self-assessment and quality improvement

Allows for hypothesis testing to show whether better integration leads to better academic and health outcomes

Tell your story and generate resources

# 3. The Process

## Objective

To design and pilot a measure to operationalize the concept of school health integration.

## *A usable tool...*

- Understandable and meaningful to anyone working with student health... health centers *and* schools
  - Evaluative *and* aspirational
-

# Process 1: Development of Measure

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Drafted integration measures based on the literature review of service integration:

- Case studies of highly integrated SBHCs
- Best-practice standards for school health organizations and community schools
- Measurement of integrating behavioral health and primary care
- Integration of mental health into schools

# Process 1: Development of Measure

Modified Delphi process with panel of 11 school health experts from Los Angeles to reach consensus around items for School Health Integration Measure (SHIM) through iterative scoring rounds

- Each proposed item evaluated on 3 criteria: ***appropriateness***, ***substantivity***, and ***feasibility***.

## School Health Expert Panel Characteristics (N=11)

Role*	N	%
Academic researcher	1	9
Medical clinician	3	27
Mental health clinician	1	9
Nonprofit administrator	2	18
SBHC administrator	6	55
SBHC clinician	2	18
School administrator	1	9

\*Individual panelists may represent multiple roles



## Process 2: Pilot of Measure

Final tool pilot tested with 28 clinic and school staff from 17 SBHC sites across Los Angeles, with 9 sites represented by multiple participants.

- Participants asked to rate the level of integration at their site from 1-10 in a ***global integration assessment rating***.
- Psychometric properties of measure examined with non-rotated factor analysis, test for internal consistency, and measure of correlation between SHIM and global integration assessment rating.

### Pilot Survey Participant Characteristics (N=28)

Employer	N	%
SBHC	14	50
School	13	46
No response	1	4
Years working in field		
1-5	4	14
6-10	3	11
11-20	9	32
21-30	12	43

# 4. Results

## School Health Integration Measure (SHIM)

	1 Never/ Not at All	2	3	4	5 Always/ Perfectly
<b>1. Health authority</b>					
1a.					
1b.					
<b>2. Integrated programming</b>					
2a.					
2b.					
2c.					
<b>3. Marketing and recruitment</b>					
3a.					
3b.					
3c.					
3d.					
<b>4. Shared outcomes</b>					
4a.					
<b>5. Staff Collaboration</b>					
5a.					
5b.					

# Results

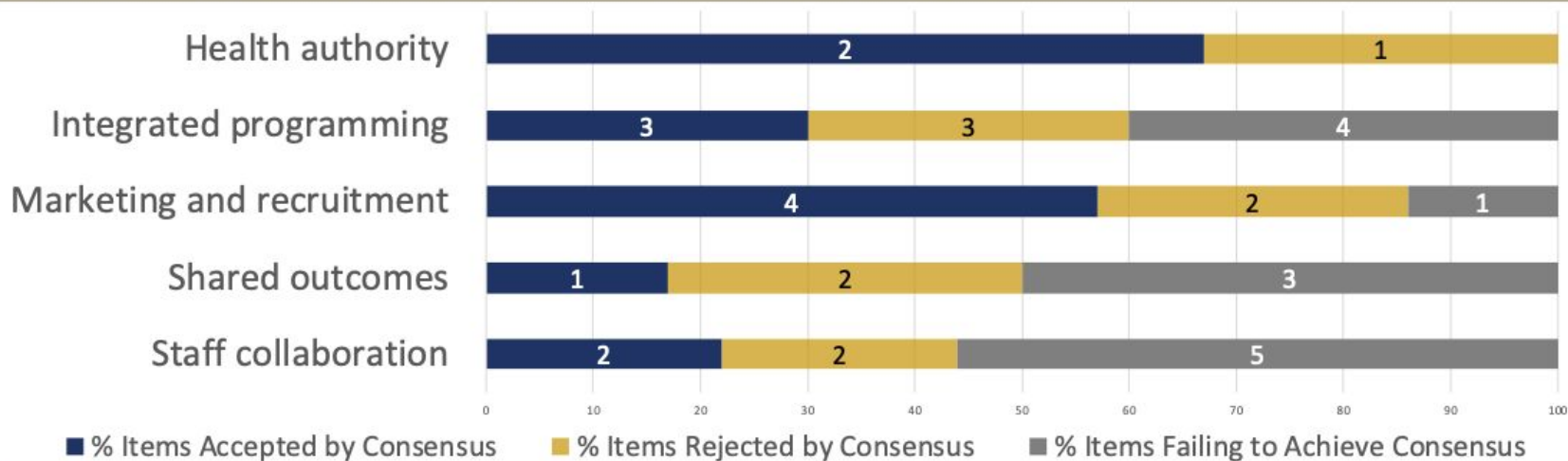
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From 36 initial items, the expert panel utilized 4 rounds of scoring to reach consensus on 12 items across 5 domains.

- In the pilot, School Health Integration Measure (SHIM) scores ranged from 2.25-5 out of a possible 1-5 (mean 3.53).
- Measure had high internal consistency (Cronbach's alpha = 0.94) and was associated with 1-10 integration assessment (Beta= 1.29, p = 0.001).
- Non-rotated factor analysis suggests that all of the items load on one factor.

# Results

## Consensus Reached on Items across Domains

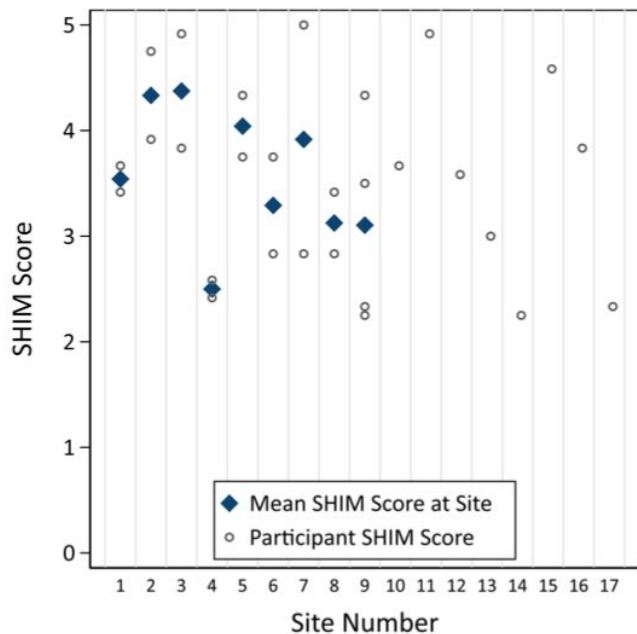


Consensus within expert panel varied by domain.

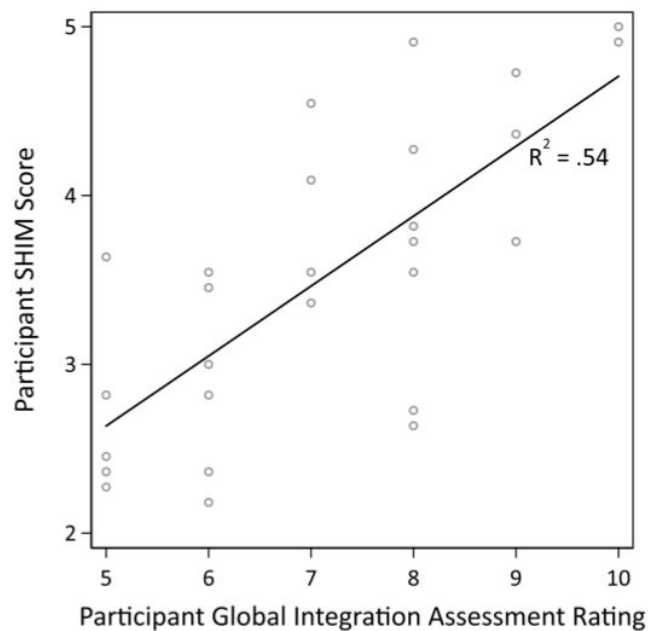


# Results

## Pilot Survey Results



School Health Integration Measure (SHIM) scores were similar within sites.



SHIM score was strongly correlated with the global integration rating.

# Results

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Measuring school health integration can drive practice improvement initiatives among SBHC-school partners, identify SBHC and school characteristics that are associated with better integration, and test whether better integration is associated with better student health and academic outcomes.

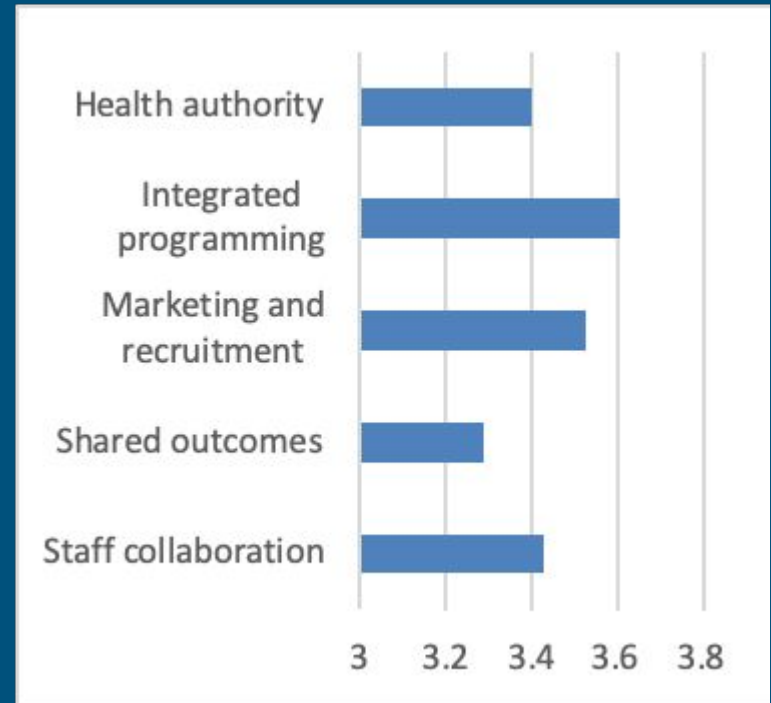


# Results: September-November 2020 ( n = 100)

School Health Integration Measure (SHIM) scores ranged from 1.58 - 5 out of a possible 1-5 (mean 3.49)

Highest rated item (mean 3.86): 2b. A specific protocol exists for the school to refer students for health support in the SBHC.

Lowest rated item (mean 3.29): 4a. SBHC and school regularly and actively exchange information about aggregate student well-being and outcomes.



## 5. Next Steps



- Feedback on the measure
    - [kennyf@uw.edu](mailto:kennyf@uw.edu)
    - Zoom poll questions
  - Integration → SBHC performance, health outcomes, academic outcomes
  - LA, Seattle, Hawai'i
-

# 6. Questions & Wrap-Up

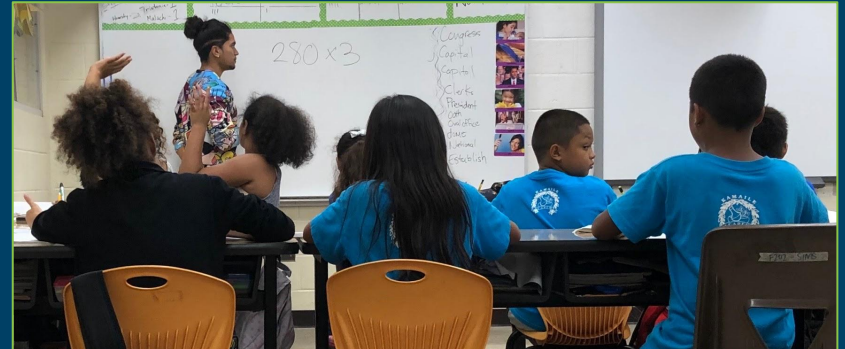
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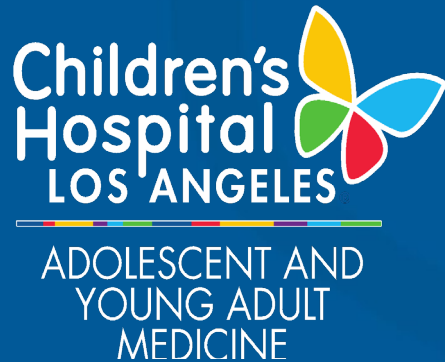
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Remember why we're here!

...

[kennyf@uw.edu](mailto:kennyf@uw.edu)





**The Los Angeles Trust  
for Children's Health**

# How to Assess and Plan for a Successful SBIRT Project:

## The 101's of an Environmental Scan



Erika Hernández, MPH  
Project Specialist  
Children's Hospital LA



Robert Rentería  
Program Manager  
The L.A. Trust



# OBJECTIVES

1. Learn about the Wellness & Adolescent Substance Use Prevention project (WASUP) and the creation of the Environmental Scan
2. Learn what an environmental scan is and its importance when introducing a project to a school site
3. Using the Environmental Scan to benefit your project and your school site

- Children's Hospital Los Angeles (CHLA) is a 501(c)(3) nonprofit institution that provides pediatric health care and helps our patients more than 528,000 times each year in a setting designed just for their needs.
- The Division of Adolescent & Young Adult Medicine @ CHLA promotes healthy futures by attending to the physical, emotional, and social needs of young people ages 12 to 25.



CHLA Wellness & Adolescent Substance Use Prevention team



Funded by:





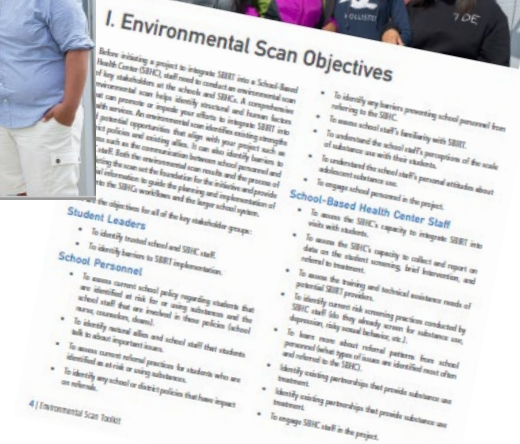
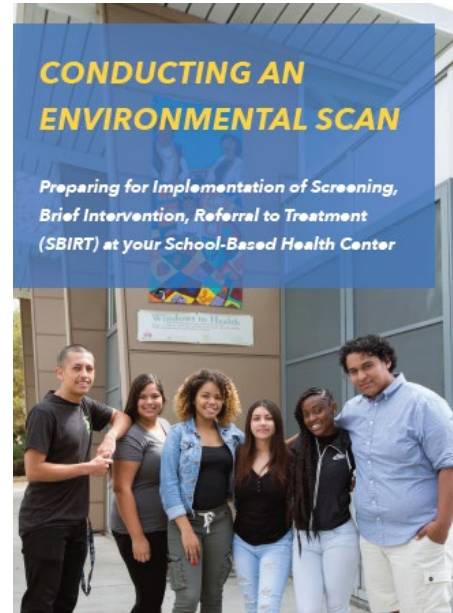


- Facilitate hand-off by connecting youth with the Wellness Center or treatment provider
- Support integration of substance use prevention activities, including the incorporation of the SBIRT into Wellness Center medical care services



Needs assessments conducted to understand the culture and decision-making structure at each school and clinic

- Identify key staff at the five Wellness Centers, the five school campuses, and student leaders to help promote a culture of wellness
- Identify campus-specific barriers that may impede implementation



The following will be provided in the Environmental Scan document:

- I. Environmental Scan Objectives
- II. Preparation for the Environmental Scan
  - Tips and best practices
- III. Interviewing Tools
  - District Liaison
  - School-Based Health Center Manager
  - School-Based Health Center Medical Providers
  - School-Based Health Center Electronic Medical Record (EMR) Contact/Staff
    - Mental Health Provider
    - Key School Staff
    - Focus Group
- IV. Analysis of Data Completed and Next Steps

**Key:** Organizational Facilitator (OF), School Principal, Wellness Center - Clinic Manager (CM), students, parents

1. School Assets
2. School Challenges
3. Parental Involvement
4. Outside Agency Partners/ Groups on Campus
5. Substance Use on Campus
6. Substance Use Policy
7. Suggestions for Addressing Substance Use among Students
8. Perceptions of Wellness Center
9. Referrals to Wellness Center
10. Wellness Center Student Intake and Assessment Process
11. Additional Wellness Center Information
12. Obstacles & Barriers to access Wellness Center services
13. Mental Health Provider Information
14. Trusted Staff/Faculty insight
15. Who else we should talk to
16. Other Suggestions to benefit the project
17. Additional Information Needed

\*\*Share back what we learned



## WASUP webinars

- [Vaping 101 November 13, 2019](#)
- [SBIRT for School-Based Health Professionals February 18, 2020](#)
- [Identifying Risks and Communicating with Youth June 17, 2020](#)

## Publications

[Integrating SBIRT into School-Based Wellness Centers Wellness & Adolescent Substance Use Prevention Project \(WASUP\) – The Los Angeles Trust for Children's Health and Children's Hospital Los Angeles, 2020.](#)

[What Should Substance Use Disorder Services to Youth Look Like?](#) California Community Foundation, 2020.

[\*\*www.thelatrust.org\*\*](http://www.thelatrust.org)

# THANK YOU!!!

## CONTACT US:

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# Group discussions

## “Integrated programming” domain

- A specific protocol exists for the school to refer students for health support in the SBHC

## “Shared outcomes” domain

- SBHC and school regularly and actively exchange information about aggregate student well-being and outcomes

# L.A. Trust Updates

1. Two new grants for student mental health have been awarded:
  - Dignity Health for Youth Mental Health First aid training
  - Ballmer Group for a Mental Health Learning Collaborative
2. Measure RR passes so plans for enhanced Wellness Centers has potential as well as the expansion of other Wellness efforts
3. Oral Health clinical care still on hold, but oral health education is available
4. Data quality improvement is a focus

# Evaluation

<https://www.surveymonkey.com/r/6V82LXC>