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

WEB MEETING | Wednesday, December 2, 2020
Thought for the day:

It's not what you look at that matters, it's what you see.

*Henry David Thoreau*
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.
Bridging the GAP: Leveraging Partnerships to Bring Quality Nutrition Education to the Gardening Apprenticeship Program

Lillian Orta, BS1
Esther Yepez, BS1
Nina Nguyen, MPH, CHES1
Rosario Rico, MPH1
Sang Leng Trieu, DrPh1

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
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

*Note: Growth or decline over previous year is calculated as (current year - previous year) / previous year * 100
National School-based Health Alliance Performance Measures are from the SBHA report and are based on The L.A. Trust Expanded Code List.
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.
Where SBHA Measure = NA, data is not available due to inconsistent coding practices.*
### All Wellness Centers: 2020 - 2021
Clinic-specific Medical Report with History

#### Key Metrics - Medical

<table>
<thead>
<tr>
<th></th>
<th>Number of Encounters</th>
<th>Number of Unique Patients</th>
<th>Avg Number of Patient Visits Per Year</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6,924</td>
<td>3,540</td>
<td>2.0</td>
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<tbody>
<tr>
<td></td>
<td>46,944</td>
<td>49,656</td>
<td>49,548</td>
<td>21,672</td>
<td>22,280</td>
<td>23,872</td>
<td>2.2</td>
<td>2.2</td>
<td>2.1</td>
</tr>
</tbody>
</table>

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

| Percent of Unique Patients Who Are Students | 49.9%  | 47.5% | 48.4% | 46.3% |
| Percent of Unique Patients with Two or More Visits Per Year | 9.8%   | 12.5% | 13.0% | 13.1% |

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<tbody>
<tr>
<td></td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
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</tbody>
</table>

#### Patient Demographics Across All Wellness Centers - Medical

<table>
<thead>
<tr>
<th>Race</th>
<th>6-10</th>
<th>11-13</th>
<th>14-19</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0</td>
<td>1,500</td>
<td>0</td>
<td>1,500</td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LatinX</td>
<td>0</td>
<td>500</td>
<td>0</td>
<td>500</td>
</tr>
<tr>
<td>Two or more</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown/Not Reported</td>
<td>2,000</td>
<td>0</td>
<td>0</td>
<td>2,000</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-10</td>
<td>44.2%</td>
<td>55.8%</td>
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<tr>
<td>11-13</td>
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<td></td>
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<tr>
<td>14-19</td>
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<td></td>
</tr>
</tbody>
</table>

#### Type of Service Provided

- Well child exam
- Overweight and obesity
- SBIRT for substance use
- Health supervision of child
- Asthma
- Contraceptive management
- HPV vaccine
- Selected immunizations
- Seasonal flu vaccine
- Pre-Exposure Prophylaxis (PReP)
- Chlamydia test
- Novel coronavirus (SARS-CoV-2)
- Depression
- Other mental disorders
- Anxiety disorders & PTSD
- HIV test
- Eczema & contact dermatitis
- Lack of physical development
# Clinic Comparison for Medical Services, by Number of Encounters, 2020-2021

## (Students and Non-Students)

### Clinic Comparison - Medical

<table>
<thead>
<tr>
<th>Wellness Center</th>
<th>Sub-criteria</th>
<th>Number of Encounters</th>
<th>Criteria Number of Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson High School</td>
<td>N/A</td>
<td>285</td>
<td>1,469</td>
</tr>
<tr>
<td>Crenshaw High School</td>
<td>N/A</td>
<td>535</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Learning Center</td>
<td>N/A</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fremont High School</td>
<td>N/A</td>
<td>1,035</td>
<td>6,234</td>
</tr>
<tr>
<td>Garfield High School</td>
<td>N/A</td>
<td>445</td>
<td></td>
</tr>
<tr>
<td>Jefferson High School</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locke Early Ed Center</td>
<td>N/A</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Manual Arts</td>
<td>N/A</td>
<td>1,027</td>
<td></td>
</tr>
<tr>
<td>Washington Prep</td>
<td>N/A</td>
<td>774</td>
<td></td>
</tr>
<tr>
<td>Wellness Center</td>
<td>Sub-criteria</td>
<td>Number of Encounters</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Carson High School</td>
<td>N/A</td>
<td>285</td>
<td></td>
</tr>
<tr>
<td>Crenshaw High School</td>
<td>N/A</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Fremont High School</td>
<td>N/A</td>
<td>1,035</td>
<td></td>
</tr>
<tr>
<td>Garfield High School</td>
<td>N/A</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Jefferson High School</td>
<td>N/A</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td>Manual Arts</td>
<td>N/A</td>
<td>119</td>
<td></td>
</tr>
<tr>
<td>Washington Prep</td>
<td>N/A</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Clinic Operator</td>
<td>Wellness Center Name</td>
<td>School Year</td>
<td>Well Child (Ages 0-21)</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------</td>
<td>-------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>SCFHC</td>
<td>Jefferson High School</td>
<td>2020-2021</td>
<td>0.0%</td>
</tr>
<tr>
<td>South Bay</td>
<td>Carson High School</td>
<td>2020-2021</td>
<td>37.9%</td>
</tr>
<tr>
<td>St. John’s</td>
<td>Manual Arts</td>
<td>2020-2021</td>
<td>37.1%</td>
</tr>
<tr>
<td></td>
<td>Washington Prep</td>
<td>2020-2021</td>
<td>32.3%</td>
</tr>
<tr>
<td>Watts</td>
<td>Locke Early Ed</td>
<td>2020-2021</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td>32.9%</td>
</tr>
</tbody>
</table>
Whiteboard activity

Share successes you are having with student outreach and delivery of healthcare services
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.
The Importance of Measuring

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

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.

<table>
<thead>
<tr>
<th>Role</th>
<th>N</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Academic researcher</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Medical clinician</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>Mental health clinician</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Nonprofit administrator</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>SBHC administrator</td>
<td>6</td>
<td>55</td>
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<tr>
<td>SBHC clinician</td>
<td>2</td>
<td>18</td>
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<tr>
<td>School administrator</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>Pilot Survey Participant Characteristics (N=28)</th>
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<tbody>
<tr>
<td><strong>Employer</strong></td>
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<tr>
<td>SBHC</td>
</tr>
<tr>
<td>School</td>
</tr>
<tr>
<td>No response</td>
</tr>
<tr>
<td><strong>Years working in field</strong></td>
</tr>
<tr>
<td>1-5</td>
</tr>
<tr>
<td>6-10</td>
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<tr>
<td>11-20</td>
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<tr>
<td>21-30</td>
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</tbody>
</table>
4. Results

<table>
<thead>
<tr>
<th><strong>School Health Integration Measure (SHIM)</strong></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Health authority</strong></td>
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<tr>
<td>1a SBHC contributes subject matter expertise on school wellness policies and health-related programs and services (nutrition, physical activity, safety, discipline) that support student well-being.</td>
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<tr>
<td>1b SBHC actively promotes campus-wide policies and practices that assure a safe and healthy school environment for all students and staff, including participation in school’s crisis prevention and intervention plans.</td>
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<td><strong>2. Integrated programming</strong></td>
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<tr>
<td>2a A specific protocol exists for the SBHC to refer students for academic support in the school.</td>
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<tr>
<td>2b A specific protocol exists for the school to refer students for health support in the SBHC.</td>
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<td>2c SBHC conducts schoolwide health campaigns or events.</td>
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<td><strong>3. Marketing and recruitment</strong></td>
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<tr>
<td>3a SBHC conducts active outreach in the school or community to inform <strong>students</strong> about the services it provides.</td>
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<tr>
<td>3b SBHC conducts active outreach in the school or community to inform <strong>school staff</strong> about the services it provides.</td>
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<tr>
<td>3c SBHC conducts active outreach in the school or community to inform <strong>families</strong> about the services it provides.</td>
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<tr>
<td>3d SBHC successfully enrolls students in services who are identified in school population screens.</td>
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<td><strong>4. Shared outcomes</strong></td>
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<tr>
<td>4a SBHC and school regularly and actively exchange information about aggregate student well-being and outcomes.</td>
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<td><strong>5. Staff Collaboration</strong></td>
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<tr>
<td>5a SBHC and school staff spend time together collaborating on student support.</td>
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<tr>
<td>5b SBHC has a formalized understanding of how it collaborates with school administration, teachers, and support staff—school nurses, psychologists, and counselors—to ensure the partnership meets student needs efficiently, effectively, and seamlessly.</td>
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Results

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>% Items Accepted by Consensus</th>
<th>% Items Rejected by Consensus</th>
<th>% Items Failing to Achieve Consensus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health authority</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Integrated programming</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Marketing and recruitment</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Shared outcomes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Staff collaboration</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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
  - Zoom poll questions
- Integration → SBHC performance, health outcomes, academic outcomes
- LA, Seattle, Hawai‘i
6. Questions & Wrap-Up

Thank you for being here!

... Remember why we’re here!

... kennyf@uw.edu
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.
THE PROJECT

Funded by:

California COMMUNITY Foundation

CONRAD N. Hilton FOUNDATION

The Los Angeles Trust for Children’s Health

Children's Hospital Los Angeles
ADOLESCENT AND YOUNG ADULT MEDICINE

LOS ANGELES UNIFIED SCHOOL DISTRICT
LOCAL DISTRICTS

Northwest

West

East

South

Manual Arts High School

F T
Faithfinders

Administrative Site
THE PROJECT

- 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
ENVIRONMENTAL SCAN

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
ENVIRONMENTAL SCAN

**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.
THANK YOU!!!

CONTACT US:
Erika Hernández, MPH
erikhernandez@chla.usc.edu

Robert Renteria
robert@thelatrust.org
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