Healthy Kids • Healthy Communities

The Case for a Coordinated Comprehensive School Health Program In the Denver Public School District

Final Report
December 2002

This report summarizes the work of the grant,

"Planning for a

Coordinated Comprehensive School Health Program

in the Denver Public School District",

funded by Rose Community Foundation.

"We are confident that with the right blend of commitment and imagination, communities in this nation can come together once again, this time on behalf of children."

- Ernest L. Boyer, Former President, The Carnegie Foundation for the Advancement of Teaching

EXECUTIVE SUMMARY

Academic Performance and Children's Health

Our school children's academic performance has been under extensive examination in recent years. The goal has been to identify and eliminate barriers to academic achievement. As we look at school children as a whole, a key element impacting their academic performance has been shown to be their relative health, all aspects of it: behavioral, developmental and physical.

Unmet health needs are shown to have a direct and negative impact on a child's school performance. Poor performance can result in higher failure and drop out rates and lower graduation rates. It can also increase anti-social, aggressive and violent behavior. It can have negative family impacts as well.

In life after school, poor academic performance can lead to a cycle of underemployment, less effective and fulfilling civic life and ultimately greater demands on social welfare entitlements. Positive academic performance is known to closely relate to increased reading comprehension, higher graduation rates and positive social behaviors.

Providing health care to children also affects their development beyond academic performance. Youth and adolescence are critical times in shaping a person's practices and attitudes for life. Effective health education, intervention, counseling and referrals — in addition to coordinated quality care, ensures that children are getting the attention they need.

Especially for children without health insurance, preventive care can be sporadic. School health programs have become the only contact a child might have with the health care community. And even for insured children, studies have shown that health care provided at school increases their receipt of preventive health and behavioral health services.

These are among the reasons that school health programs need to be examined. Children's academic performance is affected by their health. And, the health care and health education we provide today may help ensure a healthy and productive population for tomorrow.

Comprehensive School Health Program

To meet children's and adolescents' health needs, it is recommended that a comprehensive school health program be established. This would put health care - screening, counseling, information, intervention, primary, and referral services in schools, right where students are located.

A comprehensive school health program also supports working families by allowing parents to stay on the job instead of taking children to medical facilities, and it links families with needed services through referrals to other community providers. Finally, school health programs provide a cost-effective health care delivery system by keeping children out of hospitals and emergency rooms, and detecting illnesses early to help reduce the need for expensive treatment later.

This comprehensive school-based health service delivery model will address all the students' behavioral and physical health needs. It promises to enhance both their academic performance, as well as their sense of fulfillment and accomplishment later in life.

Community Wide Planning Process

A community-wide planning process was conducted to examine the status of the Denver Public Schools school health programs; to determine how well the community is meeting students' needs; and to identify potential solutions to improve student health service delivery.

During the process, significant concerns were uncovered among Denver Public Schools children:

- High rates of disciplinary referrals, poor academic achievement, referrals for counseling, substance abuse, suspension, truancy and expulsion.
- Teenage pregnancies are double the state average and significantly higher than the national average.
- Denver youth report higher rates of risky behavior (smoking, drinking, drugs, driving drunk, multiple sex partners) than the national average.
- Like adolescents across the nation, they are the least likely to seek health care, the lowest utilizers of healthcare and are less likely to have insurance.

Denver Profile

Denver Public Schools consist of 84 elementary schools, 18 middle schools, 12 high schools and 13 alternative schools. Enrollment is just under 71,000 students, with just over 10% in special education programs. The racial and ethnic background of students is: 53.1% Hispanic, 22% White, 20.3% African American, 3.3% Asian and 1.3% American Indian. Over one-fifth of DPS students speak English as a second language. Of these, 12,855 children speak Spanish; 1,530 speak one of 80 languages other than Spanish. 72% of all elementary school students, 69% of middle schools students and 48% of high schoolers in DPS receive free or reduced-price lunches, which is an indicator of the level of poverty.

Poverty is a predictor of health outcomes for children and adolescents. Because of insurance and access issues, children from poor and single-parent families are less likely to receive adequate health screenings and preventive care than the rest of the population, and so defines the cycle of poverty. Poor children are less likely to receive health education and more likely to become teen parents. Teen parents are more likely to stay and raise their children in poverty.

DPS has had school-based health centers for 13 years. Prevention and health promotion services have been available since the Denver Public Schools began. Within the current delivery system, physical complaints, acute illnesses and accidents were the most commonly seen health problems in the schools. Problematic school behaviors, attention deficit disorders, aggression and depression were the most commonly reported behavioral health problems.

Providers in the current system overwhelmingly favor a change in the delivery methods for health and behavioral health services to ensure equity of access to services. Teachers, administrators and providers also support a higher level of comprehensive school health that would include primary care, a network of referrals, psychological services and preventive care.

PLANNING PROCESS

Starting the process of change

Policy makers, representatives of the major providers of health and behavioral health services, experts in school health administration, and decision makers in the schools met for over a year to discuss the issues - find common ground, explore alternatives and present their findings for a new model of Comprehensive School Health. This effort was supported by Rose Community Foundation and depended on the generous donation of time from all of the stakeholders involved. To begin with, the groups agreed on three ground rules:

- There is no one model to efficiently deliver coordinated health and behavioral health services.
- The needs of the students come first.
- Any budget reductions in these specialized service areas before the study is complete would only come as a result of the normal DPS budget process and would not relate to this strategic planning process.

Numerous studies added to the available information. A needs assessment revealed that the health needs varied greatly by high school catchment area. An opinion inventory proved the receptivity to changes in how resources are allocated, how school health services are delivered and administered, how the effectiveness of a school health system should be evaluated, what kinds of services should be included in a school health program, what mix of professional resources best addresses the needs of the students, and how a comprehensive school health program should be funded.

A thorough, inclusive process

Interviews with key personnel and task force meetings assured input from varied and appropriate constituencies. The task force meetings included representatives from DPS, safety net providers, other community organizations, health and behavioral health providers, principals, parents and administrative staff.

The Health and Behavioral Health Services Task Forces held three meetings. The first meeting involved the review of a consultant's assessment of DPS school health and behavioral health services, the establishment of a general planning and facilitation road map, and discussion of other school health service delivery models.

During the second and third meetings the task forces established and staffed eight work groups, four each for Health Services and Behavioral Health Services, that addressed:

- Accountability
- Medical Records/Legal Issues
- Campus Autonomy
- Workforce

These work groups met three times each. They reported their findings back to their respective Health and Behavioral Health Services Task Forces. The final recommendations and solutions were developed from their reports.

RECOMMENDATIONS

PUT HEALTH CARE WHERE THE STUDENTS ARE

The bottom line of the Task Forces' efforts was the recommendation that a comprehensive school health program needs to be established. This would put health care services — screening, counseling, information, primary care and referral — in schools, right where students are located.

As the Denver Public Schools are committed to maximizing each student's potential, it follows that the District would make every effort to ensure that each student has the best environment in which to learn and the most appropriate support services to promote optimal physical, social, emotional and academic excellence.

- **Recommendation One**

  Ensure Denver Public Schools students receive comprehensive health care, prevention and health promotion services.

Comprehensive health services are provided to the entire student body and are designed to ensure academic success and promote healthy physical, cognitive, social, and emotional development and resilience. Specific activities include health screening, behavioral assessments, health education, immunizations, direct service, counseling, and referral services. These services are targeted to individual students, groups of students, and families. General health and behavioral health services include physical exams, treatment for minor, acute and chronic illnesses, and individualized and group assessment and counseling. These services are provided in an accessible manner and in partnership with students, their families, and community providers. These services form a Comprehensive School Health Program.

- **Recommendation Two**

  Implement the proposed accountability process that incorporates standardization, continuous quality improvement and evaluation of outcomes.

  - Develop standardized clinical protocols and pathways for all services.
  - Develop accountability measures to include outcome measures and a standardized Continuous Quality Improvement (CQI) process.
  - Enhance the mechanism for tracking and coordinating referrals.

- **Recommendation Three**

Designate a Coordinating Council for the Comprehensive School Health Program comprised of program directors and decision-makers to coordinate all health and behavioral health services (including those provided by DPS, safety net providers, and other community partners).

The Coordinating Council will report to DPS. Functions will include:

- Recommend and review comprehensive and coordinated health services to DPS students;
- Review periodic needs assessments;
- Recommend to DPS resources to be allocated with regard to prevention and health promotion, and primary care services;
- Review the array of services relevant to the needs of DPS students;
- Review the effectiveness and outcome of health services; and
- Review memoranda of agreement to determine consistency with goals of DPS health services and commitment of pertinent resources.

The Coordinating Council will include representation from top level and programmatic decision-makers in DPS, and top level representatives from safety net providers and all community agencies that contribute resources to school health services. This Council will determine how to involve site-based managers such as principals, mid-level managers and staff from community agencies, and families. Several topic-specific committees will address issues such as evaluation, accountability, and legal concerns.

- **Recommendation Four**

Implement a centralized Resource Allocation Methodology (RAM) where the Coordinating Council provides recommendations regarding resource allocation of health services to the DPS Administration and the Board of Education. The Coordinating Council will work within the Educational Initiatives Panel Specialized Services Subcommittee to develop a RAM based on a weighted formula that considers factors that impact the ability of children to learn. These may include measures of poverty, school achievement, acculturation and special education needs, including:

- Number of children
  - on Individual Education Plans;
  - in center-based special education programs;
  - in the school;
  - in district-wide Individualized Literacy Plans;
  - on Medicaid and CHP+;
  - on free/reduced school lunch;
  - with no medical insurance;
  - with English language acquisition needs.
- Absenteeism rate;
- Standard measure of school wide student achievement;

- Number of at-risk children (e.g. homelessness, mobility rate, teen parents, drug and alcohol problems, domestic violence, violence-related incidents).

• Recommendation Five

Develop a strategy by which the Coordinating Council secures resources for school health.

Denver Public Schools are not staffed at nationally recommended levels for school health services. The gap between the cost of the recommended staffing levels and proposed budget for the coming year is $5.8 million for prevention and health promotion services. In order to provide primary care services at the desired level, an additional $10.8 million is needed.

Assembling a patchwork of grants, partnerships and reimbursements does not provide the stable funding necessary to provide a comprehensive school health program. Funding must be institutionalized.

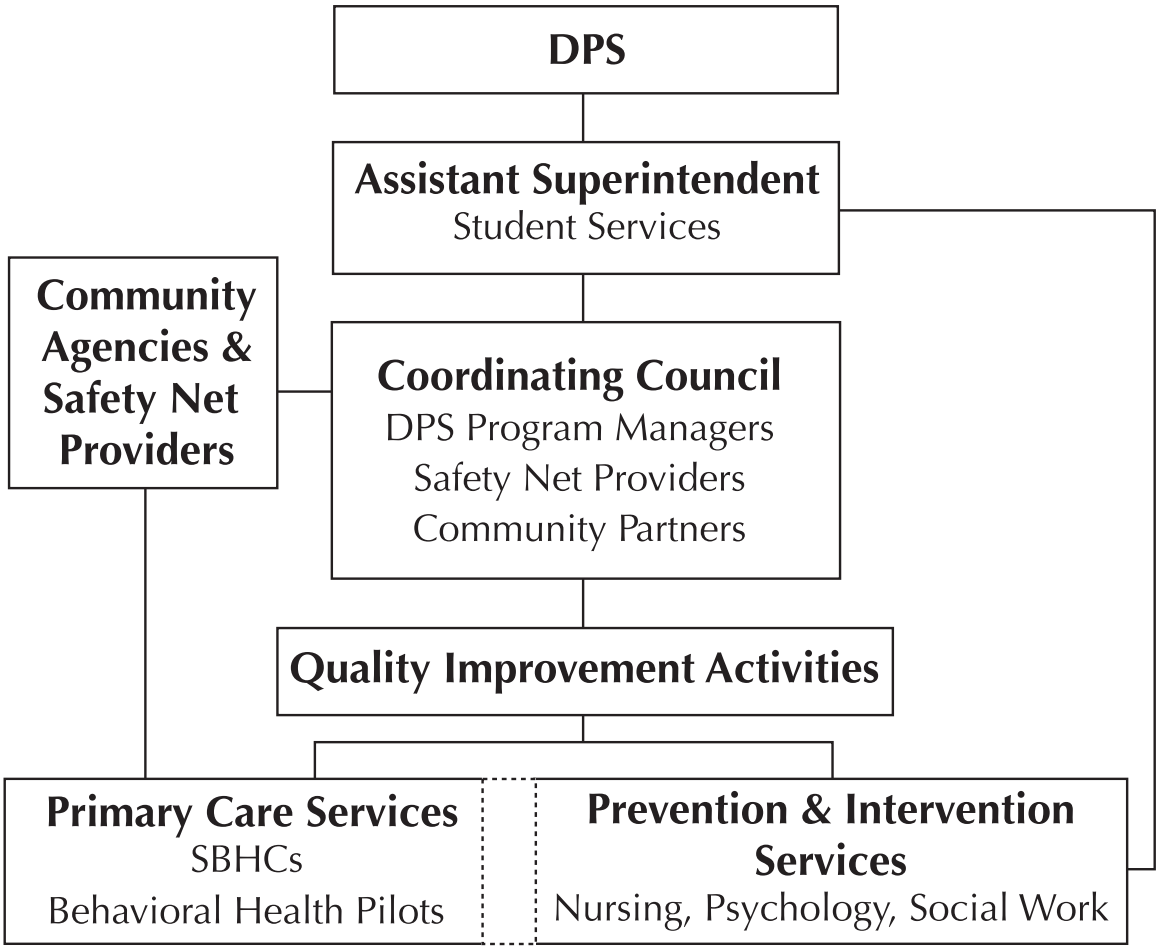
• Recommendation Six

Establish a Legal Issues Task Force under the Coordinating Council to address on-going legal issues impacting health services to DPS students and review existing policy and procedures concerning delivery of health services.

This task force will:

- Ensure better information and improved communication among the various partners, including the District and individual schools;
- Develop clear memoranda of agreement between DPS and community partners that clearly spell out relationships, requirements, obligations and problem-solving processes;
- Develop a plan for on-going cross-agency education as to the legal responsibilities of each entity;
- Develop common protocols with community partners for legal issues and appropriate disclosure to school principals of reportable events;
- Undertake a process for extensive procedure codification, policy and procedure resolution, and recommend new policies and procedures;
- Develop a standardized consent form; and
- Assess the value of including health and behavioral health information in the educational record whenever services have been provided by DPS staff.

Denver Public Schools
Comprehensive School Health Program



This organizational structure provides integration of health and behavioral health services for both primary care prevention and intervention services. The Steering Committee believes that dichotomizing mind and body does not serve the best interest of DPS students. In order to achieve a comprehensive school health program, providers of physical and behavioral health services must work together in an integrated fashion.

A key success factor of the SBHCs within DPS is integration with the larger community of care via the community safety-net providers. Therefore, the Steering Committee believes that the prominence of safety-net providers for both physical and behavioral health is important to the continued success of DPS SBHCs. Involvement of additional community partners who provide comparable resources for care is encouraged..

Finally, it is obvious that program managers from DPS Nursing, Psychology, and Social Work will provide a needed link between primary care services and the prevention and intervention activities. This will ultimately benefit DPS students.

SOLUTIONS

From recommendations to action

The budget gap for staffing of prevention and health promotion/behavioral health services is $5,827,755. The gap for primary care services is estimated to be $10,800,000. To ensure initial and ongoing program success, the Coordinating Council will actively participate in identifying and obtaining a stable funding source.

More significant than the cost to provide a Comprehensive School Health program are the costs of not providing these needed services. To defer care for children and adolescents means society will surely be paying later, and longer.

Furthermore, what is the cost of opportunity lost?

The result of the careful and thoughtful work of the individuals who worked on this project, is a Comprehensive School Health Program model. The model involves the school district administration, community providers, direct providers, individual schools and support from resources throughout the metro area. Each school and the school district at large will undertake the responsibility of education and welfare of all children. The goal is to ensure their health needs are met and that the opportunity to learn and succeed is equal and available to all.

Planning for a Coordinated Comprehensive School Health Program in the Denver Public School District

Steering Committee

Amy Barton, Ph.D., R.N., Project Coordinator
Associate Dean for Practice
University of Colorado Health Sciences Center
School of Nursing

Elaine Gantz Berman, President
Board of Education
Denver Public Schools

Patricia Gabow, M.D., Chief Executive Officer
Denver Health and Hospital Authority

Judith Igoe, M.S., R.N., F.A.A.N.
Director, Office of School Health
University of Colorado Health Sciences Center
Fitzsimons Campus

David Kaplan, M.D., M.P.H., Professor of Pediatrics
Director of Adolescent Medicine
University of Colorado Health Sciences Center
School of Medicine

John Leslie, M.A.
Chief of Student Services
Denver Public Schools

Paul Melinkovich, M.D., Director
Denver School-Based Health Centers
Denver Health and Hospital Authority

Annie Van Dusen, M.P.H.
Senior Program Officer
Rose Community Foundation

ACKNOWLEDGEMENTS

Key Informant Listing

Mr. Tony Acuna, Psychologist
Denver Public Schools

Ms. Irma Anthony, Social Worker
Knight Academy

Mr. Jeff Archambeau, Project Director
Access Behavioral Care

Ms. Mary Baca
Child Advocate

Ms. Virginia Castro,
School Social Work Supervisor
Denver Public Schools

Ms. Judy Daraghy
MHCD

Ms. Kitty Doctor, School Nurse
Hill Middle School

Ms. Beth Doll, Associate Professor
University of Colorado at Denver

Ms. Beth Elland,
Director of Community Partnerships
St. Anthony's Hospital

Ms. Barbara Ford, Administrator
Denver Health

Dr. Patty Gabow, CEO
Denver Health

Ms. Connie Garcia,
Medicaid Supervisor
Denver Public Schools

Mr. Bruce Guernsey,
M.S.W., Director

Ms. Deanna Hanna, School Nurse
Morey Middle School

Ms. Kathleen Henderson,
Nurse Consultant
Pioneer Charter

Mr. Phillip A. Hernandez,
Director City & County of Denver

Ms. Daphne Hunter, Principal
Lincoln Elementary

Ms. Judith Igoe, Director
UCHSC Fitzsimons Campus

Dr. Irene Jordan, Principal
West High School

Ms. Pat Lopez,
School Psychologist Supervisor
Denver Public Schools

Dr. Johnny Lydia,
Chief of Human Resources
Denver Public Schools

Mr. Mike McKitterick,
Clinical Director Access Behavioral Care

Dr. Paul Melinkovich, Director
Denver Health

Ms. Christine Perreault, Director
The Children's Hospital

Dr. John Peterson, M.D.,
Child Psychiatrist
Denver Health

Mr. Roberto Quirez,
Chief Executive Officer
Mental Health Corporation of Denver

Ms. Jeanette Sanchez,
Program Manager
Denver Public Schools

Mr. Terrence Shea, Director
Denver Health - Community
Health Services

Ms. Donna Shocks,
School Nurse Supervisor
Denver Public Schools

Mr. Jim Trevino, Principal
Horace Mann Middle School

Ms. Nancy Van Demark,
Chief Operating Officer
Arapahoe House, Inc.

Dr. Larry Wolk, M.D.,
Senior Medical Director
CIGNA

Task Force Membership

Irma Anthony, Social Worker
Knight Academy

Julia Benjamin
Mental Health Corp. of Denver

Virginia Castro,
Social Work Supervisor
Denver Public Schools

Deb Collins,
Nurse Program Manager
Denver Health - Community Health

Kitty Doctor, R.N., N.P.
Hill Middle School

Mary Henning, R.N.
Knapp Elementary

Daphne Hunter, Principal
Lincoln Elementary

Stephanie Johnson, M.S.W.,
Program Manager
Arapahoe House, Inc.

Irene Jordan, Principal
West High School

John Leslie,
Chief of Student Services
Denver Public Schools

Pat Lopez,
School Psychologist Supervisor
Denver Public Schools

Mike McKitterick,
Clinical Director
Access Behavioral Care

Paul Melinkovich, Director
Denver Health

Donna Shocks,
School Nurse Supervisor
Denver Public Schools

Ex-Officio Members

Donna Garnett,
Meeting Facilitator
UCD Center for Human Investment Policy

Amy Barton,
Project Coordinator
UCHSC School of Nursing

Beverly Buck,
UCD Center for
Human Investment Policy

Judith Igoe, Director,
Office of School Health,
School of Nursing

Pam Bisceglia, Parent
Denver Public Schools

Lorna Donnely,
Deputy Chief Counsel
Denver Public Schools

Jackie Engel,
Assistant General Counsel
Denver Health & Hospital Authority

Annette Heley,
Manager of Medical Records
Mental Health Corp. of Denver

Nancy Miller
Arapahoe House, Inc.

Christopher Saiz, Psychologist
Denver Public Schools

Susie Trabant, Nurse
Kepner Middle School

ACKNOWLEDGEMENTS

Work group master list

Behavioral Health Services
Accountability Work Group:

Irma Anthony, Social worker
Denver Public Schools, Knight Acad.

Tom Edgar, M.S.W., M.H.S.,
Clinical Director
Arapahoe House, Inc.

Barbara Ford, Administrator,
School Health Division - Denver Health

Nancy Jacobs, QI Program Manager
Colorado Access

Jack Lindsey, Psychologist
Denver, CO

Chris Sheldon, Child/Chief Psychologist
Denver Health

Jack Wackwitz, Ph.D., Senior Researcher
Colorado Mental Health Services

Behavioral Health Services
Autonomy Work Group:

Juli Alvarado, Interim Director
Child and Adolescent Services, inNET

Anna Beelaert, Psychologist
Denver Public Schools

Julia Benjamin
Mental Health Corp. of Denver

Claire Busby, Psychologist
Denver Public Schools

Stephanie Johnson, M.S.W.,
Program Manager
Arapahoe House

Wil Minor
Fallis Elementary

Laura Pietarinen, Social Work Services
Denver Public Schools

Christopher Saiz, Psychologist
Denver Public Schools

Stacey Weisberg,
Counselling Ctr. Manager
Jewish Family Center

Behavioral Health Services
Medical Records-Legal Work Group:

Geraldine Dauby,
Corporate Attorney
Colorado Access

Lorna Donnely,
Deputy Chief Counsel
Denver Public Schools

Annette Healy,
Manager of Medical Records
Mental Health Corp. of Denver

Nancy Miller
Arapahoe House

Karen Pepper,
Social Work Service
Lake Middle School

Christopher Saiz, Psychologist
Denver Public Schools

Behavioral Health Services
Work Force Work Group:

Katherine Brehm, Psychologist
Littleton, CO

Virginia Castro,
Social Work Services
Denver Public School

Nancy Higgins, Administrative Director
Outpatient Psych. Services
Denver Health

Mike McKitterick,
Clinical Director
Child & Adolescent Services
Access Behavioral Care

Khoa Nguyen, principal
Rosedale Elementary

Theresa Ruscio
Catholic Charities with consultant
colleagues Jack Lindsey,
Christopher Saiz,
Patricia Lopez,
Claire Busby,
and Anna Beelaert

Health Services
Accountability Work Group:

Karen Connor,
School Health Nsg. Consultant
Colorado Dept of Public Health/Env.

John Leslie, Chief, Student Services
Denver Public Schools

Paul Melinkovich, Director SBHC
Denver Health

Shirley Scott, Administrator
Denver Public Schools

Donna Shocks, Program Manager
for Nursing Services,
Denver Public Schools

Phyllis Stewart, Nurse
Place Middle School

Health Services
Autonomy Work Group:

Rick Arthur, Principal
East High School

Lonna Bloom, P.A.
Centura/DHHA

Kitty Doctor, R.N., N.P.
Hill Middle School

Eileen Figaro, R.N., N.P.
Denver Public Schools

Steve Finley, Risk Manager
Denver Public Schools

Betty Pepin, Executive Director
Commerce City Community
Health Services

Marti Potter, R.N., C.N.S.
Denver Health

Ginny Strange, R.N., N.P.
Denver Public Schools

Dottie Wanberg, R.N.
Denver Public Schools

* Hiram Haynes, Principal,
provided written input

ACKNOWLEDGEMENTS

Health Services Medical Records-Legal Work Group:

Pam Bisceglia,
Student Services
Denver Public Schools

Myriam DeLeon, Nurse

Diane Deschanel, P.N.P.
Denver Public Schools

Jackie Engel,
Assistant General Counsel
DHHA

Sarah Przybylo, N.P.
Denver Health

Michael Rudnick, Director
Westside Health Center,
Teen Clinic

Health Services Work Force Work Group:

Katherine Adolph, Principal
Denver Public Schools

Cris Bowman, Nurse
South High School

Connie Boyle,
SBHC Coordinator
Abraham Lincoln High School

Bruce Dickinson,
Classroom Teachers Association

Karen Duell, Parent

Frannie Goffinet, R.N., D.H.
North High School

Mary Henning, Nurse
Denver Public Schools

Jeanie Lyons, Nurse
Knight Academy

Linda Parker-Long, Nurse
Denver Public Schools

Christine Perreault,
Director, School Health
The Children's Hospital

Terence Shea, Director,
Comm. Health Nursing,
Denver Health

Vicky Thornton, L.P.N.
Denver Public Schools