

**Children's Health Insurance Program  
Reauthorization Act (CHIPRA) Quality  
Demonstration Grant**

**Grant 1Z0CMS030559**

**Colorado and New Mexico**

**Final Report (2010 – 2015)**

**Report Prepared by:**

**The School-Based Health Center Improvement Project**

**Eric C Wolf, MPA MA, Project Director**

**Grantee: Colorado Department of Health Care Policy and Financing**

## Describe the Background / Initial Vision of the Project Plan (By Category)

What was the problem the project was designed to address?

The project was unique in its focus on improving care provided in School-Based Health Center (SBHC) settings in the two states. The overarching goal of the states' demonstration project was two-fold. One, the project aimed to showcase the ability of SBHCs to address the health care needs of adolescents in Medicaid and CHIP. Two, the project sought to demonstrate how the SBHC model strengthens the health care delivery system. Both these goals overlapped the purposes of both Categories C and E. The states accomplished this by:

- improving the quality of care delivered in SBHC settings;
- actively engaging adolescents in their own health care; and
- integrating SBHCs into the medical home approach to care delivery.

SBHCs are a key part of the health care delivery system for hard-to-reach, low-income, minority adolescents that are typically disengaged from the health care system. Thus, designing a demonstration project with SBHCs at the core was a logical approach to reach a difficult population such as adolescents. The states further identified specific areas on which to concentrate their quality improvement efforts, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT); obesity; depression and anxiety; and sexual health.

SBHCs have largely been left out of initiatives involving the Medical Home approach, due in part to inherent challenges in connecting to the larger health care delivery system, as well as the need for clarity regarding the role of SBHCs.

## Why Focus on SBHCs?

SBHCs occupy a key role in the health care delivery system (see box). The Affordable Care Act of 2010 authorized \$200 million in new funding to establish new SBHC sites and expand services at existing sites, reflecting an awareness of the critical role SBHCs play in providing

### School-Based Health Centers (SBHC) At a Glance

- SBHCs have experienced rapid growth over the last several decades. As of the 2010-11 school year, 1,930 SBHCs existed nationwide, up from 327 in 1990.
- More than half (54%) of SBHCs are located in urban areas, 28% in rural areas and 18% in suburban areas.
- The majority (83%) of SBHCs serve at least one grade of adolescents (grade 6 or above) and nearly one-third (29.8%) of all SBHCs are located in high schools.
- SBHCs serve ethnically diverse populations: more than one-third (35.9%) of students served by SBHCs are of Hispanic/Latino backgrounds and 26.8% are Black/African American.
- The majority (71%) of SBHCs have onsite mental health providers.
- More than half (52.8%) of SBHCs have been in operation for ten years or more.

Source: 2010-2011 Census Report of School-Based Health Centers. School-Based Health Alliance, 2013.

services to school-aged youth and adolescents. <sup>(4, 5)</sup> SBHCs provide access to a broad spectrum of critical primary care and preventive services, including medical, oral, nutritional, case management and mental health services for children and adolescents who may otherwise not have access to health care services due to financial, cultural, and geographic barriers. <sup>(6)</sup> SBHCs represent a unique model of care and offer a number of advantages as health care delivery sites.

**SBHCs offer access to the low-income, minority and underserved school-age population in general, and to adolescents in particular.** SBHCs' unique and convenient location in urban and rural schools <sup>(7-9)</sup>, where students spend a large part of their day, offers adolescents the opportunity to access services during school hours. This mitigates transportation and scheduling barriers that typically restrict access to care for school-aged children and adolescents. SBHCs also help enroll eligible students in Medicaid or the Children's Health Insurance Program (CHIP) and provide free services to students who lack insurance <sup>(6)</sup>. More than 70 percent of the students in schools that have SBHCs are ethnic or racial minorities. <sup>(5)</sup> Studies reveal that SBHCs have demonstrated the ability to improve access to health care services, especially for minorities and the uninsured <sup>(7, 10-12)</sup>

**SBHCs provide integrated physical and behavioral health services.** Convenient access to physical and mental health care is critical for adolescents, but having mental health services collocated is of particular importance due to the prevalence of depression, anxiety and stress among adolescents, as well as to the emergence of other mental or behavioral health issues during this period of development. <sup>(13)</sup> The availability of integrated physical and mental health services is critical to early identification, referral and treatment of students with behavioral or emotional issues and reduces the stigmatization of seeking such care. <sup>(5)</sup> Nearly three-quarters of SBHCs nationwide offer both primary and behavioral health care providers. <sup>(8)</sup> In both Colorado and New Mexico offering behavioral health is a requirement; 100 percent of SBHCs in Colorado offer behavioral health services and 80 percent of SBHCs in New Mexico currently offer such services.

**SBHCs focus on health and wellness promotion and disease prevention, which is critical to catch emerging chronic conditions.** SBHCs are in an ideal position to help adolescents take an active role in their own health care and to provide tracking and monitoring of adolescent health conditions. Moreover, given their close proximity to students, SBHCs can reinforce health education messages and encourage and monitor adherence and compliance with required medications.<sup>(5)</sup>

**SBHCs have the demonstrated ability to improve health outcomes.** Students using SBHC services receive recommended vaccines and screening for high-risk behaviors at a greater rate, for example, than those who do not avail themselves of SBHC services. Moreover, SBHCs have demonstrated success in improving outcomes of chronic diseases such as asthma, with studies showing reduced rates of hospitalization and emergency department visits.<sup>(6)</sup> Studies reveal that SBHCs have shown the ability to reduce hospital and emergency department visits and overall health care costs to Medicaid and society<sup>(14-16)</sup>.

### **Why Focus on Adolescents?**

---

Adolescents represent a segment of the population that is likely to be either uninsured or underinsured and who face great challenges in gaining access to the health care system at a time in their development when such services are critically needed<sup>(17)</sup>. Adolescents have unique health care needs and offer challenges and opportunities as the target population of a quality improvement demonstration project.

**Adolescence is a time when youth become disengaged from the health care system.**

Adolescents are more likely to forego health care services and less likely to be insured than younger children.<sup>(18, 19, 20)</sup> Adolescents typically are the least likely to have access to health care. They have the lowest rates of primary care use and tend not to receive preventive health care services. According to the CDC's National Center for Health Statistics, more than 11 percent of children aged 6-17 years of age did not have a health care visit to a doctor's office, emergency department or home visit in the past 12 months.<sup>(21)</sup> The rate is even higher for adolescents from low-income minority backgrounds.<sup>(17)</sup> Consequently, adolescents as a group typically have unmet physical and mental health care needs.<sup>(17, 20, 22, 5, 13, 23)</sup>

**Adolescence is a period when health care risks emerge and the ability to identify and intervene at an early stage can obviate major problems in the future.** The majority of adult chronic diseases trace their origins to childhood and adolescence. Moreover, patterns of behavior developed in adolescence, such as substance abuse or unhealthy eating habits, influence the individual's health throughout the lifespan. This is particularly true for mental health conditions such as depression and physical health conditions such as diabetes.<sup>(17, 24)</sup>

**Adolescence is a time of increased high-risk behavior with serious health consequences.**

Such high-risk behavior includes substance use, unprotected sex, and unhealthy eating patterns. Preventive services and early intervention may change these risky behaviors, promote healthy habits and improve overall health.<sup>(13, 17, 23, 25)</sup>

SBHCs are ideally positioned to work with adolescents to provide information, treatment and education before negative behaviors are developed so as to prevent expensive health issues in adulthood. SBHCs are known for their focus on prevention and early intervention, which can result in improved health outcomes for adolescents as well as cost savings over the short and longer term.<sup>(5)</sup>

### **Why Focus on Selected Health Outcomes?**

---

The CHIPRA demonstration project in Colorado and New Mexico focused on the role of SBHCs in addressing health care needs and improving care of adolescents in five key areas that are particularly important for the adolescent patients: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Exam; Pediatric Overweight/Obesity (POW); Depression/Anxiety, Appropriate Immunizations, and Sexual Health.

#### ***Why Focus on Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Exam***

Few adolescents receive routine preventive health care, particularly low-income adolescents.<sup>(17)</sup> It is critical that adolescent health conditions are identified and treated before they become more serious and expensive.<sup>(24)</sup> The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examination, Medicaid's comprehensive exam, was selected as a focus area of improvement because it serves as a logical starting point to diagnose health conditions at an early stage, and to ensure appropriate interventions and follow-up. Given that prevention and health promotion are important features of the SBHC full spectrum of health care services, these centers are ideally placed to conduct these annual EPSDT screening visits for adolescents. The Colorado and New Mexico demonstration project worked with SBHCs to deliver services aligned with the EPSDT exam on a more comprehensive basis for a number of health conditions including obesity, depression and anxiety, and sexual health issues.

#### ***Why Focus on Pediatric Overweight/Obesity?***

Colorado and New Mexico selected pediatric overweight/obesity as a focus for quality improvement for two major reasons. First, obesity rates among adolescents have more than quadrupled over the past three decades. Nationwide, the percentage of adolescents aged 12-19 who are obese increased from 5 percent in 1980 to nearly 21 percent in 2012.<sup>(26, 27)</sup> Moreover, obese adolescents are significantly more likely to become obese adults. Second, obesity has significant multiple health effects, including sleep, respiratory, and gastrointestinal problems; nervous system, psychiatric, orthopedic and endocrine disorders; skin conditions; and cardiovascular risk factors.<sup>(28)</sup> Among the immediate obesity-related health effects are high risk for cardiovascular diseases such as high cholesterol or high blood pressure. Obese adolescents are more likely to have an elevated risk for the development of diabetes. The long-term effects include higher risk for heart disease, stroke, osteoarthritis and certain types of cancer.<sup>(27)</sup>

SBHCs perform a range of activities to promote healthy eating and active living. They work one-on-one with students in small groups and classroom school-wide programs to promote weight management, healthy eating, and chronic disease management.<sup>(8)</sup> SBHCs can serve an important role providing consistent follow-up counseling and reinforcement for students struggling with obesity. SBHCs can also offer medical evaluation and management of coexisting

conditions such as diabetes or hypertension, which affect youth in increasing numbers. As one study concluded: “The potential for collaboration between medical, mental health and school professionals and educators including cafeteria staff make the SBHC an ideal environment for a more comprehensive and youth-centered approach to obesity intervention.”<sup>(5)</sup>

### ***Why Focus on Depression/Anxiety?***

The states decided to focus on depression and anxiety as quality improvement focus areas due to the increasing prevalence of depression and anxiety among adolescents. Nationwide, more than one in 10 adolescents has a depressive disorder by age 18 according to the National Comorbidity Survey-Adolescent Supplement. Moreover, depression is associated with other conditions and is linked to the risk of self-harm and suicide. According to the CDC’s National Youth Risk Behavior Survey, more than one in four reported feeling sad or hopeless in the past year and nearly 16 percent of high school students reporting having seriously considered suicide in the past year.<sup>(25)</sup> Adolescent depression is typically accompanied by at least one comorbid psychiatric disorder such as an anxiety disorder, a specific phobia, ADHD, or a substance use disorder.<sup>(29)</sup>

Nationally, nearly three-quarters of SBHCs have mental health professionals on staff and are therefore in a better position than traditional primary care providers to engage and counsel adolescents about depression, anxiety, stress and other issues prevalent among that age group.<sup>(5)</sup> Moreover, SBHCs’ integration of physical and mental health services reduces the risk of stigmatization for adolescents seeking out mental health services for conditions such as depression.<sup>(5)</sup> One study of student users of health centers found that students who reported depression and past suicide attempts were significantly more willing to use the center for counseling services.<sup>(30)</sup> Other studies found adolescents were 10 to 21 times more likely to go to a SBHC for mental health services than the community health center network or HMO.<sup>(31, 32)</sup>

### ***Why Focus on Sexual health?***

The final area of health care quality improvement focus selected by Colorado and New Mexico was adolescent sexual health. Studies indicate that sexual health care is the most common reason adolescents seek care at SBHCs.<sup>(5)</sup> Colorado and New Mexico worked to strengthen the ability of SBHCs in their states to work with adolescents who request services in such critical areas of sexual health as the prevention of teen pregnancy and the spread of sexually transmitted infections (STIs).

Adolescents have higher rates of risky behaviors such as unprotected sex. According to the CDC’s Youth Risk Behavior Survey, nearly one-third of U.S. high school students surveyed in 2011 reported they had sexual intercourse in the previous three months, and of that number, nearly 40 percent reported they did not use a condom the last time they had sex, and nearly 80 percent reported they did not use birth control pills to prevent pregnancy the last time they had sex. More than 400,000 teenagers aged 15–19 years old gave birth in 2009. In addition to unintended pregnancy, adolescent risk behaviors such as unprotected sex increase the risk of HIV infection, as well as other STIs. One-quarter of all STI cases occur in adolescents.<sup>(33, 34, 17)</sup>

Most SBHCs offer abstinence counseling and provide onsite diagnosis and treatment for STIs and other services such as pregnancy testing. Nearly half of all SBHCs, however, are prohibited from dispensing contraception by school district policy, health center policy, state law, or sponsor or state policy.<sup>(8)</sup>

### ***Why Focus on Appropriate Immunizations?***

The federal requirements for the EPSDT examination include “appropriate immunizations” (according to the Advisory Committee on Immunization Practices). Vaccines appropriate for the adolescent population include a Tdap booster (tetanus, diphtheria, and pertussis); a human papilloma virus vaccine (3 doses) to prevent cervical cancer and genital warts; a meningococcal vaccine and booster; and an annual influenza vaccine. Youth with certain risk factors may benefit from the pneumococcal vaccine and vaccines for hepatitis A. Further, youth should be brought up-to-date on any vaccines that were missed earlier in childhood.

The majority of SBHCs offer appropriate immunizations, expanding access to required and recommended vaccines for adolescents.<sup>(35)</sup> However, not all SBHCs participate in the Vaccines for Children (VFC) program or receive reimbursement for vaccine administration, so some sites do not provide vaccinations. Challenges for SBHCs include limited space and funds for the refrigerators needed to store vaccine, caseloads too small to make a vaccine program cost-effective and limited hours or staff to monitor storage equipment and track inventory.

### **Why Focus on Medical Home?**

The medical home approach focuses attention on aspects of primary care that improve quality, reduce cost, and support alternative value-based payment models.<sup>(36)</sup> Health care providers use a patient-centered medical home (PCMH) approach to make sure their services are accessible, responsive to the patient and family’s unique needs, culturally competent, and coordinated among all of the providers involved in the patient or family’s life. The overall goal of the medical home model is to put patients and their families at the center of their own health care in order to improve their health.

### **Why Focus on Youth Engagement?**

Adolescents, as well as health care consumers in general, are relatively unfamiliar with how to advocate for their own health care needs. Yet evidence shows that patients who are more involved in their own care, and acquire more information regarding their health care needs, are more able to contribute to the decision-making process, and thereby embody the ideal of patient-centered health care. Because adolescence is a time during which students begin to learn the life skills necessary to advocate for themselves, it is an opportune time to educate and engage students on how to become involved in their own health care.

Youth engagement is one component of an evidence-based public health strategy. It is rooted in positive youth development, which focuses on increasing protective factors and decreasing risk factors. SBHCs support young people to become engaged in their health and health care by increasing their knowledge of accessing health care (literacy) and ability to interact with the health care system and their providers to get the care they need (efficacy). By engaging youth in

their health care, SBHCs support young people as they transition into being active health care consumers as adults.

Given their close proximity to youth and focus on prevention and health promotion, SBHCs are well positioned to provide youth-centered care that engages youth in their health and health care. SBHCs have the opportunity to develop working relationships with their students by collaborating with them in various forms of outreach and advocacy activities and involving them in advisory committees or partnerships that allow for feedback to inform SBHC services. These collaborations, in addition to their focus on the needs of youth and promoting healthy behaviors, mean that SBHCs are able to create opportunities to enhance health literacy and health self-efficacy, leading to better experiences with health care and adolescents who are ready to transition into active, engaged adult consumers of health care.

Therefore, the School-Based Health Center Improvement Project (SHCIP) planned from the outset to demonstrate effective methods of advancing and measuring youth engagement. First, SHCIP developed a survey designed to measure levels of youths' engagement with their health care and the quality of their health care experiences. This is the Youth Engagement with Health Services Survey (YEHS!). SHCIP then developed strategies for evaluating and expanding on the use of youth engagement at the participating SBHCs.

What was the initial vision of how the project would address this problem?

The purpose of Category C was “to evaluate the effectiveness of new or expanded provider-based models: (1) measurably improve the quality of care provided to children covered by Medicaid/CHIP; (2) are supported by collaboration across multiple payers and stakeholder groups; (3) are cost-effective; and (4) result in systemic change and improvement to the delivery of healthcare for children at a local, State, or regional level.”

The purpose of Category E was “to allow States working alone or collaboratively with other States, in partnership with key government and non-government entities to test promising solutions to address problems in health care coordination” (Invitation 40). SHCIP determined to evaluate the school-based health center model of care with the aim of improving consistent usage of screening tools, delivery of preventive services, management of chronic conditions, education of adolescents to encourage more involvement in their own health care, and follow-up with primary care providers.

In its application, CDHCPF offered to partner with the New Mexico Human Services Department (NMHSD) and other agencies. The partnership, which is called the **School-Based Health Center Improvement Project** (or SHCIP), was grateful to receive funding of \$7,784,030.00 to conduct this dual demonstration project. Funding began on February 21, 2010. We also gratefully thank CMS and the National Evaluation Team for regular guidance and for fostering communication with the other nine Grantees through regular phone conferences and through national meetings.

SHCIP offered to

showcase the ability of SBHCs to address the health care needs of school-aged children and adolescents, and expand on the understanding of how SBHCs contribute to the health care system. Through quality evaluation and implementation of new processes that enhance the function of SBHCs, Colorado and New Mexico will combine data analysis work and leverage resources to achieve improved health care outcomes for children who seek care at SBHCs. Not only will these efforts connect SBHCs to the larger health care delivery network, they will also inform the field of successful school-based health care delivery models on a national level. Intrinsic to achieving the goals of this grant project are initiatives to achieve improved child health outcomes through care coordination and integration—particularly as it relates to integrating mental health with primary care—as well as educating youth to act as their own health advocates.

To accomplish these tasks, the Department proposed the following missions in Categories C and E:

The first mission (Category C) is to integrate SBHCs into the Medical Home approach implemented in Colorado and New Mexico to improve the health care of underserved school aged children and adolescents. The second goal (Category E) is to improve delivery model of care within SBHCs to improve screening, preventive services, management of chronic conditions, education of adolescents to encourage more involvement in their own health care, and follow-up with primary care providers.

## II. EXECUTION OF PROJECT VISION (Category C & E)

### ACCOMPLISHMENTS

#### WHAT WAS DONE? (Cat C & E)

School-based health centers (SBHCs) in each state were recruited over the course of three years. To participate in the School-based Health Center Improvement Project (SHCIP), SBHCs had to currently contract with the State's SBHC program and bill Medicaid. In addition, they had to provide both physical and behavioral health services, be willing to incorporate health information technology into their program, possess an electronic data management system, and be serving either middle and/or high school-aged students. Interested sites completed an online survey that was scored followed by a telephone interview with Project Team members. Sites were selected based on meeting all of the criteria as well as their level of interest and commitment to the project.

Twenty-two SBHCs participated in the demonstration project, 11 in each state. The first cohort of 8 sites began their quality improvement (QI) work in the fall of 2011 and each year additional sites joined the project. SBHCs received from \$10,000 - \$13,000 for each full year of participation.

Each SBHC established a QI team composed of the medical provider(s), behavioral health provider(s), clinic coordinator and ancillary staff. QI coaches worked with each of the teams and provided:

- Instruction on using QI principles and methods to meet the goals of youth engagement, medical home integration, and improvement in service delivery.
  - Written best practice guidelines in the five clinical content areas: adolescent well-child check (WCC)/EPSDT exam; adolescent immunizations; pediatric overweight evaluation and follow-up; depression and anxiety screening, treatment, referral and follow-up; and sexually transmitted infection (STI) screening and follow-up.
  - Ongoing QI coaching (in-person, phone, email)
  - Webinars and conference calls
  - Facilitation of learning collaboratives
- 
- Analysis of medical record reviews (MRRs), encounter data, Youth Engagement with Health Services (YEHS!) Survey data, and other data points to inform QI
  - Hardware and information technology (IT) support for use of electronic Student Health Questionnaire (eSHQ) and YEHS! Survey.
  - A comprehensive library of materials and resources to promote youth engagement, available electronically to all sites

The first QI project undertaken by each School-Based Health Center (SBHC) focused on the quality of the EPSDT or annual adolescent WCC. The EPSDT or adolescent WCC is the cornerstone of pediatric practice and covers the basics of the other clinical content areas. It also provided the teams with experience in using QI methodology and the Model for Improvement/Plan, Do Study Act (PDSA) cycles. Once proficiency was achieved, SBHCs moved on to one of the other four clinical content areas of their choosing.

Each participating SBHC conducted MRRs biannually to inform QI in service delivery and to measure success and sustainability of interventions. During the first year of participation, SBHCs conducted MRRs using an MRR template for the WCC/EPSDT examination. In subsequent years, SBHCs conducted reviews using the master MRR form that includes the recommended elements for each of the clinical content areas, including WCC/EPSDT exam.

QI methodology was also employed to make improvements in the other focus areas of the project. The Medical Home Index administered annually (in Colorado) and an NCQA-based self-assessment tool (in New Mexico) were utilized to assess each SBHC's level of integration of the medical home approach and to identify areas for improvement. The results of the anonymous YEHS! Survey, administered at each SBHC to student users annually, was utilized to inform QI in the areas of youth engagement and health literacy. Lastly, SBHCs annually reviewed a visit/encounter data report to inform their QI efforts.

During three full school years, the Project Team collected qualitative and quantitative data from all sites for each element of the intervention. The evaluators also analyzed encounter data as well as Medicaid claims data from SBHCs in each state. In the end, because of the limitations of the encounter and Medicaid claims data, it was not used as part of the project evaluation. (See below

for further details.) Lastly, the evaluator team analysed national hospital discharge data, using the database provided by the Agency for Research and Quality. The objective was to determine what diagnoses or conditions were causing adolescents to go to the hospital. To the extent that any of these are preventable with good primary care, this would suggest a stronger role for SBHCs.

In addition to working with the SBHCs on QI, the Project Team in each state also regularly convened an advisory committee made up of a diverse group of SBHC stakeholders. The advisory committees were established to provide guidance to the Project Team throughout the project period.

### **WHAT OPERATIONAL LESSONS WERE LEARNED? (Cat C & E)**

The following are the overall operational lessons learned through SHCIP:

1. SBHCs are an effective provider model for children and adolescents.
2. Integrating the patient-centered medical home (PCMH) model into SBHCs increases their capacity to serve as medical homes for adolescents and encourages them to continually explore ways to reduce costs and improve quality and outcomes.
3. SBHCs that adopt QI principles, methods, and best practice guidelines have an enhanced ability to consistently provide high quality care for children and adolescents.
4. SBHCs are well positioned to provide youth-centered care that engages young people in their health and health care, increasing health literacy, and improving the quality of services provided.
5. The collection and use of comprehensive data helps to identify problems, suggest ways to continuously improve practice and policies, and can help to more fully integrate SBHCs in the health care system.
6. The use of youth-friendly electronic tools can enhance the delivery of care and facilitate adolescent feedback on the quality of health services.

In addition, operational lessons were learned specific to each goal of the project and are outlined below:

#### ***Goal 1: Facilitate the integration of the medical home approach into SBHCs. (Cat C)***

- Simplified PCMH-recognition assessments provide a helpful alternative to the more in-depth national recognition process, particularly for minimally-staffed SBHCs.
- SBHCs should adopt PCMH principles into their practices, policies, and procedures to strengthen the delivery of care for children and adolescents.

#### ***Goal 2: Gather and extend the support of a collaborative network of stakeholders across multiple payers and organizations to work toward measurably improving the quality of care provided to Medicaid and CHIP children served at SBHCs. (Cat C)***

- In order to support SBHCs to be strong players in the health care delivery system, it is important to have state level representation at the table.
  - In Colorado this included regular attendance and participation by SHCIP Project Team members in HCPF's Accountable Care Collaborative subcommittees as well as the Colorado Medical Home Coalition and Community Forum Meetings.
  - In New Mexico, the SHCIP Project Team, actively engaged Medicaid managed care organizations (MCOs) in ongoing talks about SBHCs.

***Goal 3: Improve tracking and documentation of care coordination for chronic medical or behavioral health care conditions in SBHCs, for children and youth identified with pediatric overweight and at risk for depression/anxiety. (Cat C)***

- Routine comprehensive risk and resiliency screening is crucial for identifying and addressing the physical and behavioral health needs of youth.
- The consistent use of a standardized comprehensive screening tool requires process improvement to incorporate it into the clinic workflow.
- The eSHQ is user-friendly for students, increases provider efficiency, promotes integrated care, and strengthens the ability of participating SBHCs to understand and manage the population they serve.

***Goal 4: Screening and preventive care services delivered to children and reporting of data at participating SBHCs will increase. (Cat E)***

- Staff time and clinic resources must be devoted to QI efforts in order to ensure meaningful and successful change.
- Institutionalizing meaningful change takes time.
- QI coaches can accelerate successful QI efforts by providing technical assistance, expertise, accountability and opportunities for group reflection.
- Measurement strategies and data are the key drivers of successful QI.
- Administrative, financial, and operations barriers must be assessed and addressed in order to successfully adopt best practice guidelines.
- Allowing SBHCs to select the areas of clinical focus assures buy-in and contributes to success.

***Goal 5: Participating SBHCs will implement strategies to effectively engage youth as partners in advancing their health literacy. (Cat E)***

- Identify dedicated staff to lead youth engagement efforts and seek opportunities for partnerships to support youth engagement work.
- Actively involve youth in providing feedback on how the needs of students are being met by the SBHC, and to assess collective youth engagement efforts by the clinic. Utilize feedback to make improvements.
- Integrate youth engagement into clinical practice to grow their health literacy and self-efficacy and to improve the quality of care received by adolescents.
- Create an easily accessible warehouse for youth-friendly resources covering various health topics relevant to developmental stages and the needs of adolescents, especially related to health literacy.

***Goal 6: By April 2011, SHCIP will develop a database that can be used in both Colorado and New Mexico as a vehicle for monitoring progress towards the improvement objective; maintaining the Student Health Questionnaire being developed as part of this project; and housing results of the Youth Engagement with Health Services (YEHS!) Survey. (Cat C & E)***

- Data collection and reporting can help to assure SBHCs that their contributions are “counted” and recognized by medical sponsors, Medicaid, and accountable care organizations (ACOs).
- Data can help SBHCs tell the story of the services they provide and the role they play in delivering health care to children and youth, particularly those who are low-income, minority, or hard-to-reach.
- SBHCs need to strengthen and refine their data collection capabilities as it will be required by the Patient Protection and Affordable Care Act and regional health information exchanges.

### **WHAT STRATEGIC LESSONS WERE LEARNED? (Cat C & E)**

Based on the findings, lessons learned and barriers discovered from the School-based Health Center Improvement Project (SHCIP), we recognized the need for new policy directions and changes to fully implement and sustain gains. Despite the successes documented in this report, there were a number of barriers that prevented delivery of optimal care. These included inadequate financial resources for SBHCs to fulfill all PCMH requirements, need for policies and support to ensure that adolescents maintain continuous insurance coverage, need for new policies around provision of explanation of benefits for confidential services for adolescents, exclusion or lack of recognition of SBHCs in programs and policies that provide enhanced reimbursement or additional funding, and others. In addition, there is a need for mental health quality measures directed at adolescent care to assure early identification and treatment of common conditions.

SHCIP has identified four key messages that should be taken from these five years of work:

- SBHCs focus on prevention and early intervention (QE)
- Implementation of quality improvement principles and methods in SBHCs improves the quality of service delivery.
- SBHCs are the medical home for many students and follow patient centered medical home principles, delivering care that is accessible, comprehensive, youth-centered, coordinated and culturally effective.
- SBHCs are uniquely positioned to provide youth-centered care and improve youth health literacy; SBHCs can support young people to become active health care consumers as adults.

### **POLICY RECOMMENDATIONS**

The following policy recommendations are intended to address some of these barriers and ensure widespread benefit from the learnings of this demonstration project. Together, they set forth a

new overall direction to enable best practices at SBHCs. We begin with an overall recommendation to CMS to spread innovations developed from the demonstration projects broadly so that this investment can have maximum yield. Other recommendations address barriers related to: funding enhancements, regulation and requirement changes, and practice improvements.

#### Dissemination of lessons learned from SHCIP

- CMS should develop a program to spread the innovations and learnings from our project to other SBHCs and from other CHIPRA demonstration projects to the field at large so that others might benefit from this effort.

#### Funding Enhancements

- Federal, state, and local governments should increase funding to SBHCs to support their successful transition as medical homes, including:
  - On-going evidence-based, data-driven quality improvement in SBHCs.
  - Implementation and integration of clinical registries and risk screening results in EHR in alignment with meaningful use requirements.
- Federal and state health finance authorities should establish an encounter rate structure for SBHCs similar to that for FQHCs.

#### Regulations

- Public and commercial insurers and health plans should suppress EOBs for confidential services provided to minors and adults covered as dependents to enable pediatric practices to bill for these services.
- Federal and state Medicaid authorities should adopt a unique site designation code for SBHCs to accurately reflect SBHC encounters in Medicaid claims data
- Federal and state Medicaid authorities should: change Medicaid enrollment policies so that adolescents 16 and older who are eligible for Medicaid can sign up and maintain coverage independent of their parents; provide more supports for adolescents (who are uniquely vulnerable) to help them maintain continuous coverage; and ensure smooth transition to adult insurance programs for which they are eligible.

#### Practice Improvement

- National and state PCMH authorities should include SBHCs in their respective recognition programs and enhanced payment initiatives.
- State health finance authorities should recognize SBHCs as primary care providers able to participate in policy reforms, including ACOs, payment reforms, and PCMH.

- State agencies responsible for SBHCs should ensure that evaluations of adolescent health care quality include feedback *directly from adolescents* about their health care experiences. Survey instruments should be tailored specifically for youth, relevant, and youth-friendly. Results should be used to guide clinical care.
- National leaders in healthcare quality improvement should develop quality measures for the screening, diagnosis, and treatment of common adolescent mental health conditions like depression and anxiety.
- Federal and state public investment should be made to expand mental health provider infrastructure so that there are sufficient numbers of mental health professionals to adequately serve adolescents.
- Additional education for state and national partners is required to help them better understand how SBHCs can effectively serve as medical homes for youth.
- PCMH certification programs need to be inclusive of the SBHC model.

**DISCUSS DESIGN CHANGES FROM OPERATIONAL APPROACH AND REASONS FOR CHANGES: WHAT WAS CUT OR ALTERED FROM THE PROJECT BECAUSE OF BUDGET, STAKEHOLDER OR OTHER CHALLENGES? WHAT ACTIVITIES OR GOALS WERE ADDED TO THE GRANT THAT WERE NOT ORIGINALLY PLANNED? WHAT EFFICIENCIES (IF ANY) WERE GAINED? (Cat C & E)**

#### Revised Final Operational Plan Goals and Objectives

In response to concerns raised by the Centers for Medicaid and Medicare (CMS), the Project Team revised the original six grant objectives, creating six goals in the Final Operational Plan (FOP). The goals and/or objectives for each goal were made more specific and measurable. In addition, in the revised FOP, activities for achieving the objectives were more clearly spelled out.

#### Reduced Number of Participating SBHCs

In the FOP, the proposed number of sites was reduced from seventeen per state down to eleven in each state. (In the FOP it outlined that each state would work with ten SBHCs. However, because two sites, one in each state, were unable to continue their participation to the end of the grant, each state actually ended up working with eleven sites total.) As the first year of implementation began (2011-12), it became apparent that the Project Team had underestimated the time it would take to orient SBHC staff to the project activities, to adapt the project to the unique features of each SBHC, and to help each SBHC QI team develop positive working relationships in order to be successful. It was also felt that more coaching calls and coaching visits were needed than originally planned in order to ensure that each SBHC had the

information, time, and guidance needed to be successful in achieving their goals. By reducing the overall number of sites in each state, SHCIP found that they were able to provide a higher “dosage” of the intervention to fewer sites rather than providing inadequate QI coaching to 17 sites.

#### Expanded Youth Health Survey to Include Youth Engagement

The grant had originally planned for the Child and Adolescent Health Measurement Initiative (CAHMI) to adapt the YAHCS (Young Adult Health Care Survey) for electronic administration in SBHCs. The YAHCS assesses teen health and health care utilization. However, because of capacity issues, CAHMI staff was not able to take on this project. Instead, SHCIP Evaluation Staff spearheaded the development of the tool with some limited technical assistance from CAHMI. The Youth Engagement in Health Services (YEHS!) Survey was the result and ended up being quite different than what was originally envisioned, however, it was more encompassing and better aligned with project goals. The YEHS! Survey measures levels of youth engagement with their health care and the quality of their health care experiences. Administered on an iPad, it provides SBHC staff with information about needed anticipatory guidance and individual and collective youth engagement. Results of the 2013-14 YEHS! survey in SHCIP sites can be found in Attachment I.

#### Created and implemented the Master MRR

During their first year of participation, SBHCs focused on the quality of the EPSDT/WCC and conducted MRRs in this clinical focus area. The plan was for SBHCs to then select an advanced quality indicator to work on during year two of implementation. MRRs would be conducted only for the quality indicator selected. The SHCIP team began to feel this would not provide a full assessment of adolescent preventive health services. Therefore, the master MRR was developed in the summer of 2012 to include all quality indicators; EPSDT, adolescent immunizations, pediatric overweight, depression/anxiety and STI. Although SBHCs still selected only one indicator each year to focus on, they conducted baseline and follow-up MRRs on all indicators beginning their second year of participation. This ended up being advantageous in that 1) it established best practice for all quality indicators leading to improvement even if not the selected indicator and 2) it provided a fairly comprehensive assessment of adolescent preventive services and 3) it allowed SBHCs to determine whether improvements in any clinical focus QI area were sustained over time.

#### Revised Evaluation Plan

The original evaluation plan included two sources of data to assess services provided at participating SBHCs: state-level Medicaid claims and a custom data warehouse of SBHC encounter data. The initial examinations of both Medicaid claims data and encounter data from participating SBHCs revealed significant limitations, including:

- Medicaid claims data only includes paid claims for Medicaid eligible patients.
- It is often not possible to identify Medicaid claims for services provided to SBHC users in the Medicaid Management Information System databases due to lack of specificity in either the rendering provider identification numbers or the billing identification numbers.
- Behavioral health services provided at SBHCs may not be captured in Medicaid (fee-for-service) claims data as was the case in Colorado where these services are carved out for behavioral health organizations and not billed fee-for-service.

- Some SBHCs do not code for reproductive health services and other confidential services due to concerns that parents might receive an explanation of benefits.
- In New Mexico, some SBHCs struggled with getting contracts in place with each of the Medicaid MCOs and therefore services provided to these clients is not reflected in the Medicaid claims.
- Encounter data may not reflect all the services being delivered.

Although this data has the potential to be enormously useful from both practice and policy perspectives, it was determined that MRR results would instead be used to assess service quality for purposes of this project.

#### Instituted Resources/Technical Assistance on Coding

After the initial examination of encounter data, it became apparent that SBHCs needed additional resources and technical assistance in coding. Many of the participating SBHCs were new to Medicaid billing and consequently coding was new to some of their providers. In addition, services were not being captured because particular codes are not necessary for billing; it is extra work for providers to use additional codes; codes are not programmed into the electronic medical record; and/or specific services are not billed and therefore not coded. In an effort to improve the encounter data to better tell the story of school-based health care, the Project Team began providing SBHCs with resources and technical assistance on coding in 2013-14, with a focus on the clinical quality indicators.

#### Coordinated Learning Collaboratives

Neither state originally budgeted for or planned to host learning collaboratives, but decided to offer the events as a way to promote shared learning, collaborative problem-solving, and networking across SHCIP sites. As was hoped, SBHC staff openly shared successes, challenges, and resources with each other to advance SHCIP's goals and objectives. Colorado hosted a western slope and a metro-area learning collaborative in the fall of 2013 and a statewide learning collaborative for all SBHC QI teams in the fall of 2014. New Mexico, hosted learning collaboratives in the spring of 2012, 2013, and 2014 for their participating SBHCs.

#### Developed and Distributed Youth Engagement Resources and Materials

Through discussion with SBHC staff and based on YEHS! Survey results, it became clear that there was a need for youth-friendly resources to address key aspects of adolescent health. The project team developed resources and gathered materials on relevant clinical topics and health literacy to meet these needs. Resources were distributed to project sites and made available electronically. This library of youth-friendly health resources allowed SBHC staff to easily access materials that met the needs of their students while promoting health literacy and health self-efficacy.

#### Revised Approach to Analysis of the MRR Data

In 2012-13, the evaluation and implementation teams developed a new approach to the analysis of the MRR data that relied on "critical elements" for each area. Past reports of MRRs were based on an analysis of all elements of the WCC/EPSTDT exam and each advanced quality indicator. To streamline and align the measurement of progress in the areas of WCC/EPSTDT exams, assessment and treatment for depression/anxiety, management of pediatric overweight, documentation of adolescent immunizations, and screening and treatment of STIs with national,

state, and other widely known and excepted standards, the evaluation and implementation teams reviewed quality indicators from HEDIS and CHIPRA, the US Preventive Services Task Force Guide to Clinical Preventive Services, as well as the CMS EPSDT required elements, to develop a set of “critical elements” for the assessment of quality in each of these five areas. These critical elements were used for evaluation purposes beginning in 2012-13 when reporting on the percentage of children whose WCC/EPSDT exam includes documentation of all the necessary components, assessment and treatment for depression/anxiety, management of pediatric overweight, documentation of adolescent immunizations, and screening and treatment of STIs that meet minimum standards for quality. While the MRR includes several additional elements that the QI coaches and SBHCs use to guide their practice and QI work, only the critical elements were used for evaluation purposes.

#### Increased Incentive Pay to SBHCs

During the first year of implementation, it became apparent that the goals of the project were ambitious and the work required of the participating SBHCs was demanding. A modest increase in the incentive amount paid to SBHCs to enable their efforts was made possible by a smaller number of SBHCs participating in the project each grant year and a reduction in the role played by the Child and Adolescent Health Measurement Initiative (CAHMI). Additionally, both states provided other participation incentives to SBHCs in the project, such registration and travel expenses for SBHC staff to attend the annual national school-based health conventions.

### III. Data and Results (By Category)

What measurable outcomes and key indicators were used to assess performance?

Measures for each of the main goals of SHCIP were constructed to assess performance over time in the areas of: 1) Integrating the medical home approach into School Based Health Centers (SBHCs), 2) Improving the quality of care in SBHCs and 3) Engaging youth in their own care. Attachment A shows the linkage between the original goals, objectives, and measures. Over time, some of these objectives and measures were changed and/or consolidated to better illustrate change for the most important aspects of care. For example, there were numerous measures associated with care quality and outcomes improvement for each clinical topic area. Some of these measures/indicators were consolidated, by topic area, into an aggregate score called “critical elements”. The baseline and final critical element scores were used to assess change in clinical quality by topic area (WCC/EPSDT exam, pediatric overweight, depression/anxiety, STI screening, and immunizations). For medical home assessment, Colorado and New Mexico had different methods, due to different Medicaid environments in each state. For youth engagement, results from the project developed YEHS! survey were used to look at unmet needs and the degree that youth were engaged in their own care.

How did these outcomes and indicators change? (Include charts, tables, graphs or other data collected during the demonstration that show positive or negative change)

### **1) Integrating the medical home approach into School Based Health Centers**

One goal was for SHCIP sites to work on improving the medical home approach and to ultimately become recognized as patient centered medical homes (PCMH). The SBHCs in the two states used different assessment processes due to the changing nature of PCMH, both nationally and at the state level.

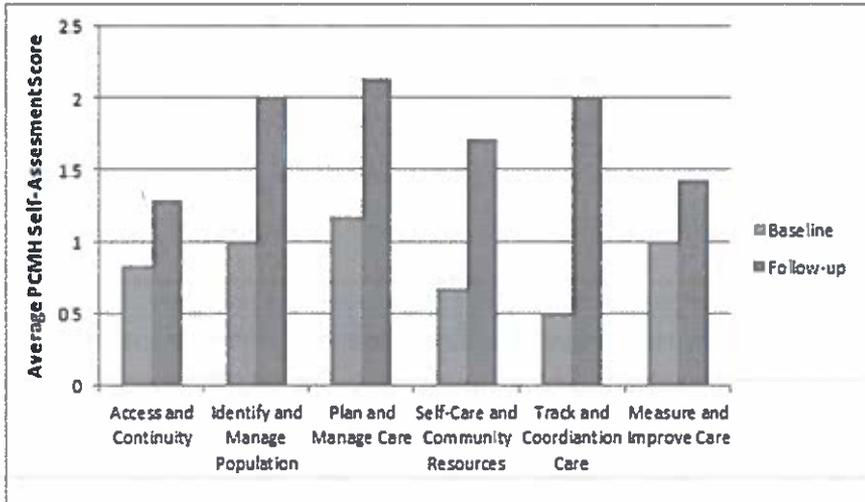
#### **Colorado Assessments**

To be recognized as a medical home in Colorado, clinics must complete the Medical Home Index (MHI) tool and annually complete a QI project. Because this standard was in place when this demonstration project began, SHCIP used the same process. All Colorado sites completed the MHI through a facilitated process and became recognized by the Colorado Department of Health Care Policy and Financing as medical homes. (see data in Table 7, page 10 of Attachment B - the Formative Evaluation Summary 2013-14). 100%!

#### **New Mexico Assessments**

Because New Mexico does not have a PCMH recognition program, the initial four SBHCs participating in the first year of SHCIP used a National Committee for Quality Assurance (NCQA) self-assessment of PCMH characteristics. However, it became clear that the intensive NCQA recognition process was not appropriate for all SBHCs, especially with no additional reimbursements available to PCMH-certified practices. This led SHCIP to develop the PCMH Core Elements tool, a simplified tool that is based on NCQA criteria, but more relevant for the majority of SBHCs. One site attained NCQA level 2 accreditation, and two others are in the process of submitting for NCQA recognition. The seven New Mexico SBHCs that used the PCMH Core Elements tool demonstrated improvements (see Figure 1). While their baseline scores were low, improvements were made in each area, with the average total scores increasing from 5.2 to 11.3, out of a possible 20 points. There is still room for improvement in all areas, and the sites are continuing to work through their action plans to further integrate PCMH practices into clinical operations.

Figure 1: NM SBHC average self-assessment scores on PCMH domains using the SHCIP PCMH Core Elements tool, baseline and follow-up



## 2) Improving the quality of care in School Based Health Centers

The first clinical QI project undertaken by all participating SBHCs focused on the quality of the EPSDT exam or annual adolescent well-child check. Once proficiency was achieved, the SBHCs moved on to one of the other four clinical content areas of their choosing.

As part of this work, each participating SBHC conducted Medical Record Reviews (MRRs) biannually to inform improvement efforts in the quality of their delivery of services and measure success and sustainability of interventions. During the first year of participation, SBHCs conducted MRRs using an EPSDT exam MRR template. In subsequent years, they used the Master MRR form that included the recommended elements for each of the clinical content areas, including the EPSDT examination.

To assess quality in each of the five clinical content areas, the project team developed a set of “critical elements” based on a review of quality indicators from the Healthcare Effectiveness Data and Information Set (HEDIS) and CHIPRA, best practice recommendations from the Bright Futures Guidelines, the US Preventive Services Task Force Guide to Clinical Preventive Services, and the CMS EPSDT exam required elements. The MRRs assessed whether the critical elements were documented in a patient’s medical record.

The table below shows the percentage of reviewed charts with all critical elements documented for each clinical area at baseline and at the end of the project. Results for sites that actively worked on a specific clinical area are compared with those for sites that did not work on that area but still provided data through the Master MRR. In addition, the table indicates common areas for improvement that many sites focused on, including both critical elements and additional best-practice elements.

Table 1: Baseline and Final Percentages of Charts with All Critical Elements Documented by Sites that Did and Did Not Work on Each Clinical Area, and Common Areas for Improvement

| Clinical Area                         | N<br>(# of sites) | % with Documentation of ALL Critical Elements |       | Common Areas for Improvement<br>(Critical Elements and Additional Elements)                    |
|---------------------------------------|-------------------|---|-------|--|
|                                       |                   | Baseline                                      | Final |  |
| <b>EPSDT</b><br>(all sites worked on) | 22                | 48.7%   | 76.5% | Calculation BP%, consistently giving weight category diagnosis, utilization of the eSHQ        |
| <b>POW</b><br>Worked on               | 8                 | 33.3%   | 76.3% | Drawing blood for recommended POW lab tests, implementing POW care plans                       |
| Did NOT work on                       | 7                 | 12.5%   | 23.4% |  |
| <b>STI Screening</b><br>Worked on     | 3                 | 73.3%   | 93.1% | HIV testing for sexually-active students   |
| Did NOT work on                       | 10                | 62.0%   | 57.1% |  |
| <b>Dep/Anx</b><br>Worked on           | 12                | 37.5%   | 70.9% | Use of depression/anxiety assessment tools (PHQ-9, SCARED), care coordination                  |
| Did NOT work on                       | 3                 | 44.4%   | 52.1% |  |
| <b>Immunization</b><br>Worked on      | 3                 | 63.3%   | 80.4% | Assessing HPV vaccination status, providing informational materials, and administering vaccine |
| Did NOT work on                       | 12                | 43.3%   | 45.2% |  |

\*(All sites worked on the EPSDT exam (20 SBHCs that participated for the full term, plus two that participated for a portion of the project, thus N=22); cohorts 1 and 2 did medical record reviews on POW, Dep/Anx, and Immunization beginning their second year of participation (14 SBCHs that participated full term and one for a portion of the project, thus N=15); and the same cohorts 1 and 2, minus 2 middle schools, did medical record reviews on STI Screening (thus N=13).

Overall, sites maintained or continued improvements in WCC/EPSDT over time and significantly improved in each new area in which they focused. Marginal improvements were also seen in some clinical areas for sites that did not focus on but nonetheless measured and tracked using the master MRR. Although sites that did not focus on an area showed small improvements, the large improvements made by those sites that received focused coaching in specific clinical areas strongly supports the SHCIP quality improvement coaching model.

A final analysis of the medical record reviews may be found in Attachment J.

### 3) Engaging youth in their own care

All participating SHCIP sites were required to administer the Youth Engagement with Health Services (YEHS!) survey during each year of participation. The YEHS! survey is a new survey developed by the project team to gather data directly from adolescents utilizing school-based health centers about their health care experiences, including health care access and utilization, satisfaction and experiences with health care, receipt of anticipatory guidance, and engagement with health care. Results from the YEHS! were used both to guide quality improvement efforts at the site level and to provide insights into the health care experiences of adolescents using SBHCs overall. Further, the results allowed us to compare the health care experiences of those who receive most of their care at the SBHC and those who receive most of their care elsewhere.

Data from the YEHS! survey indicate that adolescents who receive most of their care at SBHCs (usual SBHC-users) are more engaged with their health care and report better experiences with care. Figures 2 and 3 below highlight some of these differences. Data from the YEHS! survey also indicate that engaged youth experience better care. Youth who experienced higher engagement scores reported fewer unmet needs for anticipatory guidance. They also reported better experience of care scores.

Figure 2: Youth engagement in their own health care, YEHS! survey 2014

### Usual SBHC-Users are More Engaged with Their Health Care

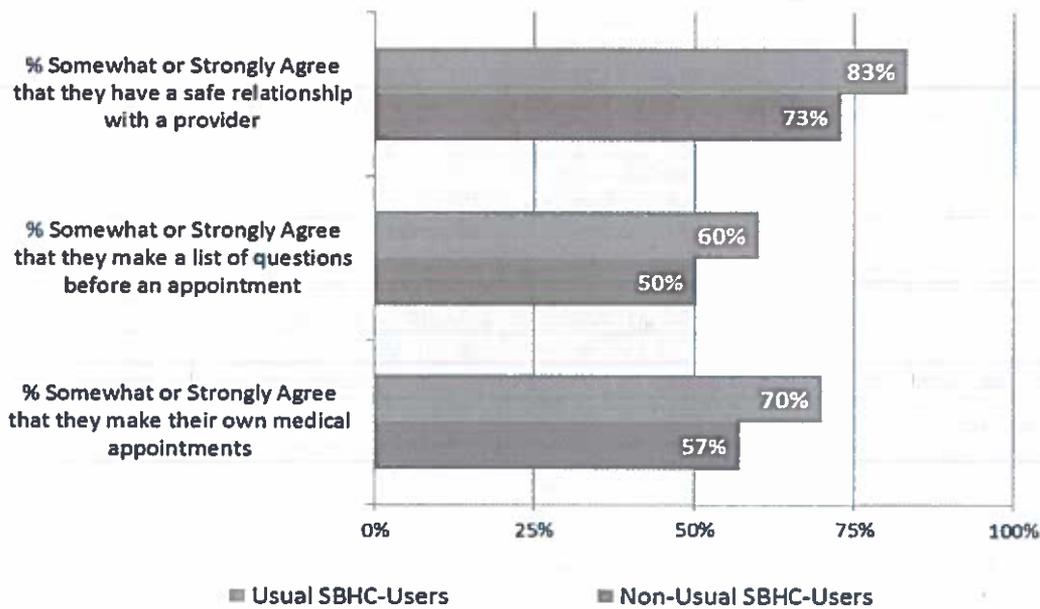
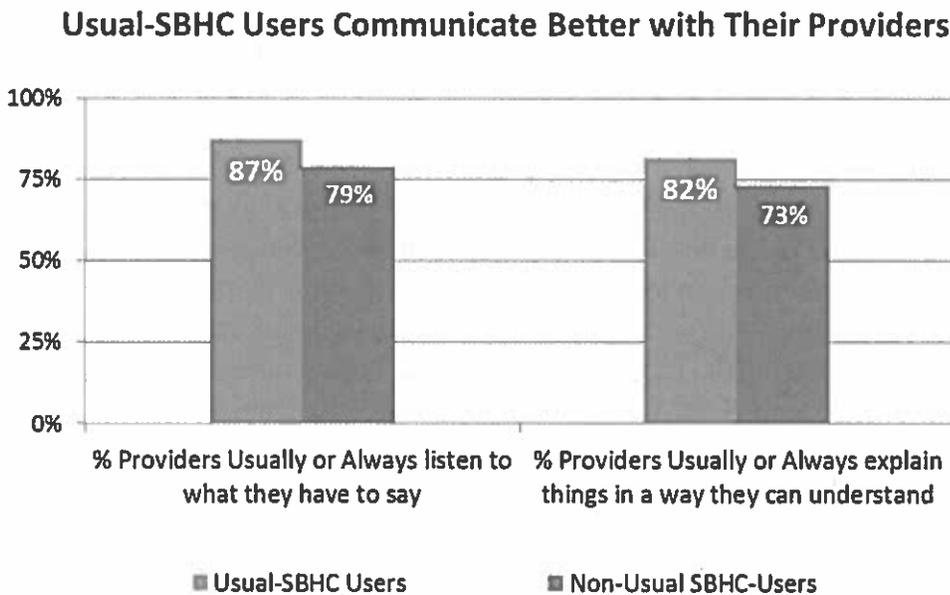


Figure 3: Youth reports of Provider communication, YEHS! survey 2014



What are the implications of these changes? (Provide a narrative to explain the data trends submitted)

- 1) Implications of the results of the medical home assessments are that SBHCs are able to serve as medical homes. The Medical Home Index used in Colorado is a workable and feasible index for SBHCs, while the NCQA criteria require some modifications to be appropriate for SBHCs. As states develop criteria for medical homes, they should be made aware that SBHCs can act as medical homes and should be included in PCMH recognition programs.
- 2) Implications of the substantial changes in scores in clinical areas (i.e., EPSDT, POW, STI screening, Dep/Anx, Immunization) are that the quality improvement protocols and coaching “worked” and led to substantial improvement in scores. Further implications are that other sites could achieve these improvements if they had QI interventions.
- 3) Implications of engaging youth in their own care show that it is worth the effort; when youth are more engaged in their health care they experience better care and report fewer unmet needs for anticipatory guidance. SBHCs foster youth engagement with their health care. Youth who receive more of their care at the SBHC are more engaged with their care than those who receive most of their care outside of a SBHC.

## IV. Sustainability (By Category)

How have the results, including data and strategic lessons, been disseminated to stakeholders of interest?

### **(CO & NM)**

The Project Team published a document entitled *Right Place, Right Time. School-Based Health Centers Improve Care for Adolescents* that describes the project and evaluation results. It outlines the valuable lessons learned and includes a list of policy and practice recommendations based on lessons learned. This is being widely disseminated to stakeholders in both Colorado and New Mexico via email and regular mail. The report is also being posted on the following websites: Colorado Department of Health Care Policy and Finance (HCPF), Envision New Mexico (ENM), New Mexico Alliance for School-Based Health Care, and the Colorado Department of Public Health and Environment (CDPHE)/SBHC Program.

The Project Team in Colorado hosted a final advisory committee meeting on February 11, 2015 to highlight the SHCIP successes and extended invitations to other administrators, policy-makers and SBHC stakeholders outside of the advisory committee. The Project Team in New Mexico shared the project report, including policy and practice recommendations with the Advisory Committee and encouraged stakeholders to distribute the lessons learned and recommendations widely. In addition, project team members submitted an abstract to the School Based Health Alliance (SBHA) to present policy recommendations during their Annual Meeting in June 2015.

Throughout the course of the grant, Project Team members have presented SHCIP, the evaluation results, the tools created, and lessons learned in a variety of venues. In addition, several journal articles have been published on various aspects of the project. Please see Attachment C for a complete list of presentations and published articles.

Project Team members from both states have provided input to SBHA in their efforts to establish and collect national performance measures for SBHCs. SBHA specifically reached out to consult with the Project Team as national leaders in this work.

## WHAT IS THE IMPACT OF THIS DEMONSTRATION GRANT ON THE MEDICAID/CHIP PROGRAM IN YOUR STATE OR ON CHILDREN'S HEALTH CARE MORE BROADLY? HOW HAS THE DEMONSTRATION GRANT INFLUENCED THE PROMINENCE OF CHILD HEALTH QUALITY IN YOUR STATE? (CO & NM)

The Colorado Project Team greatly helped SBHCs position to be vital partners in Colorado's Accountable Care Collaborative (ACC) throughout the grant period, including medical home integration, recognition and payment. This was done by providing a consistent voice for SBHCs in Medicaid and other state level health care reform discussions; by demonstrating SBHCs ability to meet patient centered medical home (PCMH) criteria to policy makers; by educating SBHCs about the ACC and the importance of local involvement; and by increasing the capacity of SBHCs to incorporate QI principles and processes into their practice and thus improve the quality of service delivery. The CO Project Team, in partnership with other child health advocates, was successful at advocating for well child checks (WCC) to be a key performance measure in Colorado's ACC.

The New Mexico Project Team has advocated for SBHCs to be considered in ongoing state policy and program changes. This includes: advocating for appropriate billing codes for SBHC under the new State Medicaid Centennial Care Program; advocating for the inclusion of SBHCs in Medicaid Managed Care Organizations (MCO) Pay for Performance programs, currently being piloted in SBHCs by one MCO; and inclusion of SBHCs and other pediatric practices in any state-level PCMH requirements, resulting in the upcoming development of an inclusive PCMH recognition process as part of a newly funded SIM planning grant.

## WHAT WILL ENDURE AFTER THE DEMONSTRATION GRANT ENDS? (CO & NM)

Many of the lessons learned from SHCIP are being implemented by the Colorado and New Mexico SBHC Programs to assure ongoing quality care for children accessing SBHCs. The Colorado SBHC Program is housed at CDPHE and currently funds 49 operational SBHCs and 6 planning/preplanning SBHCs across the state. The New Mexico SBHC Program is housed in the Department of Health (DOH) Office of School and Adolescent Health (OSAH) and currently supports 53 SBHCs across the state. In order to determine what aspects of the project were most impactful and thus should be sustained and expanded statewide, the Project Teams and SBHC Program staff considered the following: the key messages and lessons learned from SHCIP, input from participating SBHCs, alignment with existing program goals, and available funding, staffing and other resources. The following outlines the change/enhancements being made to the SBHC Programs and SBHCs across the state as a result of SHCIP.

### **Statewide Data Collection & Evaluation System**

In Colorado, collection and analysis of encounter/visit data is being expanded to include all state-funded SBHCs. SBHCs will be required to securely export protected health information (PHI)

encounter data to Apex for analysis. Regular reports will be provided to SBHCs for purposes of quality improvement (QI) and evaluation. This system will replace the old, antiquated data reporting mechanism and will improve CDPHE's ability to describe the scope and quality of services provided by SBHCs to children and youth that are covered by Medicaid and CHIP.

In New Mexico, OSAH will continue to contract with Apex to support encounter/visit data collection and analysis. Findings from this project will be used to make improvements to the way that data is collected, analyzed and shared to best capture and describe SBHC services in New Mexico.

### **eSHQ Expansion**

In Colorado, the electronic Student Health Questionnaire (eSHQ) tool, considered the "gold nugget" of the project by participating sites, is now being made available to non-SHCIP SBHCs using state SBHC Program dollars. Its functions have been expanded to allow providers to select from a menu of standardized screening and assessment tools, depending on the specific needs of the youth. All of the Colorado SHCIP sites that used the eSHQ during the demonstration project plan to continue using the eSHQ and new menu of assessment tools after the grant ends. In New Mexico, the eSHQ tool and the new menu of assessment tools will be expanded to all DOH-funded SBHCs as part of a new grant and based on the positive feedback from SHCIP sites about the tool.

### **Health Information Technology (HIT) Support**

Apex will provide ongoing HIT support to SBHCs for the statewide data collection and evaluation system as well as for the eSHQ administration in both states. Several Colorado SBHCs are utilizing SBHC Program expansion funding to build electronic health record (EHR) templates that improve the quality and efficiency of data reporting. Some are also using state dollars to contract for coding/billing training. In New Mexico, SBHCs without an EHR will continue to explore EHR implementation options, building off lessons learned in SHCIP.

### **Performance Measure Reporting to Assess Service Quality**

Based on the lessons learned through SHCIP, in 2013-2014 the Colorado SBHC Program implemented a new work plan for SBHC contractors requiring them to report biannually on select clinical quality indicators, including all of the SHCIP quality indicators. This was implemented for purposes of QI and evaluation. However, the large number of measures on the work plan has proven to be overly burdensome to sites. Plans are in place to streamline the measures from 30 plus to four to six that can all be easily extracted from the data export. Sites will be provided guidance on coding around these measures. Building off lessons learned in SHCIP, the New Mexico SBHC Program is redesigning their QI requirements for DOH-funded SBHCs for the funding cycle beginning in July 2015.

### **QI Coaching/Technical Assistance**

The Colorado SBHC Program is making ongoing coaching and technical assistance available to interested SBHC contractors around the clinical quality indicators. The Program has contracted with the Colorado clinical QI coach from SHCIP to provide this service. In addition, the SBHC

Program has created an online toolkit with best practice guidelines and other resources. Many of the tools that were developed by SHCIP are now posted on this website, including the eSHQ, medical record review (MRR) templates, etc. In addition, the SBHC Program will tap into the resources available through CDPHE's Positive Youth Development Program to provide youth engagement resources to the SBHCs. Lastly, the Program will coordinate workshops and webinars to support the QI work as technical assistance needs are identified.

Envision NM will continue to contact with DOH to provide QI coaching to SBHCs. The ongoing SBHC QI program will be informed by SHCIP lessons learned and will take advantage of the numerous resources developed as part of the project. Envision NM is in the process of making all youth engagement resources available on its website and will integrate the SHCIP MRR templates into its data collection system. The integration of SHCIP learning and resources into the SBHC QI program will be driven by two Project Team members that are transitioning into this program. ENM will continue to plan and host webinars and learning opportunities for SBHCs and other pediatric providers in New Mexico.

### **Medicaid Claims Analysis**

The Colorado SBHC Program will continue to work with HCPF and the Colorado Association of School-Based Health Care to improve Claims data. A SBHC place of service code has been created and is beginning to be used by the SBHCs. This will allow for better identification of primary care visits that occur within a SBHC and that are paid by Medicaid. This will not resolve the issue of identifying behavioral health visits that occur within a SBHC. Ongoing discussions will continue around this challenge.

In New Mexico, the SBHC Program is working with Medicaid MCOs and other stakeholders to develop and implement new procedures to ensure accurate location coding, and to reach agreement from MCOs on a consistent way to successfully track and link claims to SBHCs. Efforts to identify Medicaid services provided at SBHCs will further establish the vital role SBHCs play in the health care delivery system and the ways in which they can help the MCOs meet their contractual requirements.

### **State/National Level Involvement in Health care Reform Activities**

SBHC Program staff in both states will continue to promote and support SBHCs in national and state health reform efforts. They will work to align SBHC standards with state policies and changes related to health care reform. The SBHC Programs will continue to work with its partners to advocate for policy change that will increase access to care, including the elimination of Explanation of Benefits (EOBs) for confidential services. Additionally, CDPHE's SBHC Program staff are involved in the implementation of Colorado's State Innovation Model Test Award to ensure that SBHCs are key players in the state's efforts to improve health care quality and lower costs.

### **Interstate Collaboration**

The Colorado SBHC Program and ENM hope to continue to collaborate and communicate around QI and SBHCs beyond this grant. At this time plans are in place to have ongoing conversation as the two programs continue to rework their SBHC QI requirements and assistance offered. Grant partners plan to continue sharing QI resources such as webinars, tool kits, and policy resources after the grant ends. Additionally, both states will continue to collaborate with Apex to refine SBHC data collection efforts and to provide input into the content and features of the eSHQ.

### **WHICH ASPECTS OF THE DEMONSTRATION GRANT WILL END?**

It is financially prohibitive to continue ongoing intensive QI coaching with all the state-funded SBHCs. For SHCIP, participating SBHCs had large doses of one-to-one contact with coaches, including monthly phone calls and 3-4 site visits per year. As above, QI coaching will be made available but on a volunteer basis and not as intense.

In addition, financial incentives for participation in QI projects will not be offered although QI is an expectation of state SBHC funding. Youth engagement and solicitation of youth feedback is also an expectation of funding but incentives for youth to participate in surveys will not be continued.

## **V. Feedback for CMS**

### **Overall Grant Demonstration Program Design: What could have been better?**

Grant application: Due to the short turnaround time for submission, the grant application was written by a few key people in the two States who consulted briefly with key evaluators. The application was finally assembled by a grant writer who had little contact with the widely scattered key people who conceived of the basic elements of the Project.

During the first months, in which HCPF had not yet hired a dedicated Project Director, the members of the Project Team assembled, including some people who had had no part in writing the application and only began thinking through how to implement the grant after the award. These Team members consulted with one another as an organized team structure began to form. Two face-to-face meetings during the first nine months enabled the team to craft the first iteration of the goals and objectives. The newly hired Project Director had less than one month to assemble the first “final” operational plan for timely submission to CMS.

Because of the expectation that an operational plan would be completed nine months after award, project team members began work without contracts or funding. This created legal problems.

During the second year, the Project Team organized into work groups and designed methods for meeting the goals and objectives. CMS provided feedback on the goals and objectives, identifying problems in concept and problems with measurement. The Project Team reviewed and discussed CMS's concerns at great length. After two more iterations, our Final Operational Plan was approved by CMS in October, 2012.

A period of preparation time prior to the start date would have enabled the grant partners to begin work with contracts at least on the way to completion, and to have the final operational plan approved in less than two years.

Throughout the project, the team occasionally advice from CMS, but CMS was unable to provide advice. For example, the project team was confused about the policy regarding publication. CMS could only refer us to the terms and conditions of the grant, which the team found brief and unclear. As another example, the team sought comment from CMS during the third year on planning for a no-cost extension. In the absence of any comment from CMS, the team elected to make every effort to complete all activities in five years, whereas an additional six months of funding could have been set aside and additional data gathered.

The National Evaluation Team (NET) planned at great length to visit Colorado and New Mexico, then made a brief visit and interviewed many people, then never provided any feedback at all to the Project Team. We were very interested in learning from any observations of the NET, but none were provided.

In the fifth year the NET again planned to visit, discussed their plans at length, and then cancelled the visit. Telephone interviews were held with some stakeholders, we believe, but no input has been provided.

Planning time for the 2015 conference was extremely short. The ten grantees were afforded opportunities to make only very brief presentations of the results of nearly five years of work. More preparation time and longer presentations would have enabled the grantees to better inform interested members of the public about the ten projects.

The monthly project directors' phone calls required such brief presentation of data that depth was lost.

## What worked well?

The demonstration grant has been a tremendous opportunity for the SHCIP team to learn more about SBHCs as a provider model and explore ways to improve the quality of service delivery in partnership with our sites. CMS' flexibility in the program design was greatly appreciated as it allowed for creativity and diversity among state projects. For SHCIP, the flexibility allowed us to continuously modify and improve our tools in order to make them

more useful. It also allowed us to modify our approach to coaching in order to better respond to the needs of the sites. The biannual report format encouraged us to regularly assess barriers and test solutions. Many of the lessons learned from SHCIP are being applied statewide in CO and NM to improve the SBHC Programs. (Please see “What will endure after the demonstration grant ends?” above.)

The Project Team did very much appreciate the evaluation highlights from the National Evaluation Team that featured our work and the work of other grantees.

The CMS CHIPRA Grantee Conference in Washington, DC in 2011 was extremely beneficial as it provided an opportunity to network with other state teams and learn from experts in the field. SHCIP appreciated the opportunity to meet with other grantees again in 2014. The CMS webinars were also helpful.

The webinars offered by CMS were good. Many team members attended them.

What recommendations can you make for ensuring that the lessons from this demonstration that are helpful to other states and organizations are shared?

CMS should develop a program to spread the innovations and learnings from our project to other SBHCs and from other CHIPRA demonstration projects to the field at large so that others might benefit from this effort. We have outlined policy recommendations based on lessons learned on pages 13-15. Adoption of these policy recommendations would ensure widespread benefit from the learnings of this demonstration project and, in the long run, improve the quality of care delivered to adolescents.

If applicable, which aspects of the collaboration between state grantee partnerships were helpful or challenging to manage?

A critical factor in the organization of work and decision-making throughout SHCIP’s five years has been the complete cooperation of staff in New Mexico and Colorado on all aspects of development and almost all aspects of implementation. Although the SBHC programs, the Medicaid Programs, and the CHIP programs of the two States differ in some respects, the SHCIP team recognized that all Medicaid programs are unique, and chose to carry out the Project in as unified a fashion as possible across State lines. In this way, the Team hopes to have produced findings and recommendations that will be widely applicable throughout the United States. SHCIP is not two State Projects, but a single Project carried out in two States.

During our first year the Project Team tried different organizational strategies for getting our work done, but settled on work groups as the basic work unit. Each work group was assembled to accomplish a key task of the Project, and included Team members representing all aspects of

the Team needed in that work group; generally both States were also represented. The work group developing the Student Health Questionnaire (SHQ), for example, included members of both State teams and the Evaluation Team. The number and constituents of work groups changed from time to time. The work groups included (1) development of the SHQ; (2) development of the youth engagement questionnaire; (3) (4) the two State Implementation Teams; (5) the Evaluation Work Group; (6) a work group to meet institutional review board requirements in both States; and other work groups as were needed from time to time at different stages of the Project.

The Project Team also selected a Management Team which met monthly to oversee the Project, to assure that we were progressing toward goals and objectives, to discuss contracts and expenditures, and to find solutions to problems that arose along the way. The Management Team represented both States, the two State Implementation Teams, and the four lead agencies of the Project: HCPF, the NM Department of Health (NM DOH), the Colorado Department of Public Health and Environment (CDPHE), and the NM Human Services Department (NM HSD, which includes the NM Medicaid Program).

Team meetings were almost all held on a conference phone line funded by HCPF. This enabled the two State Implementation Teams to communicate regularly about work methods, but enabled the Implementation Teams to communicate frequently with our evaluators, who worked in Hawaii and the District of Columbia. The timing of meetings, therefore, often had to encompass six time zones. Key documents, including the conference phone schedule, were posted for everyone's use on SmartSheet, an internet tool.

Finally, the entire Project Team met monthly by telephone to review current topics, receive information about decisions made by the Management Team, to debate issues, and to plan the direction of the Project. The Project Team met twice a year in face-to-face meetings held alternately in the two States. These meetings lasted two full days to include meetings of the entire Team, work groups meetings, and other communication among members in smaller meetings.

A challenge of the collaboration was the role of the NM Human Services Department (HSD). HSD functioned as a contracting intermediary between Colorado HCPF and the Project Team in New Mexico, who were housed at the University of New Mexico's School of Medicine's Department of Pediatrics. This contracting arrangement was inefficient and, at times, it led to misunderstandings.

NM HSD did, however, assist the project team with (1) bringing Medicaid managed care organizations to the advisory council; (2) assisting with development of Medicaid claims data; and (3) collaborating with the project team in developing strategies for improved Medicaid claims data for SBHCs.

## VI. Spotlight Activity

Decide what activity will be spotlighted. Describe an activity completed during the demonstration of which the project team is especially proud. How could this activity be replicated in other states?

**The development, deployment, and utilization of the electronic student health questionnaire (eSHQ) is an activity of which the SHCIP team is especially proud. Assessment of risk in adolescents is extremely important, but in order to have risk screening tools used widely in practice, they need to be user-friendly, appealing to adolescents, and easy to integrate into office flow. As part of this project, we developed an iPad application (the eSHQ) for a paper risk screening tool.**

**The eSHQ was implemented successfully in project sites. In the last school year 2013-2014, almost 3,000 students in our demonstration project took the eSHQ: 1,861 in New Mexico and 1,076 in Colorado, representing a little over half of all students using the SBHCs in that year. Table 2 below shows actual eSHQ results aggregated for middle and high school students in Colorado and New Mexico.**

**Table 2: Aggregate eSHQ results for selected indicators, 2013-2014 school year.\***

| eSHQ Topic                                   | Colorado High School<br>n=610 | Colorado Middle School<br>n=462 | New Mexico High School<br>N=1240 | New Mexico Middle School<br>N=621 |
|--|-------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| Don't do 1 hour physical activity a day      | 25%                           | 16%                             | 22%                              | 14%                               |
| Watch TV, video games, computer 2+ hours/day | 49%                           | 54%                             | 50%                              | 53%                               |
| Don't eat 5+ fruit/veg a day                 | 61%                           | 48%                             | 66%                              | 57%                               |
| Worry something bad might happen             | 27%                           | 33%                             | 37%                              | 38%                               |
| Tense, stressed out, difficult relaxing      | 44%                           | 25%                             | 50%                              | 36%                               |
| Down, depressed, irritable or hopeless       | 24%                           | 20%                             | 31%                              | 25%                               |
| Less enjoyment, or interest I doing things   | 25%                           | 22%                             | 28%                              | 27%                               |
| Seriously considered suicide                 | 13%                           | 7%                              | 14%                              | 9%                                |
| Hurt themselves on purpose                   | 18%                           | 10%                             | 17%                              | 13%                               |
| Ever had sex                                 | 49%                           | 3%                              | 57%                              | 8%                                |
| Used tobacco (past 3 mo)                     | 26%                           | 3%                              | 25%                              | 9%                                |
| Used alcohol (past 12 mo)                    | 29%                           | 3%                              | 23%                              | 7%                                |
| Used marijuana (past 12 mo)                  | 26%                           | 3%                              | 24%                              | 10%                               |

\*Results from Drisko and Morrison, SHCIP Formative Evaluation Summary Report.

Results such as these show high levels of need, especially for high school students. The results are also the beginning point for administering high-quality adolescent care, since they show what sort of intervention is needed for which students.

Interviews and focus groups (see Attachment K) with providers at all sites shed light on the high utility of the alerts and reports from the eSHQ. They show that the eSHQ was highly valued as a screening tool and sites agreed that it was a very useful clinical tool and they used both the individual and aggregate data. Providers in both states said it was one of the project components that they “liked the most” and also indicated that it was an aspect they were “most interested in sustaining” after the grant is over.

See Attachment D for a more detailed description contained in a report to the National Evaluation Team (Mathematica and AHRQ). Other sites could obtain the iPad application of the eSHQ through Apex Education (contact information in the report.) The two middle school questionnaires (in English and Spanish) and the two high school questionnaires (in English and Spanish) are found in Attachments E through H.

## Endnotes

1. Public Law 111-3. Section 401, Children's Health Insurance Reauthorization Act of 2009, (February 4, 2009).
2. U.S. Government Accountability Office. School-Based Health Centers: Available Information on Federal Funding. 2010.
3. AHRQ. National Evaluation of the CHIPRA Quality Demonstration Grant Program. Rockville, MD: AHRQ; 2013.
4. The Patient Protection and Affordable Care Act. Sect. Section 4101(a)(5) (2010).
5. Keeton V, Soleimanpour, S., Brindis, C. School-Based Health Centers in an Era of Health Care Reform: Building on Hlstory. *Curr Probl Pediatr Adolesc Health Care*. 2012;42:132-56.
6. Council on School Health. School-Based Health Centers and Pediatric Practice. *Pediatrics*. 2012;129(2):387-93. Epub 2012/02/01.
7. Wade TJ, Mansour ME, Guo JJ, Huentelman T, Line K, Keller KN. Access and utilization patterns of school-based health centers at urban and rural elementary and middle schools. *Public Health Rep*. 2008;123(6):739-50. Epub 2009/08/29.
8. Lofink H, Kuebler J, Juszcak L, Schlitt J, Even M, Rosenberg J, et al. 2010-2011 School-Based Health Alliance Census Report. Washington, D.C.: School-Based Health Alliance., 2013.
9. Lear JG. Health at school: a hidden health care system emerges from the shadows. *Health Affairs*. 2007;26(2):409-19.
10. Allison MA, Crane LA, Beaty BL, Davidson AJ, Melinkovich P, Kempe A. School-based health centers: improving access and quality of care for low-income adolescents. *Pediatrics*. 2007;120(4):e887-e94.
11. Kaplan DW, Brindis CD, Phibbs SL, Melinkovich P, Naylor K, Ahlstrand K. A comparison study of an elementary school-based health center: effects on health care access and use. *Archives of pediatrics & adolescent medicine*. 1999;153(3):235.
12. Gibson EJ SJ, Minguez M, Lord A, Schuyler AC. . Measuring school health center impact on access to and quality of primary care. *Journal of Adolescent Health*. 2013;53(6):699-705.
13. Shenkman E YL, Nackashi J. Adolescents' Preventive Care Experiences Before Entry into the State Children's Health Insurance Program. *Pediatrics*. 2003;112(6):e533-e41.
14. Adams EK, Johnson V. An elementary school-based health clinic: can it reduce medicaid costs? *Pediatrics*. 2000;105(4 Pt 1):780-8. Epub 2000/04/01.
15. Young TL, D'Angelo S L, Davis J. Impact of a school-based health center on emergency department use by elementary school students. *J Sch Health*. 2001;71(5):196-8. Epub 2001/06/08.
16. Guo JJ, Wade TJ, Pan W, Keller KN. School-based health centers: cost-benefit analysis and impact on health care disparities. *American journal of public health*. 2010;100(9):1617-23. Epub 2010/07/17.
17. Committee on Adolescence. Achieving Quality Health Services for Adolescents. *Pediatrics*. June 2008;121(6).
18. Ziv A BJ, Slap GB. Utilization of physician offices by adolescents in the United States. *Pediatrics*. 1999;104(1):35-42.
19. Irwin C, Adams SH, Park MJ et al. Preventive care for adolescents: few get visits and fewer get services. *Pediatrics*. 2009;123(4):e565-e72.
20. Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. *JAMA*. 1999;282(23):2227-34. Epub 1999/12/22.
21. Centers for Disease Control and Prevention NCHS. National Health Interview Survey. CDC/NCHS; 2012.

22. Samargia LA, Saewyc EM, Elliott BA. Foregone mental health care and self-reported access barriers among adolescents. *The Journal of school nursing : the official publication of the National Association of School Nurses*. 2006;22(1):17-24. Epub 2006/01/27.
23. Klein JD, McNulty M, Flatau CN. Adolescents' access to care: teenagers' self-reported use of services and perceived access to confidential care. *Arch Pediatr Adolesc Med*. 1998;152(7):676-82. Epub 1998/07/17.
24. Fox H, Rogers, K, McManus, M. State EPSDT Policies for Adolescent Preventive Care. The National Alliance to Advance Adolescent Health [Internet]. 2011.
25. Eaton DK KL, Kinchen S, et al. Youth risk behavior surveillance: United States, 2011. *MMWR Morb Mortal Wkly Rep*. 2012;61(4):1-162.
26. Ogden CL CM, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States 2011-2012. *JAMA*. 311(8):806-14.
27. Centers for Disease Control and Prevention. Obesity Facts. 2014.
28. Barlow S, and the Expert Committee,. Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. *Pediatrics*. 2007;120:S164-S92.
29. Corona M, McCarty C. and Richardson, L. Screening adolescents for depression. *Contemporary Pediatrics [Internet]*. 2013.
30. Riggs S, Cheng, T. Adolescents Willingness to Use a School Based Clinic in View of Expressed Health Concerns. *Journal of Adolescent Health Care*. 1988;9:208-13.
31. Juszczak L, Melinkovich, P, Kaplan, D. Use of Health and Mental Health Services by Adolescents Across Multiple Delivery Sites. *Journal of Adolescent Health*. 2003;32(6):108-18.
32. Kaplan D, Calonge, B, Guernsey, B, Hanrahan, M. Managed Care and School-based Health Centers: Use of Health Services. *Archives of Pediatric and Adolescent Medicine*. 1998;152:25-33.
33. Marcell AV, Wibbelsman, C., Segel, Warren and the Committee on Adolescence. Male Adolescent Sexual and Reproductive Health Care. Clinical Report. *Pediatrics*. 2011;2011(128).
34. Centers for Disease Control and Prevention. Sexual Risk Behavior: HIV, STD and Teen Pregnancy Prevention. Centers for Disease Control and Prevention, Division of Adolescent and School Health.
35. Daley MF, Curtis CR, Pyrzanowski J, et al. Adolescent immunization delivery in School-Based Health Centers: A national survey. *Journal of Adolescent Health*. 2009;45:445-452.
36. Nielsen M, Olayiwola JN, Grundy P, Grumbach K, Shaljian M, eds. 2014. *The Patient-Centered Medical Home's Impact on Cost & Quality: An Annual Update of the Evidence, 2012-2013*. Patient-Centered Primary Care Collaborative.

## VIII. Attachments

Include a list of all reports generated by your evaluator or your own evaluation efforts. Provide an overall summary of these evaluations, if applicable.

- A. SHCIP Evaluation Integrated with Goals and Objectives**
- B. Formative Evaluation Summary**
- C. Publications and Presentations of the SHCIP Team**
- D. Student Health Questionnaire Results**
- E. High School Student Health Questionnaire (English)**
- F. Middle School Student Health Questionnaire (Spanish)**
- G. Middle School Student Health Questionnaire (English)**
- H. High School Student Health Questionnaire (Spanish)**
- I. Youth Engagement with Health Services (YEHS!) Survey 2013-14 Results**
- J. Final Analysis of Medical Record Reviews**
- K. Focus Group Summary Results**

# ATTACHMENT A



# I. Grant Objectives and Outcome Measures

## ***Grant Category C – School-Based Health Centers will be Partners in the Medical Home Approach***

***Goal 1 –Facilitate the integration of the medical home approach into school-based health centers***

**Objective 1.1 By December 2013, 100% of participating SBHCs will demonstrate movement toward adoption of medical home characteristics, as measured through administration of the Medical Home Index in CO and the NCQA tools in NM.**

| Measure  | Data Source- Numerator | Data Source- Denominator |
|--|------------------------|--------------------------|
| MHI (CO), NCQA (NM) or some other PCMH tool administered by Dec 2013 | QI notes               | QI notes                 |

**Objective 1.2 By July 2014, 100% of participating SBHCs will have adopted the medical home approach, as measured through improvement in scores on the Medical Home Index in CO or receiving level 1 certification from NCQA in NM.**

| Measure  | Data Source- Numerator | Data Source- Denominator |
|--|------------------------|--------------------------|
| Improvement on MHI (CO) or attainment of NCQA level 1 (NM) (or improvement in some other PCMH tool used over time) | QI notes               | QI notes                 |

### **Evaluation Questions and other measures:**

1.1.1 – Has communication improved between SBHCs and community primary care providers (PCP)?

1.1.2 – Has SBHC become more integrated in a medical home approach?

1.1.3 – Has more of the school population been reached and has scope of services improved?

| Measures   | Data Source- Numerator                            | Data Source- Denominator                            |
|--|---|---|
| Appropriate referrals made if medically necessary  | Medical Record Review (MRR) ("yes" to "referral") | MRR ("yes" to "medically necessary condition")      |
| Proportion of providers who communicate results to SBHC  | Provider survey                                   | Provider survey                                     |
| Proportion of students using the SBHC with an EPSDT or well child examination (overall and for | Welligent for EPSDT and well child                | Welligent for total number of students with a visit |

|   |   |                                     |
|---|---|-------------------------------------|
| Medicaid/CHIP, uninsured, private/other)  |   |                                     |
| Number/proportion of participating SBHCs who have mapped/identified community resource with which to work | QI coaches for number who have identified community resources for referrals | Total number of participating SBHCs |

**Goal 2: Gather and extend the support of a collaborative network of stakeholders across multiple payers and organizations to work toward measurably improving the quality of care provided to Medicaid and CHIP children served at SBHCs. This objective will be realized when each state has convened an Advisory Committee that meets regularly to provide guidance on the SHCIP project.**

| Measure                                 | Data Source- Numerator                | Data Source- Denominator              |
|---|---------------------------------------|---------------------------------------|
| Advisory Committee is meeting regularly | Advisory committee schedule and notes | Advisory committee schedule and notes |

**Goal 3: Improve tracking and documentation of care coordination for chronic medical or behavioral health care conditions in SBHCs, for children and youth identified with pediatric overweight and at risk for depression/anxiety.**

**Objective 3.1: By August 2011, an electronic Student Health Questionnaire will be developed to screen adolescents for risk behaviors and facilitate care coordination.**

| Measure                      | Data Source- Numerator | Data Source- Denominator |
|------------------------------|------------------------|--------------------------|
| Develop an eSHQ by Aug 2011. | QI coaches             | QI coaches               |

**Objective 3.2: By August 2013, 100% of participating sites will use the electronic Student Health Questionnaire to identify patients at risk for depression/anxiety.**

| Measure                                 | Data Source- Numerator     | Data Source- Denominator    |
|---|----------------------------|-----------------------------|
| 100% of sites using eSHQ by August 2013 | QI coaches/Welligent files | QI coaches/ Welligent files |

**Objective 3.3: By July 2014, 100% of participating sites working on depression/anxiety and pediatric overweight content areas will be using medical record review/registry review tools to improve documentation of diagnosis, treatment, referral, and follow-up for pediatric overweight and depression/anxiety, as medically indicated.**

| Measure   | Data Source- Numerator | Data Source- Denominator |
|---|------------------------|--------------------------|
| 100% of sites working on depression/anxiety and POW will be using | QI coaches             | QI coaches               |

|  |  |  |
|--|--|--|
| medical record review/registry review tools by July 2014 |  |  |
|--|--|--|

**Objective 3.4: By July 2014, 100% of participating SBHCs will use team/case conferencing to improve communication between primary and behavioral health providers in the SBHC setting for students identified with depression/anxiety.**

| Measure   | Data Source- Numerator | Data Source- Denominator |
|---|------------------------|--------------------------|
| 100% of participating SBHCs will use team/case conferences by July 2014 | QI coaches             | QI coaches               |

**Grant Category E – Improving Care and Outcomes**

**(CMS: Create a model targeting health care delivery, coordination, quality or access)**

***Goal 4 –Screening and preventive care services delivered to children and reporting of data at participating SBHCs will increase.***

**Objective 4.1 By the end of their first year of participation, 100% of SBHCs will establish a process for screening and identification of youth for sexually transmitted infections, depression/anxiety, pediatric overweight/obesity and immunization status for the adolescent population.**

| Measures   | Data Source- Numerator | Data Source- Denominator |
|--|------------------------|--------------------------|
| 100% of SBHCs established a process for screening and identification of youth for STIs, depression/anxiety, pediatric overweight/ obesity and immunization status by end of first year of participation. | QI coaches             | QI coaches               |

**Objective 4.2 By the end of their first year of participation, 80% of SBHCs will document all required elements at least 75% of the time for EPSDT exams.**

| Measures  | Data Source- Numerator | Data Source- Denominator |
|---|------------------------|--------------------------|
| 80% of SBHCs will document ALL required elements at least 75% of the time for EPSDT exams by end of first year of participation | MRR and/or RR          | MRR and/or RR            |

**Objective 4.3 By the end of their second year of participation, 60% of SBHCs will document at least 75% of the time each required element for a second content area, depression/anxiety, sexually transmitted infection screening, or pediatric overweight.**

| Measures  | Data Source- Numerator | Data Source- Denominator |
|---|------------------------|--------------------------|
| 60% of SBHCs will document at least 75% of the time each required element for a second content area by end of second year | MRR and/or RR          | MRR and/or RR            |

**Objective 4.4** By the end of their third year of participation, 60% of SBHCs will document at least 75% of the time each required element for a third content area, depression/anxiety, sexually transmitted infection screening, or pediatric overweight.

| Measures  | Data Source- Numerator | Data Source- Denominator |
|---|------------------------|--------------------------|
| 60% of SBHCs will document at least 75% of the time each required element for a third content area by end of third year | MRR and/or RR          | MRR and/or RR            |

**Other additional measures**

| Measures  | Data Source- Numerator   | Data Source- Denominator   |
|---|--|--|
| <b>EPSDT and Immunizations</b>  |  |  |
| Proportion of compliant EPSDT examinations  | EPSDT MRR for those 100% compliant                               | Total sample of children with EPSDT examinations   |
| Proportion of students not UTD who were immunized on the EPSDT visit  | Immunization MRR   | Total sample of children with EPSDT examinations   |
| Proportion of students UTD at end of EPSDT visit  | Immunization MRR   | Total sample of children with EPSDT examinations   |
| <b>Chlamydia screening treatment and follow-up</b>  |  |  |
| Proportion of sexually active students who received Chlamydia testing   | Chlamydia MRR  | All students sample of those sexually active (from electronic Student Health Questionnaire (eSHQ) pulled for Chlamydia MRR |
| Proportion of those testing positive who receive treatment  | Chlamydia MRR  | Chlamydia MRR for positive Chlamydia screen (Y/N)  |
| Proportion of those testing positive with 3-month follow-up visit scheduled                                   | Chlamydia MRR for visit (Y/N)                                    | Chlamydia MRR for positive Chlamydia screen (Y/N)  |
| <b>Depression screening and treatment</b>   |  |  |
| Proportion of students at risk for depression who received depression screening (PHQ-9 or similar instrument) | Depression MRR for those who received depression screening (Y/N) | Sample pulled for depression MRR (eSHQ shows risk)   |

|   |  |  |
|---|--|--|
| Proportion of those who received a dx of depression who received treatment          | Depression MRR for those who received tx (Y/N) | Depression MRR for those with dx of depression (Y/N) |
| Proportion of students whose results were transmitted to PCP, <i>as appropriate</i> | Depression MRR                                 | Depression MRR                                       |
| <b>Pediatric overweight screening and treatment</b>                                 |  |  |
| Proportion of students screened for overweight/obesity                              | POW MRR  | Total sample pulled as at risk for POW               |
| Proportion of those students who received appropriate treatment                     | POW MRR for tx                                 | POW MRR for those who need tx                        |
| Proportion of those students whose results were transmitted to PCP                  | POW MRR  | POW MRR  |

-----

**Goal 5 - Participating SBHCs will implement strategies to effectively engage youth as partners in advancing their health literacy.**

**Objective 5.1 By March 1, 2012, SHCIP staff will develop a Youth Engagement in Health Services! (YEHS!) survey tool to obtain feedback from SBHC patients about their experiences with health care utilization, anticipatory guidance, confidentiality, satisfaction, and health engagement.**

| Measure   | Data Source- Numerator | Data Source- Denominator |
|---|------------------------|--------------------------|
| SHCIP staff will develop a YEHS! by March 1, 2012 | YEHS! survey           |                          |

**Objective 5.2 By July of each year of the grant, 100% of participating sites will be administering the YEHS! to student users.**

| Measure  | Data Source- Numerator | Data Source- Denominator |
|--|------------------------|--------------------------|
| 100% of participating sites will be administering the YEHS! by July of each year | YEHS! survey           |                          |

**Objective 5.3 By July 2014, 100% of SBHCs involved in SHCIP will have participated in youth engagement training, and have completed a baseline survey of staff attitudes, approaches and activities related to youth engagement.**

| Measure   | Data Source- Numerator                                       | Data Source- Denominator |
|---|--|--------------------------|
| 100% of participating sites will have participated in YE training, and have completed a baseline survey | Baseline survey<br>YE coaches notes and/or tracking document |                          |

**Objective 5.4 Beginning in the Fall of 2012, results of the YEHS! and SBHC Staff Attitudes, Approaches and Activities surveys will be utilized as tools to inform the quality improvement processes related to youth engagement and health literacy. Outcomes from the YEHS! Include: proportion of students engaged with their health care; student level of satisfaction with health care; proportion of students reporting having received appropriate anticipatory guidance.**

| Measure  | Data Source- Numerator  | Data Source- Denominator |
|--|-------------------------|--------------------------|
| YEHS! and SBHC staff survey will be used as improvement tools beginning in Fall 2012 | YEHS! SBHC staff survey |                          |

**Objective 5.5 By August of 2014, 90 % of participating SBHCs will employ site-specific youth engagement strategies, improving student health literacy.**

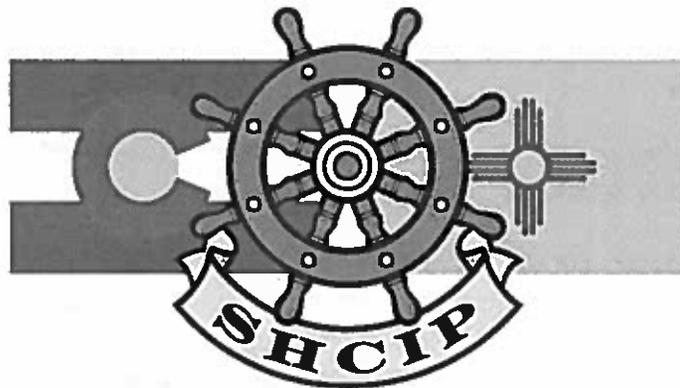
| Measure  | Data Source- Numerator                | Data Source- Denominator |
|--|---------------------------------------|--------------------------|
| 90% of participating SBHCs will employ youth engagement activities | SBHC staff survey<br>YE coaches notes |                          |

## ATTACHMENT B



# SHCIP Formative Evaluation Summary Report, Colorado and New Mexico

Year 3 of implementation, 2013-14 school year



**School-Based Health Center  
Improvement Project**

July 2014

Jodi Drisko, MSPH  
Parametrix Group, LLC



Shannon Morrison, PhD  
Apex Evaluation



# **SHCIP Formative Evaluation Summary Report Year 3 of implementation, 2013-14 school year Colorado**

## **I. Overview and Context**

Currently there are 54 school based health centers (SBHC) in Colorado. They are located in 21 of Colorado's 178 school districts, most in communities where access to care is limited for a large number of children, either because of low income, lack of health insurance, or geographic isolation.

In fiscal year 2013-14, the Colorado Department of Public Health and Environment's (CDPHE) School-Based Health Center Program awarded over \$3.6 million in state funds to 15 programs that oversee 47 SBHCs. The average cost to run a school-based health center is about \$250,000 per year, so SBHCs in the state must rely on multiple funding sources for operation and administration. Several private foundations in the state with an interest in health care also provide funding support.

The lead agencies or programs that operate SBHCs in Colorado vary widely, from Federally Qualified Health Centers, to school districts and medical clinics.

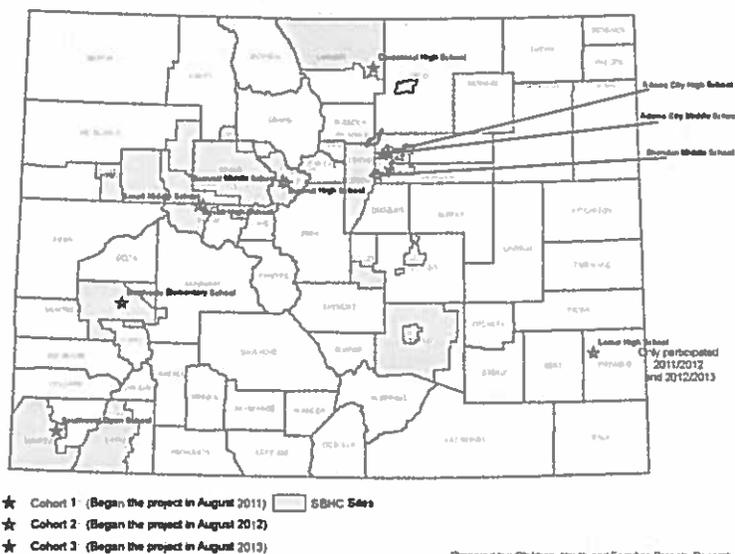
School-based health centers are staffed by a primary care medical provider and mental health professional. When funding allows, staffing may also include a coordinator/administrator, dental hygienist, substance abuse counselor, health educator, and/or Medicaid outreach and enrollment specialist. Services include comprehensive well-child/adolescent exams, immunizations, diagnosis and treatment of illness or injury, management of chronic diseases such as asthma and diabetes, mental health assessment and treatment, health education, and health promotion/disease prevention programs. Where offered, dental services include dental hygiene education, screening, sealants, and fluoride varnish.

## **Characteristics of Schools and School Based Health Centers Participating in SHCIP**

SBHCs were enrolled in the School Based Health Center Improvement Project (SHCIP) in three cohorts: cohort one consisted of the three sites chosen to participate in the first year of implementation (2011-2012 school year), cohort two sites were selected in the second year of implementation (2012-13 school year) and four cohort three sites started the project this year (2013-14 school year). One cohort one site (site 2) is no longer participating due to the closing of the SBHC. Of the 10 participating SBHCs, six are located in rural areas. One is in the southwest corner of the state, four are located in two communities in the central mountains (a middle and high school in each community), one is on the western slope, three are in the

Denver metro area and one is in a city in Northern Colorado. The SBHC's sponsoring agencies vary; four are operated by Federally Qualified Health Centers, four have community medical sponsors, and two have a medical sponsor that works with multiple school-based health centers across the state. All offer behavioral health services, although five SBHCs contract with agencies that differ from their medical sponsor to provide those services; requiring two different agencies to deliver services. Six of the SBHCs also offer dental services. Each SBHC has variable days and hours of operation; only four are open during the summer school break, with limited hours of operation. See Table 1 below for basic information about each SBHC, including student population and users of the SBHC.

**School-Based Health Center Improvement Project (SHCIP)  
Colorado Participating Sites  
School Year 2013 - 2014**



**Table 1: Basic characteristics of each participating school based health center**

|            | # of students enrolled in school, 2013<br><i>Source: CO Dept of Education</i> | # of students enrolled in SBHC, 2012-13<br><i>Source: CDPHE, SBHC program</i> | # of SBHC users 2012-2013<br><i>Source: CDPHE, SBHC program</i> | Race/ethnicity of students in school, 2013<br><i>Source: CO Dept of Education</i> | Days/hours of operation<br><i>Source: CASBHC 2013 directory</i> |
|------------|---|---|---|---|---|
| CO site 1  | 770   | 547   | 305   | 26% Latino<br>69% White/non-Latino  | 5 days a week, all day  |
| CO site 3  | 372   | 242   | 195   | 61% Latino<br>36% White/non-Latino  | 5 half days a week  |
| CO site 4  | 703   | 523   | 269   | 32% Latino<br>64% White/non-Latino  | 5 days a week, all day  |
| CO site 5  | 482   | 264   | 129   | 54% Latino<br>44% White/non-Latino  | 5 half days a week  |
| CO site 6* | 690<br><i>(1 MS and 1 HS)</i>   | 1016  | 1016  | 76% Latino<br>15% White/non-Latino<br>4% Black, 4% Asian                          | 5 days a week, all day<br><i>*Open in Summer</i>                |
| CO site 7* | 2436<br><i>(2 MS and 1 HS)</i>  | 735   | 735   | 32% Latino<br>62% White/non-Latino  | 5 days a week, all day<br><i>*Open in Summer</i>                |
| CO site 8  | 774   | 643   | 613   | 84% Latino<br>12% White/non-Latino  | 5 days a week, all day  |

|             | # of students enrolled in school, 2013<br><i>Source: CO Dept of Education</i> | # of students enrolled in SBHC, 2012-13<br><i>Source: CDPHE, SBHC program</i> | # of SBHC users 2012-2013<br><i>Source: CDPHE, SBHC program</i> | Race/ethnicity of students in school, 2013<br><i>Source: CO Dept of Education</i> | Days/hours of operation<br><i>Source: CASBHC 2013 directory</i> |
|-------------|---|---|---|---|---|
| CO site 9   | 1749  | 1430  | 477   | 83% Latino<br>13% White/non-Latino  | 5 days a week, hours vary                                       |
| CO site 10* | 147   | 168   | 103   | 16% Latino<br>76% White/non-Latino  | 5 days a week, all day  |
| CO site 11* | 161   | 419   | 439*  | 15% Latino<br>48% White/non-Latino<br>34% American Indian                         | 5 days a week, all day<br><i>*Open in Summer</i>                |

*\*some enrollment numbers are greater than number of students in the school due to confidential visits from youth who are not enrolled in the SBHC or visits from youth in the community that do not go to the school where the SBHC is located. Additionally, sites 6 and 7 serve youth from 0 to 21 years old and site 11 serves 2-21 year olds. Site 10 has a highly mobile population.*

## II. Quality Improvement Implementation

### eSHQ

The electronic student health questionnaire (eSHQ) was developed to systematically and comprehensively screen students for risk behaviors leading to early identification and treatment or referral for potential health problems. Cohort 1 sites all implemented the eSHQ in the 2011-12 school year and three cohort 2 sites implemented it during the 2012-13 school year. Site 6 did not implement the eSHQ since they already use a similar tool called RAAPS (Rapid Assessment of Adolescent Preventive Services). All four Cohort 3 sites implemented the eSHQ this past school year (2013-14). Tables two and three below show how many eSHQs were completed this school year and aggregate results of the High Schools and Middle Schools in the SHCIP project.

Table 2: Number of eSHQs completed by site, 2013-14 school year.

|         | # eSHQs |
|---------|---------|
| Site 1  | 228     |
| Site 3  | 60      |
| Site 4  | 144     |
| Site 5  | 82      |
| Site 7  | 95      |
| Site 8  | 199     |
| Site 9  | 111     |
| Site 10 | 81      |
| Site 11 | 76      |
| Total   | 1076    |

Table 3: Aggregate eSHQ results for select indicators, 2013-14 school year

| eSHQ topic                                  | High School<br>n=610 | Middle School<br>n=462 |
|---|----------------------|------------------------|
| Don't do 1 hr physical activity a day       | 25%                  | 16%                    |
| Watch TV, video games, computer 2+ hrs/day  | 49%                  | 54%                    |
| Don't eat 5+ fruit/veg a day                | 61%                  | 48%                    |
| Worry something bad might happen            | 27%                  | 33%                    |
| Tense, stressed out, difficulty relaxing    | 44%                  | 25%                    |
| Down, depressed, irritable or hopeless      | 24%                  | 20%                    |
| Less enjoyment, or interest in doing things | 25%                  | 22%                    |
| Seriously considered suicide                | 13%                  | 7%                     |
| Hurt themselves on purpose                  | 18%                  | 10%                    |
| Ever had sex                                | 49%                  | 3%                     |
| Used tobacco (past 3 months)                | 26%                  | 3%                     |
| Used alcohol (past 12 months)               | 29%                  | 3%                     |
| Used marijuana (past 12 months)             | 26%                  | 3%                     |

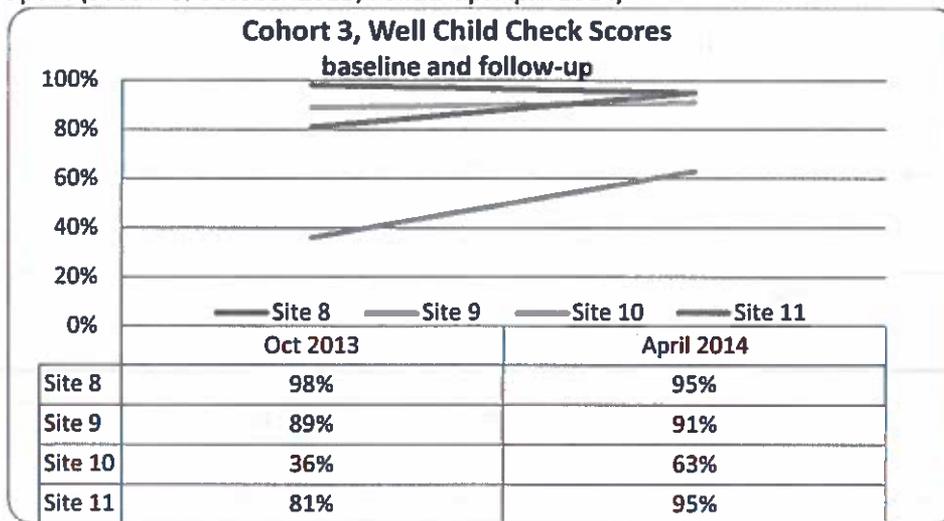
Results show that high school youth have a higher proportion of behaviors that put them more at-risk than middle school students. Many youth watch too much TV and don't eat enough fruits and vegetables, compared to goals set by Healthy People 2020. The eSHQ data also indicate that about 20% of middle school students and 25% of high school students seen at these SBHCs have one or more symptoms of depression and about 10% have seriously considered suicide. Although very few middle school youth report having sex, by high school, almost 50% have. Substance use is almost 10 fold higher for high school students than for middle schoolers.

### Clinical outcome QI projects

#### Cohort 3

In October 2013 and April 2014, all four sites completed medical record reviews or chart audits to assess the quality of their well child checks/EPSTD visits. Sites had a goal of 30 charts at each audit time period. Each SBHC'S results were analyzed for 19 indicators and a summary score was derived for reporting purposes on the critical elements. Critical elements are five indicators that are considered critical for a WCC/EPSTD exam, and align with Federal mandates and national HEDIS and CHIPRA measures (review of immunization status, completion of a screening tool, anticipatory guidance given, physical exam completed, body mass index calculated). Table 4 below shows the average score for the critical elements of the WCC/EPSTD exam.

Table 4: Well Child Check/EPSTD exam, Cohort 3, data at baseline and follow-up, 6 months apart (Baseline: October 2013, Follow up: April 2014)



During a site visit, the QI Coach reviewed the detailed data (data not shown) on the scoring for each of 19 indicators with the staff of all four SBHCs. During this process, each site chose which indicator(s) to focus on, developed an aim statement and started working on the PDSA (plan-do-study-act) process, a common method used for quality improvement. Table 5 shows projects each site chose to focus on and some of the improvements made. All sites implemented the eSHQ to improve consistent screening for risk and protective factors.

Table 5: Clinical quality improvement projects by site, Cohort 3.

| Site       | Project(s) chosen   | Improvements made  |
|------------|---|--|
| CO site 8  | Improve weight diagnosis code and BP% calculation.  | Quality of WCC improved. BP% and weight category diagnosis routinely completed. Modified EHR to automatically capture weight diagnosis code when BMI% is recorded  |
| CO site 9  | Obtain and implement use of oral health educational materials at time of WCC.<br>Improve weight diagnosis code and BP% calculation. | Quality of WCC improved. BP% and weight category diagnosis routinely completed. Modified EHR to automatically capture weight diagnosis code when BMI% is recorded.<br>Improved oral health counseling and documentation.   |
| CO site 10 | Developed template for confidential visits including STI screening field.<br>Improve STI screening.                                 | Quality of WCC improved.<br>Processes developed to increase number of WCC.   |
| CO site 11 | Improve obtaining BP% for BMI $\geq$ 85%, weight category diagnosis.<br>Improve immunizations and documentation.                    | Quality of WCC improved. Weight category diagnosis routinely completed. Revised workflow to assure BMI% and BP% is captured for all visits.<br>Modified EHR to automatically capture weight category diagnosis code when BMI% is entered.<br>Created student vaccination registry. |

After completion of at least one QI activity, all sites improved the quality of their Well Child Check/EPSTD visits. Most developed new processes and/or workflows to improve documentation of specific aspects of the exam. It should be noted that site 10 did not previously do Well Child Checks (given the unique nature of their highly mobile population) but reviewed/audited their reproductive health visits that became more comprehensive because of participation in this project and applying QI methods.

**Cohorts 1 and 2**

In October 2013 and April 2014, each site in cohorts 1 and 2 completed a Master Medical Record Review which consisted of auditing 40 charts based on the content areas specific for the SHCIP project; 10 WCC/EPSTD and review of detailed immunization status, 10 Pediatric overweight, 10 depression/anxiety and 10 sexually transmitted infections. After analysis and review of the data, each site chose one clinical content area to focus on for quality improvement. Table 6 below shows the results of the critical elements of the Master Medical Record Reviews for each site and the area they chose to improve. Again, the critical elements coincide with HEDIS and CHIPRA measures, when available, and highlight the critical aspects of screening, diagnosis, treatment and follow-up.

**Table 6: Average Score on Critical Elements for Chosen Advanced Quality Improvement Topics and WCC/EPSTD, Cohorts 1 and 2.**

| Content Area | WCC/EPSTD |            | Pediatric Overweight |            | Depression/anxiety |            |
|--------------|-----------|------------|----------------------|------------|--------------------|------------|
|              | Oct 2013  | April 2014 | Oct 2013             | April 2014 | Oct 2013           | April 2014 |
| Site 1       | 64%       | 88%        | 58%                  | 93%        | 53%                | 67%        |
| Site 3       | 88%       | 92%        | 75%                  | 98%        | 65%                | 92%        |
| Site 4       | 74%       | 90%        | 55%                  | 100%       | 42%                | 80%        |
| Site 5       | 94%       | 100%       | 85%                  | 90%        | 85%                | 100%       |
| Site 6       | 100%      | 98%        | 70%                  | 78%        | 96%                | 100%       |
| Site 7       | 96%       | 96%        | 70%                  | 83%        | 53%                | 66%        |

All sites continued to improve or sustained improvements made on WCC/EPSTD. Additionally, all sites improved upon their chosen QI topic area of either Pediatric Overweight (POW) or Depression/Anxiety (D/A). For Sites 1 and 2, this was their second year working on an advanced QI project, they have worked on POW and D/A. None of the sites chose to focus explicitly on STIs or Immunizations, although immunizations are one of the critical elements of the WCC.

Site 1 continued work from last year on Pediatric Overweight (POW) and also focused on Depression/Anxiety this year. They worked with site 4 (their partner Middle School) on both

of these projects. For depression/anxiety, staff implemented the standardized use of depression and anxiety assessment tools and modified staffing schedules to allow for warm hand offs between the PCP and Behavioral Health Provider. For POW, an adolescent friendly standardized care plan was implemented for students identified as overweight/obese.

**Site 3** continued to focus on depression and anxiety. Due to staffing changes, the site needed to revise their flow for appointments, screening, diagnosis, referral and follow-up for depression/anxiety. They implemented care coordination meetings of all staff and created a system for sharing notes between the PCP and Behavioral Health Provider. A referral form used by school personnel to refer students to SBHC with concerns was also revised. **Site 3** also worked with **site 5** (their partner Middle School) on POW. Specifically they implemented a process for screening overweight/obese students for diabetes, lipidemia and fatty liver.

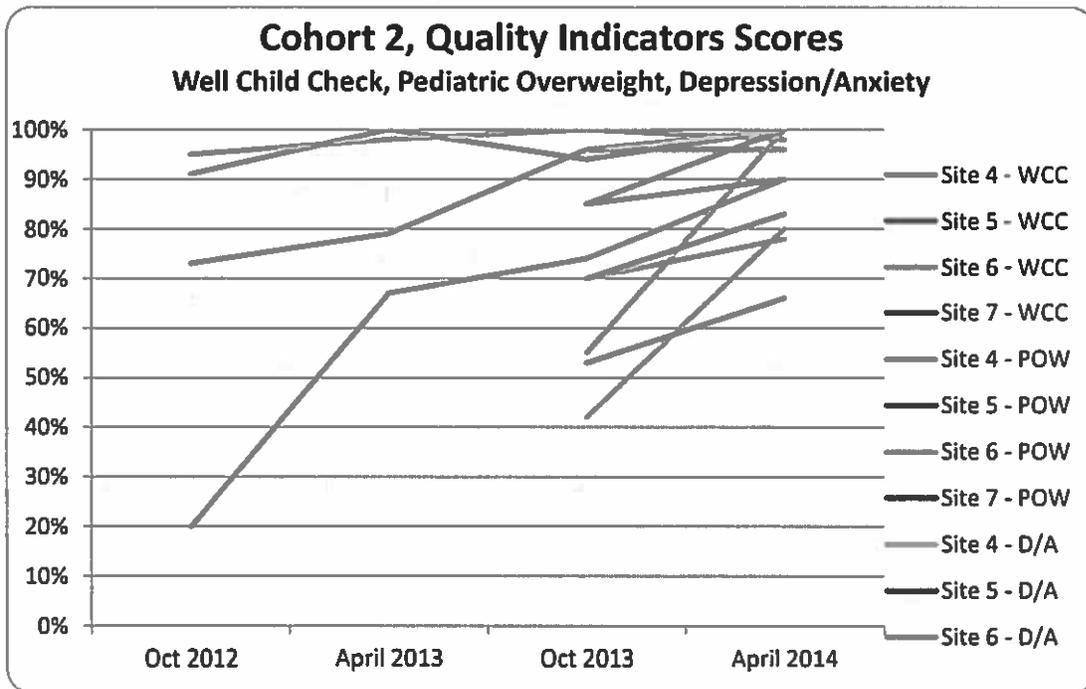
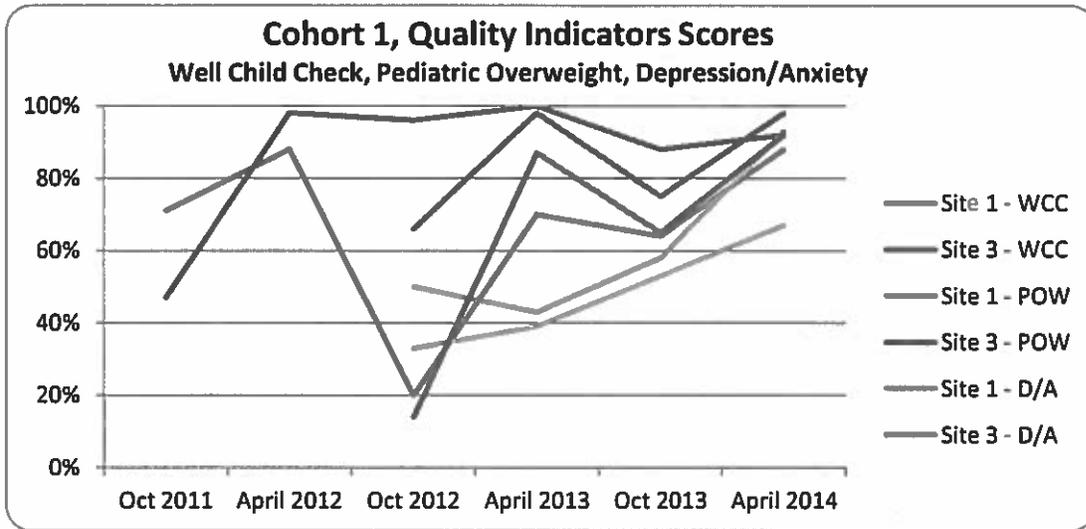
**Site 5** focused on Pediatric Overweight. Staff implemented a physical activity/nutrition program for students identified as overweight/obese. Additionally, a new process was implemented for screening overweight/obese students for diabetes, lipidemia and fatty liver. Grant money was used to pay for these labs for uninsured students.

**Site 6** focused on pediatric overweight. Staff members developed a process flow for students identified as overweight/obese, including obtaining recommended labs the day of their WCC rather than scheduling a follow-up lab appt. They also identified community resources available to students identified as overweight/obese and are working to incorporate them into their EHR so referrals can be tracked.

**Site 7** focused on Depression/Anxiety. The PCP & Behavioral Health Provider implemented weekly care coordination meetings and a process for sharing visit notes since they use different EHRs. They also developed a new workflow around screening, diagnosis and treatment of students at risk for depression/anxiety.

### **Status of Improvement over the past two to three years**

SBHCs in cohorts one and two have participated in SHCIP for three and two years respectively. During this time, they were required to work on WCC/EPSTDT and at least one other clinical content area each year. They all improved in each area they focused on and maintained or continued improvements in WCC/EPSTDT over time. The graphs below show each cohort's performance on critical elements of WCC/EPSTDT, Depression/anxiety and Pediatric Overweight.



All SBHCs improved, but some did not meet the target improvement goals for the clinical projects (WCC/EPSTD and/or AQI) that were chosen. This is most likely due to the abbreviated amount of time they had to improve since most of them operate on a school calendar. Baseline medical record review data was collected in October and follow-up data in April, giving a six month time frame to assess improvement. Additionally, since they are operating on a school calendar, during this six month time period, the clinics are closed for Thanksgiving/Fall break, Winter and Spring break. This adds up to a month of breaks where the clinics are closed or on extremely reduced hours. The reality is that the clinics have only five months to work on their clinical quality improvement projects, with numerous stops and starts, which we believe is one

reason why some may have fallen short of the goals that were set. As a result, many sites take one and a half school years, or 10-12 months of clinic time, to complete a clinical content area which is in line with what many other clinics and hospitals expect when doing QI projects. Additionally, due to staffing changes, some improvements were hard to maintain from year to year, although by the end of the year, the scores were much improved.

## Medical Home

SBHC's that become certified as Medical Home's for Children are recognized by the Colorado Department of Health Care Policy and Financing (HCPF) as primary care providers who offer services and care in alignment with the American Academy of Pediatrics standards for a medical home. It strengthens their presence within the primary care medical system and highlights their ability to provide high quality, comprehensive care to youth and adolescents. The Medical Home Index (MHI) is a validated, self assessment tool completed by staff and providers to measure the "medical homeness" of a primary care practice. The MHI results inform quality improvement relevant to Medical Home standards and patient care across all populations.

In years one and two of implementation, CDPHE contracted with Family Voices Colorado (FVCO) to help facilitate the Medical Home Certification process for the School Based Health Centers in cohorts one and two. This year, the Colorado SHCIP staff administered the Medical Home Index to all participating SBHCs (n=10). In previous years, the MHI Short Version was completed. This year the newest version of the MHI, the MHI-RSF, was completed as it is the standard being used to certify Children's Medical Homes through the Colorado Department of Health Care Policy and Financing. Due to an increase in the number of questions and a change in scale, previous results cannot be compared to this year's scores. However, activities of the SBHC have continued to be documented for quality improvement purposes.

The Medical Home Index (MHI) staff surveys were completed by staff and providers and CO SHCIP staff transformed the ratings into a 1-8 scale (1=lowest, 8=highest). Table 7 below is a summary of each of the 14 standards by site. Numbers are bolded for scores that are above the overall mean score. Lower scores are areas below the mean and are priorities for improvement.

**All sites were certified as medical homes;  
sites 1-7 were recertified and  
sites 8-11 were newly certified**

Table 7: Medical Home Index (MHI-RSF) Scores, SHCIP sites, 2013-14 School year

| Site  | Cohort 1   |            | Cohort 2   |            |            |            | Cohort 3   |            |            |            |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
|   | 1          | 3          | 4          | 5          | 6          | 7          | 8          | 9          | 10         | 11         |
| <b>Overall Mean Score</b>                             | <b>6.0</b> | <b>6.3</b> | <b>6.1</b> | <b>6.3</b> | <b>6.5</b> | <b>6.5</b> | <b>6.4</b> | <b>6.3</b> | <b>3.1</b> | <b>6.6</b> |
| #1: Communication/ Access                             | 5.5        | 6.7        | 5.7        | 6.7        | 6.1        | 7.0        | 6.2        | 5.8        | 5.0        | 5.8        |
| #2: Family Feedback                                   | 4.9        | 1.0        | 4.6        | 1.0        | 6.0        | 7.0        | 5.2        | 4.8        | 1.0        | 6.2        |
| #3: Cultural Competence                               | 6.6        | 8.0        | 6.7        | 8.0        | 6.8        | 7.8        | 7.2        | 6.6        | 6.0        | 8.0        |
| #4: Identification of CSHCN                           | 5.1        | 8.0        | 5.4        | 8.0        | 6.1        | 5.0        | 6.8        | 7.0        | 2.4        | 7.2        |
| #5: Care Continuity                                   | 5.9        | 6.3        | 6.2        | 6.3        | 6.6        | 7.0        | 6.8        | 6.4        | 2.6        | 6.0        |
| #6: Cooperative Management Between PCP and Specialist | 6.3        | 6.7        | 6.0        | 6.7        | 7.2        | 7.0        | 6.8        | 6.6        | 1.6        | 6.4        |
| #7: Supporting the transition to adulthood            | 5.6        | 5.7        | 5.4        | 5.7        | 6.8        | 5.5        | 5.8        | 5.2        | 1.8        | 5.8        |
| #8: Care Coordination/Role Definition                 | 6.5        | 6.2        | 6.8        | 6.2        | 7.1        | 6.5        | 6.6        | 6.6        | 5.0        | 6.8        |
| #9: Family Involvement                                | 6.1        | 6.2        | 5.8        | 6.2        | 7.0        | 5.5        | 6.6        | 6.4        | 2.2        | 5.4        |
| #10: Assessment of Needs/Plans of Care                | 4.9        | 5.5        | 5.4        | 5.5        | 6.8        | 6.8        | 6.4        | 6.4        | 3.2        | 5.4        |
| #11: Community assessment of needs for CSHCN          | 7.0        | 6.9        | 7.1        | 6.9        | 6.9        | 6.8        | 6.2        | 6.2        | 2.2        | 7.8        |
| #12: Electronic Data Support                          | 6.3        | 6.9        | 6.9        | 6.9        | 6.1        | 5.8        | 6.6        | 7.0        | 3.0        | 6.2        |
| #13 Data Retrieval Capacity                           | 6.3        | 6.5        | 7.1        | 6.5        | 5.8        | 6.0        | 6.6        | 6.8        | 4.6        | 7.8        |
| #14: Quality Standards                                | 7.0        | 7.8        | 6.8        | 7.8        | 6.2        | 7.3        | 6.2        | 6.8        | 3.0        | 7.2        |

Most sites scored very similarly in their median overall score, with the exception of site 10. This site is an alternative school with a highly mobile population. Almost all sites could improve on family feedback (#2) and supporting transition to adulthood (#7). The highest scoring domain was cultural competence (#3). Other higher scoring areas were care coordination (#8), quality standards (#14), and community assessment of needs for CSHCN (#11). Care coordination and quality standards were both areas of focus for the SHCIP grant.

The table below shows a sample of specific improvements that sites made to enhance their medical home approach.

Table 8: Medical Home Improvement Activities, 2013-14 school year

| Medical Home Improvement Activities, by Cohort   | Medical Home Index areas addressed   |
|--|--|
| <b>Cohort 1 example activities</b>   |  |
| <ul style="list-style-type: none"> <li>• Partner with school/district: Updated MOUs with School District to promote data sharing and improved communication; Partnership with school nurse to serve CSHCN</li> <li>• Designated care coordinators: Hired patient navigators to assist with care coordination; Designated a full time care coordinator</li> <li>• Developed a formal referral and tracking process</li> <li>• Developed a behavioral health assessment workflow to improve identification, assessment, and f/u for students at risk for depression/anxiety</li> <li>• Improved primary and behavioral health care integration through care coordination meetings and use of EHR features</li> <li>• Built Pediatric Overweight awareness with staff and school</li> <li>• Compiled and used aggregate data for quality improvement purposes</li> </ul>  | <p>(1) Communication/Access<br/>           (4) Identification of CSHCN<br/>           (5) Care Continuity<br/>           (6) Cooperative Management between PCP and Specialist<br/>           (8) Care Coordination/role definition<br/>           (14) Quality Standards</p>  |
| <b>Cohort 2 example activities</b>   |  |
| <ul style="list-style-type: none"> <li>• Partner with school/district: Updated MOUs with School District to promote data sharing and improved communication; Partnership with school nurse to serve CSHCN</li> <li>• Designated care coordinators: Hired patient navigators to assist with care coordination; Designated a full time care coordinator</li> <li>• Developed a formal referral and tracking process</li> <li>• Developed a behavioral health assessment workflow to improve identification, assessment, and f/u for students at risk for depression/anxiety</li> <li>• Improved primary and behavioral health care integration through care coordination meetings and use of EHR features</li> <li>• Built Pediatric Overweight awareness with staff and school; Completed outreach to community agencies that support overweight/obese students</li> <li>• Compiled and used aggregate data for quality improvement purposes</li> <li>• Completion of a comprehensive needs assessment</li> <li>• New EHR to better support data needs; Use of “actions” within EHR to track CSHCN</li> <li>• Development of a student advisory board</li> <li>• Increased access to serve young adults through age 26</li> </ul> | <p>(1) Communication/Access<br/>           (2) Family Feedback<br/>           (4) Identification of CSHCN<br/>           (5) Care Continuity<br/>           (6) Cooperative Management between PCP and Specialist<br/>           (7) Supporting Transition to Adulthood<br/>           (8) Care Coordination/role definition<br/>           (11) Community Assessment of Needs<br/>           (12) Electronic Data Support<br/>           (13) Data Retrieval Capacity<br/>           (14) Quality Standards</p> |
| <b>Cohort 3 example activities</b>   |  |
| <ul style="list-style-type: none"> <li>• Use of eSHQ to identify CSHCN</li> <li>• Use of YEHSI to gather student feedback</li> <li>• Participation in clinical quality improvement</li> <li>• Improved integration with school</li> <li>• Made changes to EHR to ensure BMI%/BP%/wt. category diagnosis are all documented</li> <li>• Targeted outreach to students needing immunizations</li> </ul>   | <p>(1) Communication/Access<br/>           (4) Identification of CSHCN<br/>           (12) Electronic Data Support<br/>           (13) Data Retrieval Capacity<br/>           (14) Quality Standards</p>   |

## Youth Engagement

Throughout the project, all sites have completed a staff assessment of youth engagement during their first year of participation. Cohorts 1 and 2 completed it in 2011 and 2013 respectively. In December 2013, all SBHC staff at each cohort 3 site completed a 19 item youth engagement self-assessment survey. The survey had three domains:

1. Attitudes - Factors that may encourage or limit youth engagement in the SBHC (6 questions)
2. Approaches - What the practice currently does to plan and prepare for youth engagement (6 questions)
3. Activities - Ways to address what is, or is not, happening to engage youth (5 questions)

There was also a question asking if their SBHC or sponsoring agency had a youth advisory group, and if so, what they did.

The results of these assessments were summarized by site and shared with the staff as a first step to improve youth engagement. Table 9 shows average scores that were calculated for each question and for each domain on a scale from 1 to 4, with 4 being the highest score. The number of staff who completed the assessment at each site is also noted (N).

Table 9: Domain scores on the SBHC staff survey, Attitudes, Approaches and Activities, 2013

|                       | Site 8                           | Site 9                           | Sites 10           | Site 11                          |
|-----------------------|----------------------------------|----------------------------------|--------------------|----------------------------------|
| Domain                | Mean scores<br>N=3               | Mean scores<br>N=5               | Mean scores<br>N=4 | Mean scores<br>N=4               |
| Attitudes             | 3.7                              | 3.9                              | 3.8                | 3.8                              |
| Approaches            | 3.8                              | 3.9                              | 3.8                | 3.8                              |
| Activities            | 3.4                              | 3.5                              | 3.0                | 3.2                              |
| Youth Advisory Group? | 1, Yes<br>0, No<br>2, Don't know | 3, Yes<br>0, No<br>2, Don't know | 0, Yes<br>4, No    | 1, Yes<br>2, No<br>1, Don't know |

For all sites, average scores stayed about the same for attitudes and approaches, but were lower for activities. Opportunities for improvement for all sites included: involving youth more in outreach and advocacy related to the SBHC and in the planning of SBHC services.

## Youth Engagement Activities

Staff at each site also participated in a webinar on youth engagement and improving clinical quality of care for SBHCs. Additionally, cohort three sites participated in an onsite seminar on positive youth development and health literacy. Cohorts one and two had the onsite seminar previously. The trainings improved SBHC staff's understanding and recognition of integrating positive youth development principles, such as youth engagement, into their current work. Each site worked on specific projects related to improving youth engagement and health

literacy. Over the years of this grant, many common approaches were taken by SBHC staff to engage youth. Many of the following strategies were used by most of the SBHCs participating in the project.

- Developing or reinvigorating existing Youth Advisory Groups or Youth Advisory Councils.
- Outreach to students through surveys and/or focus groups to better understand what students think of the SBHC and/or what they know about specific issues such as confidentiality, what services are offered at the SBHC, etc.
- Engaging youth in the planning of services.
- Marketing of the SBHC to students through flyers, posters, newsletters and school announcements.
- Outreach and education about what confidential services are and improving health literacy.
- Incorporating youth centered approaches into clinical care and clinical QI projects.
- Improving the environment of clinic, making it more youth-friendly.
- Educating staff on youth engagement approaches.

All sites developed a process and implemented the YEHS! (Youth Engagement in Health Services) survey to assess satisfaction with services, determine health literacy of the patient population and learn about youth engagement from the youth/patient perspective. The goal was to get at least 50 completed surveys, although if less than 30 were completed, there would be no data analysis of the results. One site completed YEHS! implementation in the fall (site 1). They were able to review and use the information to inform youth engagement QI activities during the school year. All other sites implemented the YEHS! in the spring where the results will be used to inform youth engagement activities during the 2014-15 school year.

Table 10: Number of YEHS! surveys completed by site

| 2013-14 school year | # YEHS! completed |
|---------------------|-------------------|
| Site 1              | 45                |
| Site 3              | 44                |
| Site 4              | 60                |
| Site 5              | 29                |
| Site 6              | 17                |
| Site 7              | 48                |
| Site 8              | 44                |
| Site 9              | 36                |
| Site 10             | 36                |
| Site 11             | 51                |
| Total               | 410               |

### III: Successes and challenges

Qualitative interviews have been done with staff at each site in April/May 2012 and 2013. The purpose of the interviews was to understand the delivery of the program, the quality of implementation, and the context of the working environment at each school and within their communities. Specific questions were asked about the overall experience with the project, changes and improvements to date, challenges/barriers in implementation, satisfaction, and suggestions for program improvement. Successes, challenges and lessons learned from the interviews were combined in previous reports. Focus groups will be done in September to gather more data and learn more from a richer discussion of issues. The successes, challenges and lessons learned below are from previous years' interviews and from reviewing coaching notes and general discussions with the Colorado Implementation Team.

#### Successes

- Consistent use of an electronic screening tool to screen for risk and protective factors.
  - For individual students and using aggregate reports for the clinic population.
- Improved care, charting and documentation
  - Improved WCC/EPSTs
  - BP% calculation, improved identification of pre-hypertensives & hypertensives
  - Weight category diagnosis documentation improvements led to the ability to pull a list of overweight patients for population management
  - Instituting changes to the EHR to autopopulate fields such as weight category diagnosis, BMI% and/or BP%
  - Improved screening, diagnosis and treatment for depression and anxiety
  - Improved screening, diagnosis and treatment for pediatric overweight and obesity
- Increased care coordination
  - Collaboration between medical provider and behavioral health provider
  - Collaboration with school nurse, district and/or SBHC sponsoring agency
- Increased understanding of and improvements to the medical home approach.
- Increased youth engagement and youth involvement in the SBHC
- Improved coding

#### Challenges

- Pulling encounter data from eHR, formatting and exporting to Welligent
- Increasing the # of students who come to the clinic
- Increasing the # of WCC/EPSTs done
- Administering the YEHS!
- Time the project takes

## Overall lessons learned

- Contextual factors are important and can make or break a project
  - There are a lot of competing demands: staffing changes/turnover, learning eHRs, protecting time for meetings, administrative pressure to see more patients and spend more time in clinic
  - Community and provider community support is important
- Quality improvement works, if you focus on it, it will improve
- This project is a lot of work, but worth it (for most). Most have improved quality, documentation, coding and billing.

*“The more we are getting into the project, we are realizing how important the coordination of services is. Changing [our] staffing and model for care will give us opportunity to improve in that area.”*

*“It’s a great program; helped us focus on quality and not just numbers. It helped us to not make assumptions about kids and be more attuned to what their responses are. The eSHQ has been huge in making referrals and starting conversations”*

*“When you give something attention then you get better at it. “*

*“We’re setting up a youth advisory board. It should be a huge game player, how we’re talking to the students and engaging them. “*

## IV: Next Steps

All sites will continue with the project this next school year. The grant funding ends in February 2015, so the implementation year will be shortened. Cohort three sites will receive one site visit instead of four but cohorts one and two will not have site visits. All sites will receive coaching calls and will complete one medical record review in the Fall to ascertain maintenance of improvement from last school year as well as to identify areas for future improvement.

This last year will be focused on sustaining changes, including continuing improvements in key clinical areas, patient centered medical home and youth engagement. Methods and processes for improvement will also be stressed. A Learning Collaborative will be held in September so sites can learn from each other and meet with peers to discuss their successes and challenges and make plans for sustaining QI into the future.

The CO SBHC Program in collaboration with the CO SHCIP Team will continue to use lessons learned from SHCIP to develop and implement a statewide quality improvement and technical assistance plan. To date, the CO SBHC Program plans to implement an encounter data collection, analysis and reporting system statewide, make electronic screening tools available to all SBHCs in the state, continue to implement work plans with evaluation measures used by SHCIP, and provide support to sites for technical infrastructure.

# New Mexico

## I. Overview and Context

School-based health centers (SBHCs) are a vital part of the health care delivery system in New Mexico. There are currently 79 SBHCs serving 61 communities in 30 counties throughout New Mexico. Approximately 50,000 students have access to a SBHC in frontier, rural, urban and suburban communities, and in 2010-2011, SBHCs provided over 15,000 students with approximately 44,000 health care visits.

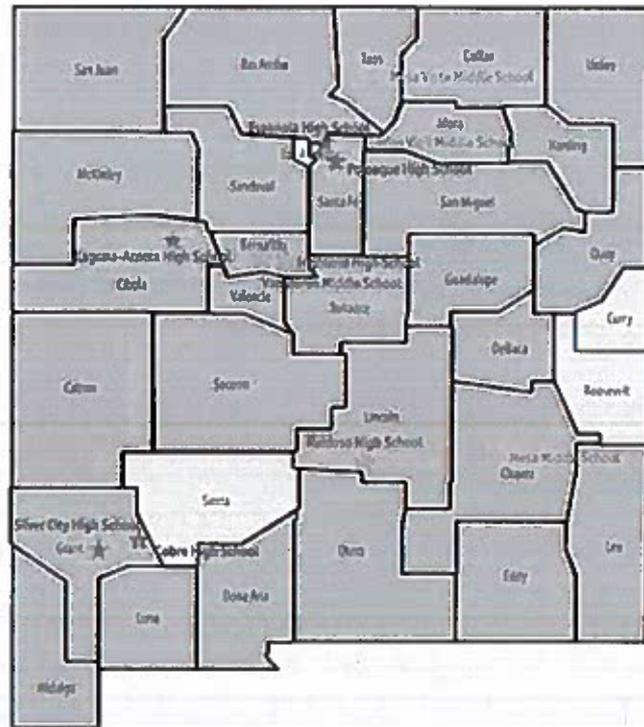
The New Mexico Department of Health, Office of School and Adolescent Health provides approximately \$3.3 million in funding to 56 of the SBHCs. Funding amount for each site is based on the amount of primary care and behavioral health services provided each week. Sites that provide eight hours each of primary and behavioral health receive an average of \$40,000-\$60,000 per year. Sites that provide 16 hours each of primary care and behavioral health receive an average of \$50,000-\$75,000 per year. SBHCs that provide 30-40 hours of primary care and behavioral health receive an average of \$80,000-\$120,000 per year. The lead agencies or programs that operate SBHCs in New Mexico range from Federally Qualified Health Centers (FQHCs), Regional Education Cooperatives (RECs), universities, and medical clinics.

SBHCs are staffed like a pediatric or family practice office with a front desk clerk, a medical assistant and clinical provider such as a nurse practitioner, physician assistant, or physician. SBHCs are also staffed with a qualified behavioral health professional, and some sites provide oral health services as well. SBHCs are designed to be youth friendly and accessible to encourage students to drop by when they need medical attention or want to learn more about a particular health issue. SBHCs provide health care access to a school's entire student population and, in some cases, to the entire school district or community. Services may include:

- Performing routine physical and sports exams
- Diagnosing and treating acute and chronic illnesses
- Treating minor injuries and illnesses
- Providing vision, dental and blood pressure evaluations
- Administering immunizations
- Preventing and treating alcohol and drug problems
- Providing health education and wellness promotion
- Providing students with behavioral health counseling
- Prescribing and dispensing medication
- Providing reproductive health services

## Characteristics of Schools and School Based Health Centers Participating in SHCIP

Cohort one consists of five high school sites chosen to participate in the first year of implementation (2011-2012 school year): Española Valley High SBHC, Cobre High SBHC, Pojoaque Valley High SBHC, Silver High SBHC, and Laguna-Acoma Jr./Sr. High SBHC. It is important to note that, due to lack of a medical provider for an extended period of time, Laguna-Acoma was unable to participate in most of the QI projects and eventually decided to no longer participate in the SHCIP project. Cohort two consists of four middle school sites and they include: Carlos Vigil Middle School, Mesa Vista Middle School, Mesa Middle School, and Van Buren Middle School. Finally, cohort three consists of two high school sites: Ruidoso High School and Highland High School. All the sites are interspersed throughout the state, and all but two are located in rural areas. Six of the ten SBHCs are sponsored by a Federally Qualified Health Center; three are sponsored by a University; one is sponsored by a Regional Education Cooperative (REC) and all offer behavioral health services. All of the sites have different days and hours of operation, and six are open (with limited hours) in the summer. See Table 1 below for basic information about each SBHC, including student population and users of the SBHC.



- Counties with SBHCs
- ★ Cohort 1: Began project in August 2011 (Laguna-Acoma High School left the project in 2013)
- ★ Cohort 2: Began project in August 2012
- ★ Cohort 3: Began project in August 2013

Map of NM Counties with SBHCs

Table 1: Basic characteristics of each participating school based health center

| Site      | # of students enrolled in school in 2013-2014 | # of students seen at SBHC in 2013-2014* | Racial/ethnic mix of students in district                              | Days/hours of operation during school year |
|-----------|---|--|--|--|
| NM Site 1 | 347   | 339                                      | 86% Hispanic<br>12% White (non-Hisp)<br>1% Native American<br>1% Black | M, Th, Fr 8-12;<br>T 8-4; W 10-1           |

| <b>Site</b> | <b># of students enrolled in school in 2013-2014</b> | <b># of students seen at SBHC in 2013-2014*</b> | <b>Racial/ethnic mix of students in district</b>                                    | <b>Days/hours of operation during school year</b> |
|-------------|--|---|---|---|
| NM Site 2   | 932  | 527   | 90% Hispanic<br>7% Native American<br>2% White(non-Hisp)<br>1% Asian                | M, W, F 7:30-3:30                                 |
| NM Site 4   | 604  | 721   | 75% Hispanic<br>18% Native American<br>6% White (non-Hisp)<br>1% Black              | M-F 7:30-4  |
| NM Site 5   | 726  | 565   | 56% Hispanic<br>41% White (non-Hisp)<br>1% Native American<br>1% Black              | M-F 7:30-3:30                                     |
| NM Site 6   | 541  | 385   | 90% Hispanic<br>7% Native American<br>2% White (non-Hisp)<br>1% Asian               | Tuesday/Thursday 8-4                              |
| NM Site 7   | 455  | 359   | 65% Hispanic<br>31% White (non-Hisp)<br>3% Black<br>1% Asian                        | Monday/Tuesday<br>8-4                             |
| NM Site 8   | 51   | 215   | 94% Hispanic<br>4% White (non-Hisp)<br>2% Native American                           | T, W, Th<br>7:30-4                                |
| NM Site 9   | 546  | 269   | 58% Hispanic<br>30% White (non-Hisp)<br>6% Native American<br>4% Black<br>2% Asian  | T 8-5, Th 8-12,<br>Friday-dental                  |
| NM Site 10  | 555  | 489   | 42% Hispanic<br>37% White (non-Hisp)<br>19% Native American<br>1% Black<br>1% Asian | M-F 8-4   |
| NM Site 11  | 1541   | 377   | 58% Hispanic<br>30% White (non-Hisp)<br>6% Native American<br>4% Black<br>2% Asian  | M-F 8-5   |

\*This number includes all patients seen at the SBHC, not just students from the high school or middle school.

## II. Quality Improvement Implementation

### eSHQ

The electronic student health questionnaire (eSHQ) was developed to systematically and comprehensively screen students for risk behaviors leading to early identification and treatment or referral for potential health problems and to provide SBHCs with an opportunity to use aggregate data to plan services for their total patient population. Cohort one sites implemented the eSHQ in the 2011-2012 school year. All sites in cohort one and two implemented the eSHQ in the 2012-2013 school year and all sites in cohorts one, two, and three implemented the eSHQ in the 2013-2014 school year. Tables two and three below show how many eSHQs were completed this school year and aggregate results of High School and Middle Schools in the SHCIP project.

Table 2. eSHQs completed

| 2012-13 school year | # eSHQs |
|---------------------|---------|
| NM Site 1           | 99      |
| NM Site 2           | 250     |
| NM Site 4           | 220     |
| NM Site 5           | 264     |
| NM Site 6           | 90      |
| NM Site 7           | 190     |
| NM Site 8           | 82      |
| NM Site 9           | 172     |
| NM Site 10          | 370     |
| NM Site 11          | 124     |

Table 3: Aggregate eSHQ results for select indicators, 2013-14 school year

| eSHQ topic                                  | High School<br>n=1240 | Middle School<br>n=621 |
|---|-----------------------|------------------------|
| Don't do 1 hr physical activity a day       | 22%                   | 14%                    |
| Watch TV, video games, computer 2+ hrs/day  | 50%                   | 53%                    |
| Don't eat 5+ fruit/veg a day                | 66%                   | 57%                    |
| Worry something bad might happen            | 37%                   | 38%                    |
| Tense, stressed out, difficulty relaxing    | 50%                   | 36%                    |
| Down, depressed, irritable or hopeless      | 31%                   | 25%                    |
| Less enjoyment, or interest in doing things | 28%                   | 27%                    |
| Seriously considered suicide                | 14%                   | 9%                     |
| Hurt themselves on purpose                  | 17%                   | 13%                    |
| Ever had sex                                | 57%                   | 8%                     |
| Used tobacco (past 3 months)                | 25%                   | 9%                     |
| Used alcohol (past 12 months)               | 23%                   | 7%                     |
| Used marijuana (past 12 months)             | 24%                   | 10%                    |

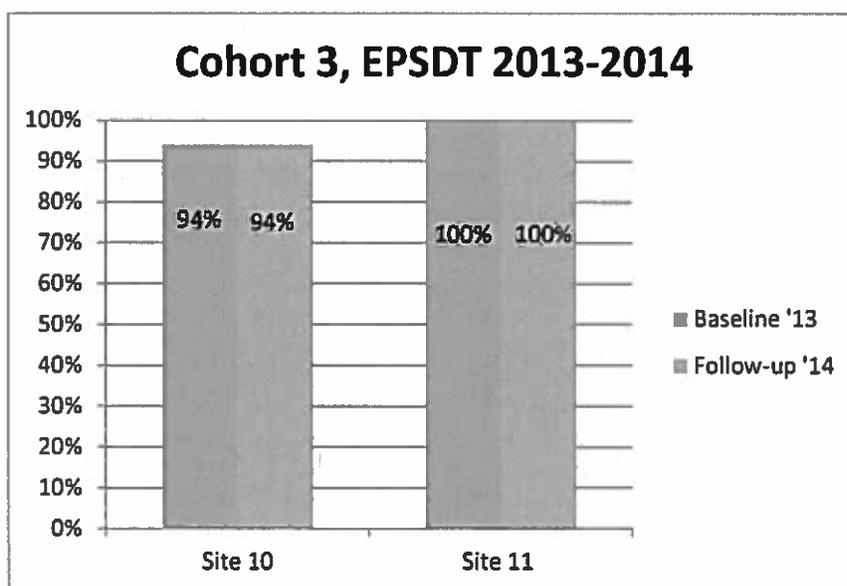
Compared to goals set by Healthy People 2020, many youth watch an excessive amount of TV and don't eat enough fruits and vegetables. The eSHQ data also indicate that about 25% of middle school students and 31% of high school students seen at these SBHCs indicated they feel down, depressed, irritable or hopeless. Although just eight percent of middle school youth report having sex, by high school, 57% have. And finally, between 23-25% of high school students reported using alcohol, tobacco, or marijuana while 7-10% of middle school students reported using alcohol, tobacco, or marijuana.

### Clinical outcome QI projects

#### Cohort 3

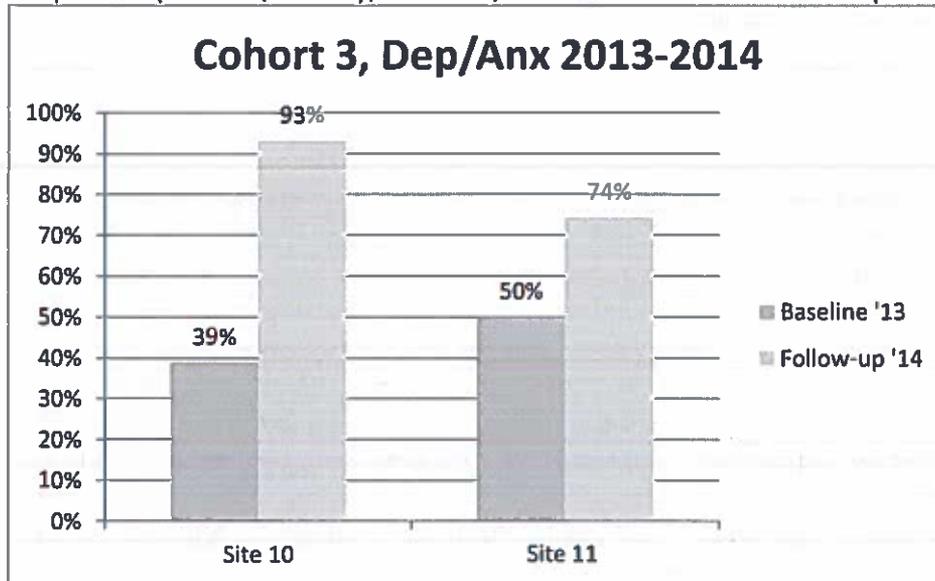
In October 2013 and April 2014, each site in cohort three completed a Master Medical Record Review which consisted of auditing 40 charts based on the content areas specific for the SHCIP project; 10 WCC/EPSTDT and review of detailed immunization status, 10 Pediatric overweight, 10 depression/anxiety and 10 sexually transmitted infections. Each SBHC'S WCC/EPSTDT results were analyzed for 19 indicators and a summary score was derived for reporting purposes on the critical elements. Critical elements are five indicators that are considered critical for a WCC/EPSTDT exam, and align with Federal mandates and national HEDIS and CHIPRA measures (review of immunization status, completion of a screening tool, anticipatory guidance given, physical exam completed, body mass index calculated). In the graph below shows the average score for the critical elements of the WCC/EPSTDT exam. Both sites scored very high at baseline and follow-up so there was no change between time periods.

Graph 1 Well Child Check/EPSTDT exam, Cohort 3, data at baseline and follow-up, 6 months apart (Baseline: October 2013, Follow up: April 2014)



In addition, both sites worked on depression and anxiety, one of the advanced quality improvement areas and both sites improved from baseline to follow-up. Results are shown in the graph below.

Graph 2: Depression/Anxiety, Cohort 3, data at baseline and follow-up



#### Cohorts 1 and 2

In October 2013 and April 2014, each site in cohorts 1 and 2 completed a Master Medical Record Review which consisted of auditing 40 charts based on the content areas specific for the SHCIP project; 10 WCC/EPSTDT and review of detailed immunization status, 10 Pediatric overweight, 10 depression/anxiety and 10 sexually transmitted infections. After analysis and review of the data, each site chose one clinical content area to focus on for quality improvement. Table 6 below shows the results of the critical elements of the Master Medical Record Reviews for each site and each topic area they worked on. Again, the critical elements coincide with HEDIS and CHIPRA measures, when available, and highlight the critical aspects of screening, diagnosis, treatment and follow-up.

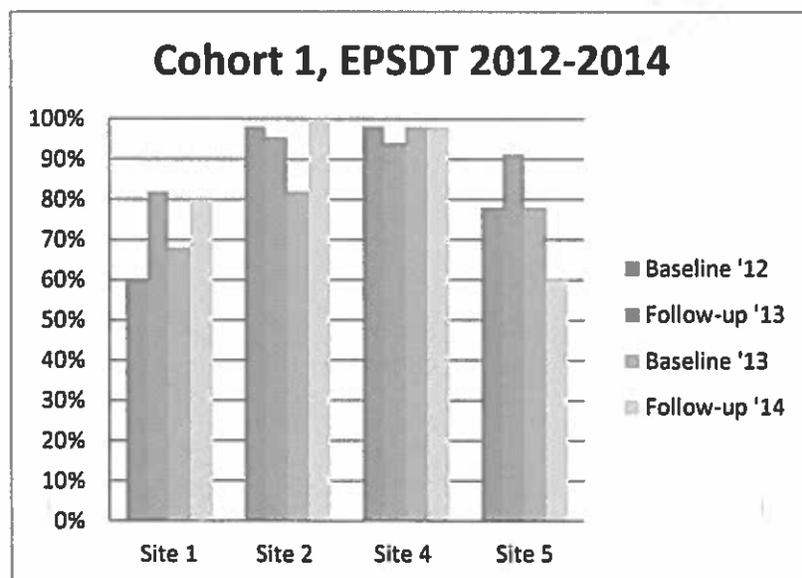
Table 4: Average Score on Critical Elements for Chosen 2013-2014 Advanced Quality Improvement Topics and WCC/EPSTD, Cohorts 1 and 2.

| Content Area | WCC/EPSTD |            | Pediatric Overweight |            | Depression/anxiety |            | STI      |            | Immunization |            |
|--------------|-----------|------------|----------------------|------------|--------------------|------------|----------|------------|--------------|------------|
|              | Oct 2013  | April 2014 | Oct 2013             | April 2014 | Oct 2013           | April 2014 | Oct 2013 | April 2014 | Oct 2013     | April 2014 |
| Site 1       | 68%       | 80%        | n/a                  | n/a        | 44%                | 70%        | 70%      | 75%        | n/a          | n/a        |
| Site 2       | 82%       | 100%       | 80%                  | 98%        | 75%                | 97%        | n/a      | n/a        | n/a          | n/a        |
| Site 4       | 98%       | 98%        | n/a                  | n/a        | n/a                | n/a        | n/a      | n/a        | 73%          | 89%        |
| Site 5       | 78%       | 60%        | n/a                  | n/a        | 50%                | 50%        | 92%      | 100%       | n/a          | n/a        |
| Site 6       | 78%       | 92%        | 100%                 | 98%        | 75%                | 72%        | n/a      | n/a        | n/a          | n/a        |
| Site 7       | 100%      | 100%       | n/a                  | n/a        | n/a                | n/a        | n/a      | n/a        | 83%          | 100%       |
| Site 8       | 100%      | 100%       | n/a                  | n/a        | 63%                | 93%        | n/a      | n/a        | 67%          | 80%        |
| Site 9       | 100%      | 95%        | n/a                  | n/a        | 50%                | 74%        | n/a      | n/a        | n/a          | n/a        |

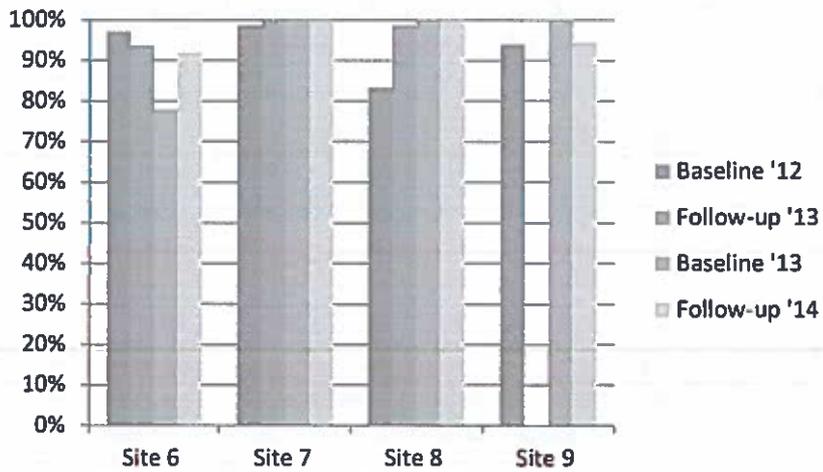
All sites except one continued to improve or sustained improvements made on WCC/EPSTD. Additionally, all sites except one improved upon their chosen QI topic area.

**Status of Improvement over the past two to three years**

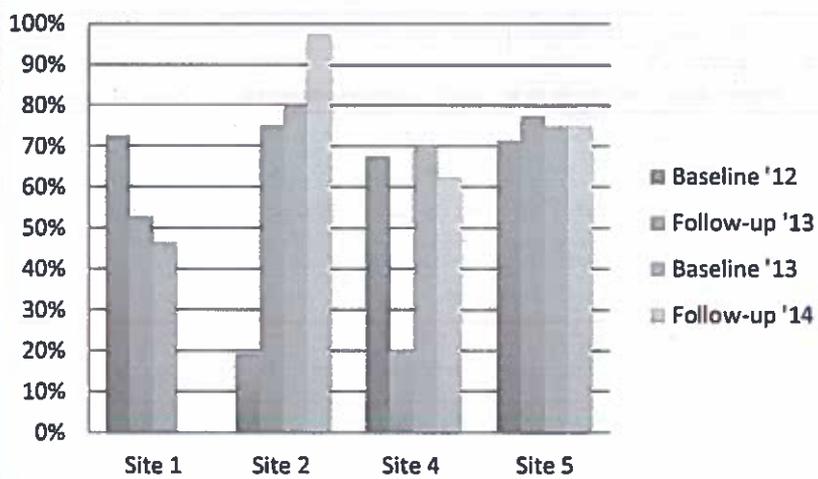
SBHCs in cohorts one and two have participated in SHCIP for three and two years respectively. During this time, they were required to work on WCC/EPSTD and at least one other clinical content area each year. Most all improved in each area they focused on and maintained or continued improvements in WCC/EPSTD over time. The graphs below show each cohort's performance in all topic areas, including areas they may not have chosen to work on.



### Cohort 2, EPSDT 2012-2014

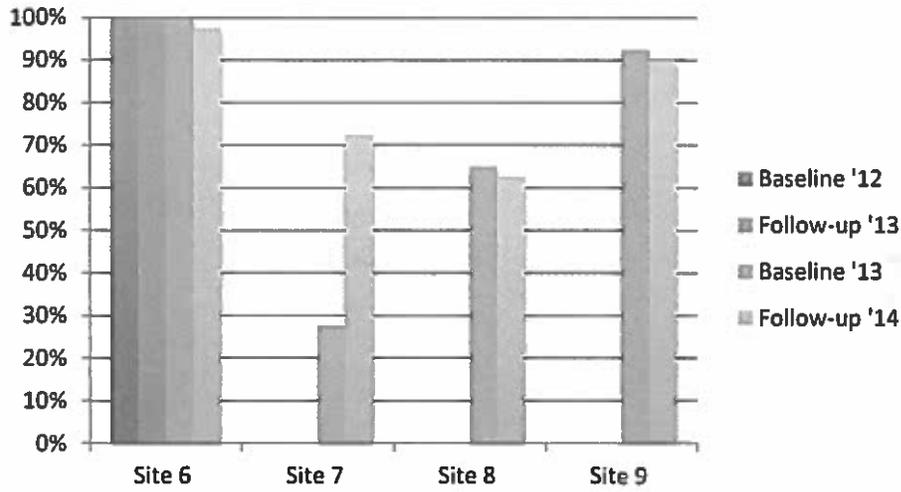


### Cohort 1, POW 2012-2014\*



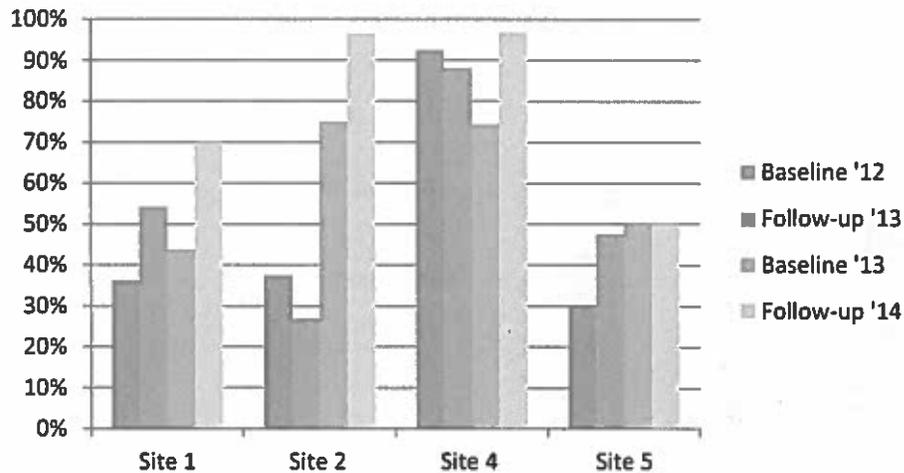
\*Site 2 is the only site that chose to work on this area

### Cohort 2, POW 2012-2014\*

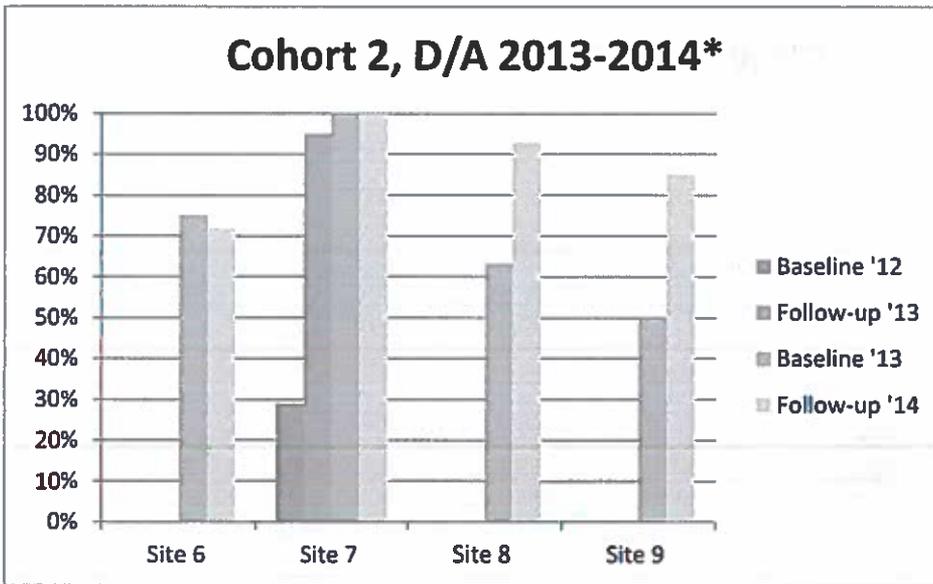


\*Site 6 is the only site that chose to work on this area

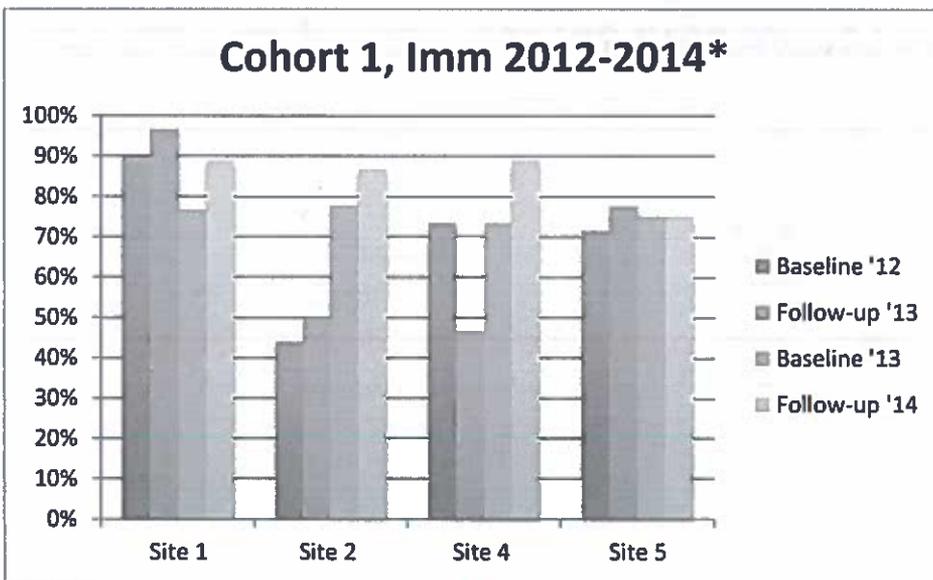
### Cohort 1, D/A 2012-2014\*



\*All sites worked on this area

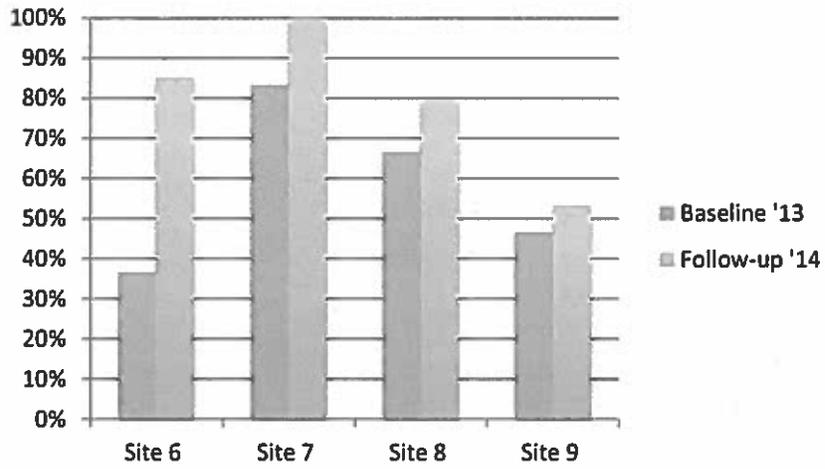


\*All sites worked on this area



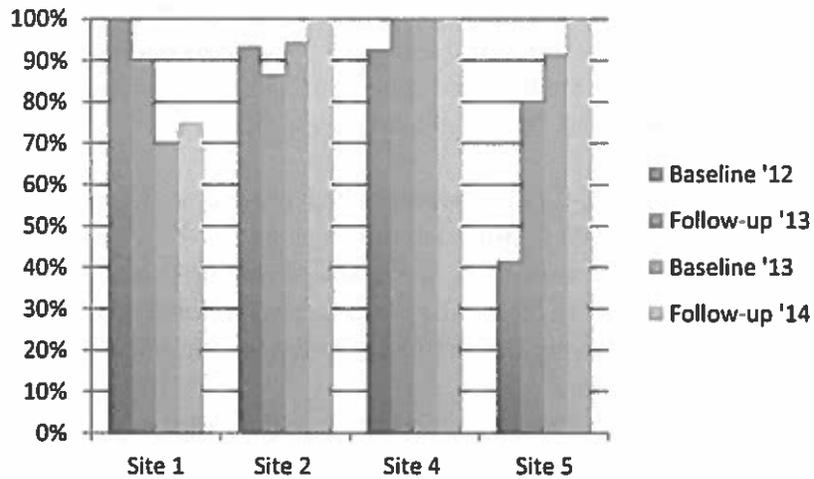
\*Site 4 is the only site that chose to work on this area

### Cohort 2, Imm 2013-2014\*

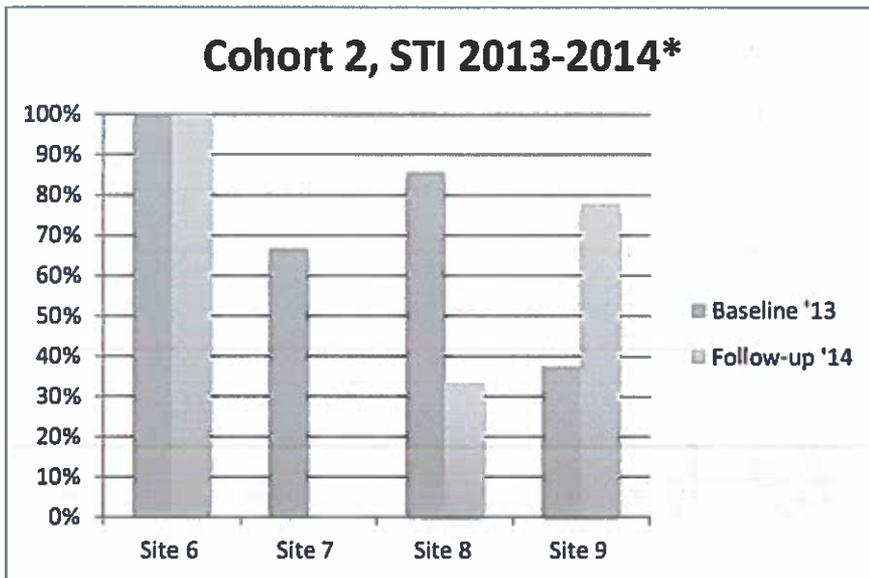


\*Only sites 7 and 8 chose to work on this area.

### Cohort 1, STI 2012-2014\*



\*Site 2 was the only site that did not work on this area.



\*None of the sites in cohort 2 worked on this area.

### Medical Home

All ten completed their PCMH self-assessment. The School-Based Health Center PCMH Core Elements Assessment Tool developed by the NM QI team, is being used by seven sites to document PCMH practices, policies and procedures; develop action plans; and measure change over time. All sites are working on addressing action items identified during assessment as measured through NCQA or the NCQA-based PCMH Core Elements Assessment Tool.

Although not all sites have completed their follow-up assessment, all have shown movement toward the adoption of medical home characteristics. Improvements include:

- Providing information to students about the 24-hour Nurse Advice Line on the phone message and door sign when the SBHC is closed for after-hour access to medical advice.
- Identification and tracking of top conditions of the clinic population, and notification to students due for preventive or follow-up care
- Use of the eSHQ aggregate report to assess and respond to population risks and needs through outreach events
- Distribution of youth-friendly resources to support self-care
- Improved/updated policies and procedures around tracking of referrals and labs, including gaining access to the local hospitals lab system and instituting the use of a tracking log
- Utilization of Master MRR reports to assess quality of care and develop PDSA to address areas of improvement

Several sites are continually tracking their PCMH progress through the use of the PCMH Core Elements Assessment Tool. One site presented on their progress and methods during the

School-based Health Alliance National Convention on June 30. Another site submitted for NCQA level three certification with their FQHC sponsor.

### **Youth Engagement**

Four sites formed youth School Health Advisory Committees during this reporting period, in which an adult leader meets regularly with youth to discuss youth-relevant health topics and address them through the school community. Of the four sites, three sites used the YEHS data regarding youth participation within the SBHC to initiate their formation of a youth SHAC. One Cohort 3 site used the information discussed from the AAA survey to develop a youth SHAC. The two Cohort 3 sites began administering the survey during this period and all sites will receive their results in the fall of 2014. Feedback was solicited from all sites to improve the upcoming YEHS! site reports. An improved version of the reports has been developed to better address the needs of SBHCs in receiving their data.

As a step toward sustaining the work of the grant, student employees on the New Mexico SHCIP Team presented a poster at the annual New Mexico Public Health Association meeting in April; they described the process through which student health literacy needs are assessed using the YEHS!, and shared several resources they developed to address these needs. Coaching around individual level youth engagement was emphasized during coaching calls and site visits this semester to encourage site staff to empower youth to take ownership of their health. This has been done through an individual level approach at several sites where staff are utilizing the PHQ-9 and SCARED assessment tools, in alignment with clinical QI, during behavioral health visits. Through the use of these tools, providers have engaged students to support their understanding of depression and/or anxiety symptoms. These tools have helped students in their ability to identify and monitor their symptoms, activate their coping skills as developed with their provider, and seek care when needed. Two sites have been working on an individual level engagement approach in which students are asked to identify a health goal upon intake. The provider includes time in the visit to discuss that goal and strategize for meeting that goal.

Coaching and resources were provided to sites around group level youth engagement to support the development of youth SHACs at four sites. All sites with youth SHACs, including those that started a group during this reporting period, have worked with their youth to plan and implement health promotion outreach activities at their school. Activities have ranged from lunch table activities to bulletin boards, school wide intercom announcements, and health fairs. These outreach activities were frequently related to a clinical content area in alignment with SHCIP and overall supported the marketing efforts of the SBHC to drive students in for services. At one site, youth SHAC members conducted a student survey to identify areas of need in the school to target for improving. The youth SHAC members then worked with their adult leaders to collect the data and determine next steps for affecting change.

Furthermore, SHCIP student employees continued creating youth friendly resources related to clinical content areas as identified by sites. Resources were developed particularly related to

youth health literacy to support sites in the delivery of youth-friendly messages while also improving youth health literacy. Some of the resources included how to talk to your provider, knowing how to use insurance, navigating the health care system, and transitioning in health care from middle school to high school and transitioning from high school SBHC care to adult care.

All sites developed a process and implemented the YEHS! (Youth Engagement in Health Services) survey to assess satisfaction with services, determine health literacy of the patient population and learn about youth engagement from the youth/patient perspective. The goal was to get at least 50 completed surveys completed. Two sites completed administration by March 31st, 2014 and the remaining eight sites completed it by May 31st.

Table 5: Number of YEHS! surveys completed, by site

| 2013-14 school year | # YEHS! completed |
|---------------------|-------------------|
| Site 1              | 36                |
| Site 2              | 23                |
| Site 4              | 61                |
| Site 5              | 69                |
| Site 6              | 24                |
| Site 7              | 78                |
| Site 8              | 29                |
| Site 9              | 68                |
| Site 10             | 50                |
| Site 11             | 57                |
| Total               | 495               |

### III: Successes and challenges

Qualitative interviews were conducted with staff at each site in April/May 2012 and 2013. In April, 2014, three focus groups were conducted to gather more data and learn more about sites' overall experience with the project, use of data to inform practice, helpfulness of coaching, and ideas for improving the design of the SHCIP project. Eight people attended each group and all 10 SHCIP sites were represented by various staff. Results are summarized below.

#### Successes

- Improved youth engagement
  - Youth engagement was integrated within all aspects of their work
  - Students were recruited as natural helpers, peer counselors, SBHC interns, and mentors
  - Youth advisory workgroups were developed
- Improved screening

- Changes to PCMH policies were made
- Improvement in documentation
- Improved workflow
- Increased awareness of their own clinic and ways in which they could improve
- Increased use of the eSHQ and the SCARED and PHQ-9
- More consistent use of PDSAs

### Use of Data to Inform Practice and Policies

- Data from eSHQ and YEHS were used in grant proposals
- Data from eSHQ were used for outreach to students
- MRR data was used for QI
- Data from YEHS were shared with school board and administration
- eSHQ data were used in the clinic to address mental health needs
- The YEHS! was used to engage youth

### Helpfulness of Coaching

- Coaching kept sites accountable
- Coaches provided invaluable resources
- Coaches provided immediate feedback, support, and availability
- Coaches kept team focused on goals and helped keep them organized

### Re-designing the project

- Some sites would like help with the implementation of an EHR
- More focus on youth engagement
- Focus on only one or two topics or have a menu of QI topics from which to choose
- Sites need more support from their sponsor organizations
- More clearly delineated expectations before school starts would be helpful for sites

## IV: Next Steps

All sites will continue with the project this next school year. The grant funding ends in February 2015, so the implementation year will be shortened. All sites will receive one site visit. Additionally, all sites will receive coaching calls and will have the option to complete one medical record review in the Fall to ascertain maintenance of improvement from last school year as well as to identify areas for future improvement.

This last year will be focused on sustaining changes, including continuing improvements in key clinical areas, patient centered medical home and youth engagement. Methods and processes for improvement will also be stressed.



## ATTACHMENT C



| Publications  | Status      | Lead Author       | Other Authors                                     | Description  |
|---|-------------|-------------------|---|--|
| Manuscripts PUBLISHED!  |             |                   |   |  |
| Measuring Youth Health Engagement in School-Based Health Centers              | Completed   | Rachel Sebastian  | Mary Ramos, Gerry Fairbrother, Jane McGrath       | Development and psychometric properties of the Youth Health Engagement scales.   |
| A profile of frequent users of SBHCs: Implications for adolescent health care | In progress |                   |   |  |
| LGBTQ users of SBHCs  | In progress | Mary Ramos        | Sarah Nickels, McKane Scharff                     |  |
| YEHS!: Revised Measures of Youth Health Engagement                            | In progress | Rachel Sebastian  | Mary Ramos, Gerry Fairbrother                     | Psychometric properties of revised youth health engagement scales, with emphasis on the importance of engagement for at-risk youth.  |
| YEHS! - Unmet Needs for Guidance  | In progress | Mary Ramos        | Rachel Sebastian, Gerry Fairbrother, Jane McGrath | Description of findings regarding unmet needs for guidance using results from the 2013-14 YEHS! survey. Immigrants and youth at-risk for depression more likely than others to report unmet needs for guidance.  |
| YEHS! - quality of care for usual SBHC users                                  | In progress | McKane Scharff    | Caitlin Adams, Mary Ramos, Rachel Sebastian       | Description of findings regarding higher quality/experience of care and health self-efficacy for usual SBHC users  |
| PAS 2015  | Submitted   | Gerry Fairbrother | Rachel Sebastian, Mary Ramos                      | Description of results from the 2013-14 YEHS! survey regarding unmet need for guidance, with emphasis on the relatively high levels of unmet needs for guidance for students identifying as gay, lesbian, bisexual, or questioning and those at risk for depression. |

|  |  |  |   |   |
|--|--|--|---|---|
| SBHA (aka NASBHC) 2014                           | Submitted  | Rachel Sebastian   | Mary Ramos; Jaclyn Watson; Gerry Fairbrother      | Panel discussion presenting correlates of youth health engagement based on the 2013 High School YEHS! Data.   |
| National Indian Health Board Consumer Conference | Submitted  | Caitlin Adams  | La Tisha Rico, McKane Scharff                     | Presentation highlighting SBHCs as key access points for Native American youth; NA youth are more likely to be engaged in their health care (YEHS! data) and how do we capitalize on that strength. |
| PAS 2013   | Presented May 2013 by Mary Ramos in Washington, DC | Mary Ramos   | Rachel Sebastian, Gerry Fairbrother, Jane McGrath | Poster Presentation: Description of pilot YEHS! results (2011-12)   |
| NASBHC 2012                                      | Presented June 2012 Albuquerque, NM                | Paula LeSueur, Gerry Fairbrother, Carlos Romero, & Maureen Daley |   | Using QI and technology to improve SBHC services  |
| NASBHC 2014                                      | Presented June 2012 Albuquerque, NM                | Carol Pierce; Yolanda Cordova                                    | Patsy Nelson                                      | Sustainability for SBHCs  |
| SAHM 2013  | Presented March 2013 in Atlanta, GA                | Rachel Sebastian   | Mary Ramos, Gerry Fairbrother                     | Results of the pilot YEHS! survey   |
| NMPHA 2013                                       | Presented April 2013 in Albuquerque, NM            | Carol Pierce; McKane Scharff                                     |   | SBHCs - addressing health care needs of an underserved population   |
| Head to Toe 2013                                 | Presented April 2013 in Albuquerque, NM            | McKane Scharff and Carol   |   | PCMH in SBHCs   |

|                  |   |  |   |  |
|------------------|---|--|---|--|
| NASBHC 2013      | Presented June 2013 in Washington, DC   | Gerry Fairbrother, Kevin Koenig, Yolanda Cordova, & Maureen Daley; |   | Using data to inform policy and practice                                 |
| NASBHC 2013      | Presented June 2013 in Washington, DC   | Rachel Sebastian, Mary Ramos, Gerry Fairbrother, Jaclyn Watson     |   | Using YEHS! data to inform youth engagement quality improvement efforts. |
| NASBHC 2013      | Presented June 2013 in Washington, DC   | McKane Scharff and Carol Pierce                                    |   | PCMH in SBHCs  |
| NMPHA 2014       | Presented April 2014 in Albuquerque, NM | ENM students   | McKane Scharff, Caitlin Adams, Mary Ramos | YEHS! Healthy Literacy results and Health Literacy Tools                 |
| Head to Toe 2014 | Presented April 2014 in Albuquerque, NM | Caitlin Adams  |   | Youth Engagement in SBHCs  |
| SBHA 2014        | Presented June 2014 Seattle, WA         | Sarah Nickels, Maureen Daley, Shannon Morrison, and NM provider    |   | Integrating demonstration project into statewide SBHC Program            |
| SBHA 2014        | Presented July 2014 Seattle, WA         | McKane Scharff and Carol Pierce                                    | SBHC staff from NM and CO SBHCs           | Care Coordination in SBHCs   |
| SBHA 2014        | Presented June 2014 Seattle, WA         | Carol Pierce   | Staff from NM SBHC                        | Poster Presentation: Integrating a POW protocol as part of PCMH          |
| SBHA 2014        | Presented June 2014 Seattle, WA         | McKane Scharff   | Staff from NM SBHC                        | Poster Presentation: Using the PCMH Core Elements tool                   |

|                                      |  |                                     |   |  |
|--------------------------------------|--|-------------------------------------|---|--|
| SBHA 2014                            | Presented June 2014                    | Gerry Fairbrother                   | Caitlin, Mary Ramos, Rachel Sebastian, Sara     | Presentation of youth engagement and guidance results from 2012-13 YEHS! survey with discussion of implementing youth engagement activities. |
| SBHA 2014- Youth Track               | Presented in June 2014 Seattle, WA     | Caitlin Adams                       | Staff from NM SBHC                              | Investigating & Applying Youth Data in SBHCs   |
| CASBHC 2014                          |  | Carlos Romero                       | Devra Fregin and Erin Major                     | Overview of eSHQ and uses in CO SBHCs  |
| APHA 2014                            | Presented November 2014 in New Orleans | McKane Scharff and Caitlin Adams    | Mary Ramos, Rachel Sebastian, Gerry Fairbrother | Poster Presentation: YEHS! data on higher quality of care/self-efficacy among usual SBHC users   |
| SBHA 2015                            |  | Yolanda Cordova and Caitlin Adams   |   | YE in SBHCs  |
| SBHA 2015                            |  | Gerry Fairbrother, McKane Scharff   | Yolanda Cordova, Jane McGrath, Maureen Daley    | SHCIP Policy Recommendations   |
| NASHP 2014                           |  | Gerry Fairbrother and Sarah Nickels |   | How we leveraged the Medicaid benefits for Adolescents   |
| CASBHC 2012                          | Presented May 2012                     | Sarah Nickels and Maureen Daley     |   | Facilitating QI in SBHCs   |
| CO Medical Home Community Forum 2012 |  | Sarah Nickels and Jo English        |   | SHCIP overview and integrating the PCMH approach   |
| CO Medical Home Community Forum 2014 | Presented October 2014                 | Maureen Daley and Sarah Nickels     |   | Overview of SBHCs and lessons learned from SHCIP   |
| CMS 2013                             | Presented in May 2013-Webinar          | Gerry Fairbrother and Maureen Daley |   | Designing & Integrating Intervention Strategies for POW  |
| CMS 2013/CHIPRA Webinar Series       |  | Gerry Fairbrother and Sarah Nickels |   | Improving behavioral health services   |

|            |  |   |  |   |
|------------|--|---|--|---|
| CMS 2014   |  | Leslie Hortel and<br>Carol Pierce                                   |  | Sustaining medical home beyond the grant      |
| QTAG 2012  | Presented in Sept<br>2012-Webinar                          | Eric Wolf, Gerry<br>Fairbrother, Paula<br>LeSueur, Maureen<br>Daley |  | Improving Care in SBHCs in CO & NM            |
| NASHP 2015 | Presented on CHIP<br>Directors monthly<br>call in Jan 2015 | Sarah Nickels   |  | Improving school-based behavioral health care |



## ATTACHMENT D



## **The electronic Student Health Questionnaire (eSHQ): an electronic risk screening tool for adolescents**

**Name of the main organization, along with any other organizations that were involved in the innovation:**

- iPad Application Development (Apex Evaluation)
- Risk Screen Development (New Mexico Department of Health-Office of School and Adolescent Health, Envision New Mexico, Colorado Department of Public Health and Environment, Parametrix Group, LLC)
- Evaluation of psychometric properties (AcademyHealth and Cincinnati Children's Hospital Medical Center)

**Name and title of the submitters:** Gerry Fairbrother, PhD, Senior Scholar, AcademyHealth; Shannon Morrison, Ph.D., Senior Evaluation Specialist, Apex Evaluation; Jodi Drisko, MSPH, President, Parametrix Group, LLC

**Contact information for the submitter (e-mail address and phone number):** Gerry Fairbrother; [Gerry.Fairbrother@academyhealth.org](mailto:Gerry.Fairbrother@academyhealth.org); (202) 292-6740

**Contact information for the application developer (e-mail address and phone number):** Carlos Romero; [romero@apexeducation.org](mailto:romero@apexeducation.org); (505) 828-0082

### **Overview**

In 2009, Congress passed the Children's Health Insurance Program Reauthorization Act (CHIPRA) authorizing "10 grants to States and child health providers to conduct demonstration projects to evaluate promising ideas for improving the quality of children's health care."<sup>1</sup> Overall, the CHIPRA demonstration projects were intended to identify effective and replicable strategies for enhancing the quality of care for children and youth enrolled in Medicaid and CHIP.<sup>2</sup>

Colorado in partnership with New Mexico received one of the five-year CHIPRA demonstration project grants. The project was focused on improving care provided in School-Based Health Centers (SBHCs) in the two states.

The overarching goal of these states' demonstration project was two-fold. First, the project aimed to showcase the ability of SBHCs to address the health care needs of adolescents in Medicaid and CHIP. Second, the project sought to demonstrate how the SBHC model can strengthen the health care delivery system. The states sought to accomplish these goals by:

- Improving the quality of care delivered in SBHC settings
- Actively engaging adolescents in their own health care

- Integrating SBHCs into the medical home approach to care delivery

The states further identified specific health areas to concentrate their quality improvement efforts, including the Early Periodic Screening, Diagnosis and Treatment (EPSDT) exam, obesity, depression and anxiety, immunizations, and sexual health.

As part of this project, staff developed the electronic Student Health Questionnaire (eSHQ), an electronic risk screening instrument, to improve the identification of risk and protective factors, many of which related to the areas of focus for the quality improvement efforts. This posting explains the rationale behind the development of these risk screening measures and illustrates the use of the electronic tool.

---

**Problem addressed: Why did we need to develop an electronic risk screen?**

The need for a risk screen for adolescents is clear. This developmental period is a time of transition to adulthood and a time when numerous risks to health emerge.<sup>3</sup> Systematically assessing these risks can help providers intervene and change risky behaviors before they become habitual, promote healthy habits, and improve care overall.<sup>3-5</sup> Furthermore, use of a risk screen makes visits more efficient for providers<sup>6</sup> and increases satisfaction with the visit for adolescents.<sup>7</sup> While a number of risk-screening tools for adolescents have been developed, they generally rely on paper and pencil format.

Paper-based tools have a number of problems. They are often lengthy, not appealing to adolescents, and can be cumbersome to use, collect, and store. For these reasons, there has been poor utilization of existing tools,<sup>8,9</sup> and consequently risk detection rates are low.<sup>9,10</sup> Furthermore, because they are not electronic, data on risk from paper-based tools cannot be easily linked to the students' electronic health record (EHR) and are not part of an electronic risk database. This last point is especially important because storing this type of data electronically enables better tracking and monitoring of risk over time for an individual student and for a student population as a whole.

An electronic version of a paper-based tool has the potential for overcoming these problems, and for this reason, we developed an iPad-based tool to assess risk. We expected that the iPad version would be appealing to adolescents and increase their willingness to take a risk screen. Furthermore, studies have shown that adolescents are more willing to divulge private information on a computer than to a person.<sup>11</sup> As a result, we expected to have a more complete assessment of risk. Additionally, we expected that the providers would benefit from data available electronically to help guide the visit, and that this procedure would make the visits more efficient. In addition, policy makers at local and state levels would benefit from having a tool that produced data that they could use to track and monitor risk, which could indicate priority areas that need to be targeted for intervention.

## **What we did: Developed and tested an electronic risk screening tool.**

As part of this project, staff heavily edited a paper version of a risk screening tool already in use in New Mexico, bringing in adapted items, as needed, from existing tools and guidelines, including those in *Bright Futures*.<sup>12-17</sup> Two versions of the risk screening tool were developed: one for high school and one for middle school students. The questionnaires were 30 and 33 questions long, respectively. (See Appendix A for the high school and middle school paper versions of the risk screening tool) Both versions embedded behavioral health questions adapted from the PHQ-2 (depression symptoms) and the CRAFFT (alcohol and drug abuse screening).

The resulting instruments, for both high school and middle school, have seven major domains. They include:

- Home/School
- Health Behaviors
- Safety and Injury
- Feelings and Well-being
- Relationships and Sexual Activity
- Health Behaviors and Substance Abuse
- Development of Future Plans

Staff at a few of the SBHCs in both states reviewed and pilot tested the paper versions and gave feedback to the developers. Additionally, subject matter experts were consulted in both states to provide feedback on the tools and changes were made based on their recommendations. After the content was finalized, the questionnaires were translated into Spanish and sent to another project partner (Apex Evaluation) to develop electronic applications for administration on an iPad.

The resulting electronic versions are user friendly. The programming includes skip patterns to increase efficiency and to simplify the answering process for students. One skip occurs after an item on sexual activity and another after an item on use of alcohol and drugs. As a result, if students answer “no” to the item asking if they have ever had sex, the programming automatically skips the five subsequent items about safe sex practices and pregnancy. Likewise, if a student answers “no” to all four items asking about alcohol and drug use, the programming automatically skips them over the five subsequent items probing more deeply into the type and consequences of the substance use.

An iPad application feature for providers was also created, so that they could review the students' responses on their own iPad with risk and protective factors color-coded to indicate areas of possible concern. After using the eSHQ for about a year, many providers expressed interest in adding fields in which they could include qualitative comments, as they probed further into risks, and which would be saved into the electronic file. This feature gave the application additional depth and ensured that

provider notes on risk would be part of the electronic record. Another feature that was added after two years of provider utilization was the CRAFFT flag. Within the application, a CRAFFT screening score is calculated “behind the scenes” and if the screen is positive, a red flag with the risk score appears on the provider alert report and prompts the provider to administer an additional assessment.

### **Integrated the device into the SBHC’s workflow**

iPads were used in waiting areas and exam rooms of SBHCs for students and in providers’ offices for the providers in the 20 SBHC sites that were part of our CHIPRA demonstration project. Sites had the option of securing their iPads with tethers. Additional wireless internet devices were installed at sites that had poor wireless connections. Overall, the sites were located in urban, rural, and frontier settings.

For security reasons, in most cases, the front office clerk or Medical Assistant would hand students the iPad to complete the eSHQ while they were in the waiting room. Additionally, there is a Protected Health Information (PHI) security feature built into the iPad application so that a student cannot view the survey responses of the previous student who used the tool. During the visit, providers reviewed the students’ responses to the risk screening tool, probed as needed on particular items, and made notes on their own iPad if their assessment of risk differed from the student’s response.

The students’ risk profile guided the anticipatory guidance that providers would give and further steps providers would take. For example, if the risk screening tool showed that a student was sexually active, after additional probing, the provider could order a laboratory test for sexually transmitted infections (STI). The provider could further counsel on safe sex and use of birth control. If responses to items in the section on “feelings and wellbeing” indicated a risk for depression or anxiety, the provider could then move to a deeper assessment of depression through one of the standardized assessment tools. The same would hold true for risks uncovered in other domains.

### **Developed methods for reporting back to SBHCs**

Reporting mechanisms were developed for alerting providers to areas that needed attention for individual students. In addition, reports were developed showing overall results for all students who took the eSHQ at a given SBHC as well as population-based reports giving results for all students in all SBHCs in a given state (or across states, in our case). These will be discussed separately below.

**Individual alerts.** Figure 1 is a screen shot for a fictitious student and shows responses to the items in the seven domains on the risk screening tool. This is actually a composite of results from various students and represents a fairly typical example of an alert report for a high risk student. The red, yellow, and green coding represent levels of concern and were developed by consensus among the clinical personnel on the project with input from SBHC providers.

## Student Health Questionnaire - Alert Report (HS)

Edit Review

| Name                                    | Date of Birth   | Age                            | Grade   | Sexual Orientation                     | Legend  |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
|---|---|--------------------------------|---|--|---|--------------------------------------|---|--|---|--|---|--|---------------------------------|--|---|--|---|--|---|--|
| Smith, Jill                             | September 9, 1999   | 15                             | 10 - Tenth  | Heterosexual                           | N/A   | Unanswered                           |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
|   |   |                                |   |  | Needs Attention                                       | Risk Factor                          |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
|   |   |                                |   |  | <input checked="" type="checkbox"/> CRAFFT Alert      | No Concern                           |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Home/School</b>                      | 1. Lives with: Mother, Father, Sister, Brother                                      |                                | 2. Someone they can talk to: Friend, Parent         |  | 3. Problems at home: Violence                         |                                      | 4. Problems in school or work: Missing school, Grades |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| Marked as Risk:                         | Comments:   |                                |   |  |   |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Health Behaviors</b>                 | 5. Participate in 1 hour of physical activity per day: Yes                          |                                | 6. More than 2 hours per day watching TV/Video: No  |  | 7. 5 or more servings of fruits and vegetables: Yes   |                                      | 8. More than 8 hours of sleep per night: No           |  | 9. Dental care in last 12 months: Yes             |  |   |  |                                 |  |   |  |   |  |   |  |
| Marked as Risk: Yes                     | Comments:   |                                |   |  |   |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Safety / Injuries</b>                | 10. Always wears a seatbelt: Yes  | 11. Always wears a helmet: Yes | 12. Text, talk, surf internet while driving: N/A    | 13. Feel afraid, threatened, hurt: Yes | 14. Physically, sexually, emotionally abused: No      | 15. Hit by boyfriend/girlfriend: Yes | 16. Carry a weapon for protection: No                 | 17. Foster care, group home or homeless: Yes | 18. Spent a night in jail or detention center: No |  |   |  |                                 |  |   |  |   |  |   |  |
| Marked as Risk: Yes                     | Comments: Teen dating violence education referral                                   |                                |   |  |   |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Feelings / Well-Being</b>            | 19. Worry or feel like something bad will happen: Yes                               |                                | 20. Tense, stressed out, trouble relaxing: No       |  | 21. Feeling down, depressed, irritable, hopeless: Yes |                                      | 22. Less enjoyment or interest: No                    |  | 23. Hurt yourself on purpose: Yes                 |  | 24. Thought, planned or attempted suicide: No   |  |                                 |  |   |  |   |  |   |  |
| Marked as Risk: Yes                     | Comments: Referred for behavioral health  |                                |   |  |   |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Relationships / Sexual Activity</b>  | 25. Has had sex: Yes  |                                | 26. Always use condoms: No                          |  | 27. Methods to prevent pregnancy: Yes                 |                                      | 28. Been pregnant or gotten someone pregnant: No      |  | 29. Male or female partners: Females and Males    |  | 30. Think partner could have STI: Yes   |  |                                 |  |   |  |   |  |   |  |
| Marked as Risk: Yes                     | Comments: Sex education, sti screen, gave condoms                                   |                                |   |  |   |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Health behaviors / Substance Use</b> | 31. Used tobacco in last 12 months: Yes   |                                | 32. Ridden in car with someone who was impaired: No |  | 33. Ever drank alcohol: Yes                           |                                      | 34. Ever used marijuana: No                           |  | 35. Ever taken other drugs: Yes                   |  | 36. Use alcohol/drugs to relax or fit in: Yes   |  | 37. Use alcohol/drugs alone: No |  | 38. Forget things while using alcohol/ drugs: Yes |  | 39. Family/ friends say to cut down: No |  | 40. In trouble while using alcohol/drugs: Yes |  |
| Marked as Risk: No                      | Comments: This was last year  |                                |   |  |   |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Development / Future Plans</b>       | 40. Concerns/ questions about body: No  |                                |   |  | 41. Do you like yourself?: 5                          |                                      | 42. Future Goals: Going to college                    |  |   |  | 43. Contact Info<br>Email: Jill@gmail.com<br>Cell: 5055555555<br>Friend's #: 5051234567 |  |                                 |  |   |  |   |  |   |  |
| Marked as Risk: No                      | Comments:   |                                |   |  |   |                                      |   |  |   |  |   |  |                                 |  |   |  |   |  |   |  |
| <b>Signature of Reviewer</b>            |  |                                |   |  | <b>Reviewed with student:</b>                         | X                                    | <b>Date</b>   | September 9, 2014                            |   |  |   |  |                                 |  |   |  |   |  |   |  |

**Reports for a population.** Reports were also developed for SBHCs and for the state as a whole. These reports give SBHCs a profile of risk for their entire population and enable them to take action on areas of concern. Likewise, reports covering all students and all SBHCs in the state give the state entity responsible for SBHCs information on areas of concern for the entire SBHC population. If the states were provided reports for the individual SBHCs so that they have information on SBHCs with students at highest risk, the states could potentially use the reports for policy purposes, such as targeting improvement efforts.

### Did it work? What did the results show?

The eSHQ was implemented successfully in project sites. During the last school year (2013-2014), almost 3,000 students in our demonstration project took the eSHQ: 1,861 in New Mexico and 1,076 in Colorado.<sup>18</sup> These numbers represent approximately 53% of all students who used the SBHCs that school year. Interestingly, in both states, middle school students were proportionately more likely to complete an eSHQ than high school students (CO HS= 41%, CO MS= 66%, NM HS=52%, NM MS=64%).

Table 1 below shows actual eSHQ results aggregated for middle and high school in Colorado and New Mexico.<sup>18</sup>

Table 1: Aggregate eSHQ results for selected indicators, 2013-2014 school year.\*

| eSHQ Topic                                   | Colorado High School n=610 | Colorado Middle School n=462 | New Mexico High School N=1240 | New Mexico Middle School N=621 |
|--|----------------------------|------------------------------|-------------------------------|--------------------------------|
| Don't do 1 hour physical activity a day      | 25%                        | 16%                          | 22%                           | 14%                            |
| Watch TV, video games, computer 2+ hours/day | 49%                        | 54%                          | 50%                           | 53%                            |
| Don't eat 5+ fruit/veg a day                 | 61%                        | 48%                          | 66%                           | 57%                            |
| Worry something bad might happen             | 27%                        | 33%                          | 37%                           | 38%                            |
| Tense, stressed out, difficult relaxing      | 44%                        | 25%                          | 50%                           | 36%                            |
| Down, depressed, irritable or hopeless       | 24%                        | 20%                          | 31%                           | 25%                            |
| Less enjoyment, or interest I doing things   | 25%                        | 22%                          | 28%                           | 27%                            |
| Seriously considered suicide                 | 13%                        | 7%                           | 14%                           | 9%                             |
| Hurt themselves on purpose                   | 18%                        | 10%                          | 17%                           | 13%                            |
| Ever had sex                                 | 49%                        | 3%                           | 57%                           | 8%                             |
| Used tobacco (past 3 mo)                     | 26%                        | 3%                           | 25%                           | 9%                             |
| Used alcohol (past 12 mo)                    | 29%                        | 3%                           | 23%                           | 7%                             |
| Used marijuana (past 12 mo)                  | 26%                        | 3%                           | 24%                           | 10%                            |

\*Results from Drisko and Morrison, SHCIP Formative Evaluation Summary Report.<sup>18</sup>

Results show that – in both states – high school youth have a higher proportion of behaviors that put them at risk than middle school students. Many youth watch too much TV and do not eat enough fruits and vegetables compared with goals set by Healthy People 2020. The eSHQ data also indicate that almost 1 in 4 high school students in Colorado and nearly 1 in 3 in New Mexico seen at these SBHCs have one or more symptoms of depression and about 14% have seriously considered suicide. Although few middle school students report having sex, by high school approximately 50% reported that they have had sex. Substance use is also dramatically higher in high school than in middle school. (All data from Drisko and Morrison, SCHIP Formative Evaluation Summary Report.<sup>18</sup>)

**Did it work? What do students, providers, and policymakers say?**

Interviews and focus groups with providers at all sites shed light on the high utility of the alerts and reports from the eSHQ.<sup>19</sup> They show that the eSHQ was highly valued as a screening tool. Sites agreed that it was a very useful clinical tool and they used both the individual and aggregate data. Providers in both states said it was one of the project components that they “liked the most” and also indicated that it was an aspect they were “most interested in sustaining” after the grant is over.

One provider in Colorado, for example, called it the “gold nugget” of the SHCIP project, indicating the importance of this tool; this sentiment was echoed by providers in New Mexico, who added that they liked the quarterly reports because they gave them “concrete numbers to talk to administrators about.” They also used the data to conduct outreach to students and to describe the health care needs in grant proposals. Providers and school staff cited a few major benefits.

***User-friendliness for students.*** The electronic form of the student health questionnaire allowed for more efficient administration and deeper probing of student responses than would a paper-based screening tool. Many sites reported that students were more amenable to and thorough in completing the questionnaire on the iPad, and students found it more engaging and easier to navigate. Additionally, because of skip patterns built into the electronic application, errors in completion of the questionnaire were reduced.

Two SBHC staff made the following comments:

*“We enjoy using the eSHQ. It’s more confidential for the students. Very user-friendly and they like the iPads.”*

*“We really like using the iPads. Not only does it save time, but it is easy for the students to understand... We are so happy to be using them.”*

***Early identification of health risk behaviors/promotion of protective factors.*** As soon as the student completed the eSHQ, the provider reviewed the results on their own iPad. The Alert Report highlighted risk factors and areas that needed attention for each of the domains. If needed, a more detailed alert report could be generated that provided responses for each one of the questions. Using the Provider Review feature, providers used their iPads to review and make comments directly on the report, and then electronically sign and print or upload the report to their EHR. Many of the comments providers chose to add included anticipatory advice given about a specific topic or highlighting that a risk factor was not really a risk due to circumstances they elucidated after having an in-depth conversation with the student (e.g., risk was too far in the past).

*“I like that the risk areas are highlighted so it is easy to read and address those issues,” a provider noted.*

**Integration of primary care and behavioral health care.** The eSHQ promoted integration of care in four ways:

1. It facilitated early identification of risks related to both physical and behavioral health.
2. The eSHQ assisted primary care providers in initiating difficult conversations about sensitive emotional and behavioral health topics.
3. Providers that used the eSHQ reported an increased number and ease of referrals from primary care to behavioral health care and vice versa. It improved the process around hand-offs to the behavioral health provider. It alerted the behavioral health providers to possible medical concerns not typically addressed in the behavioral health setting. For example, a student who is found to be sexually active during a behavioral health visit can be automatically referred for sexually transmitted infection screening and counseling through the primary care provider.
4. The application's platform provided a shared database through which the primary and behavioral care providers could review and exchange eSHQ information and notes, even if they were not using a shared electronic health record. This feature further enhanced provider communication and limited repetitive questions and procedures for the student.

As a provider noted,

*"The eSHQ has improved some of our referrals; and care coordination. If there are high risk behaviors that should be addressed by mental health or substance abuse, then these referrals are easier to be made."*

**Use of the tool for population/panel management.** The eSHQ also strengthened the ability of participating SBHCs to understand and manage the populations they served. An aggregate report on risk percentages for each question was provided to the SBHCs at the end of the first semester and at the end of the school year. The reports showed the highest risks and needs of the SBHC users compared to statewide data. SBHC staff and QI coaches also used these data to track and respond to change over time. Some sites also used these reports to guide their youth outreach initiatives.

In addition, these reports have been shared with school administration and sponsoring organizations to demonstrate high need and encourage the continued support and sponsorship of SBHCs. For example, the eSHQ alerted staff at one middle school SBHC to an increase in drug use and abuse, supporting the opinions of their youth advisory group. The advisory group conducted a drug use/abuse awareness campaign, and project staff developed youth-friendly resources regarding marijuana and other drugs of choice.

The aggregate reports could be used in the future to identify sites that need the most assistance, and the data can also help in targeting interventions according to high risk

and need. The ways to use the eSHQ for population management are evolving and could provide additional utility in the future.

**State Administrators.** As a result of the eSHQ's utility and the consequent improvements in clinical processes and care provided at selected sites, SBHC programs in both states are making the eSHQ available to additional SBHCs in their states. The paper version is available to all sites for no cost, but the electronic version does have costs associated with server upkeep and maintenance, application costs, and continuous improvements to the application. The state administrators could also use the eSHQ data to justify ongoing funding or pursue additional funding to address high risk and make evidence based decisions.

### **What were the challenges in implementation?**

Although many SBHC staff thought the eSHQ was an extremely beneficial tool, its utilization was not without challenges. These challenges were largely due to technology issues, such as:

- Unfamiliarity of staff with iPad technology
- Wireless internet availability and signal strength
- Frequent changes to the survey content requiring SBHCs to update the iPad application each time the survey was changed
- Difficulty in interfacing directly with the SBHC's EHR

Overall, the process of implementing an electronic screening tool is impacted by technical challenges experienced by SBHCs, support from the school and/or sponsoring entity, and knowledge and ongoing training of SBHC staff in the administration of the tool. It is critical, at least in the initial adoption and administration stages, to provide ongoing technical assistance and clinical support to SBHC staff to ensure the success of the tool and to maximize its benefits.

Further, beyond implementation challenges, there are challenges in optimal use due to the fact that the eSHQ is not seamlessly integrated into EHRs. The results of the eSHQ risk screen can be incorporated in the students' medical record as a PDF file, but the data cannot be queried in the EHR. It would be the role of the EHR vendors to develop templates linkages. For the risk screen to be optimally useful, it should be possible to electronically see what follow-up occurred after discovery of a risk.

### **Next Steps for eSHQ**

There are important next steps to help realize the full potential of the eSHQ as a tool that can serve SBHCs:

- Expand use of the eSHQ to more SBHCs by exploring multiple avenues for sustainability including grants, partnerships, and sponsorships.
- Address opportunities for improvements to the utilization of the tool including: IT

issues such as spotty wireless internet, support from school/sponsor IT staff, and frequent updates to the application; ensuring that continuous training is provided to SBHC staff; determining the best way to integrate the use of the tool into the current clinical flow; and interfacing directly with SBHC's EHR.

- Work with SBHC partners involved in quality improvement to ensure that health care providers understand how to use data to improve care and management of patient population.
- Work with stakeholders that have an interest in aggregate data to understand and respond to their respective needs.

## **Conclusions**

The uses of the eSHQ are continually evolving. According to the interviews with school staff and providers, SBHCs in both states found it to be one of the most beneficial components of the project. The eSHQ use continues to grow in both states while additional clinical features are being added to increase its usefulness for both primary and behavioral health providers in the SBHCs. In sum:

- The eSHQ instrument appears to be a useful tool for assessing risk for adolescents
- The eSHQ can provide information about health risk behaviors at both the individual and population-level
- The tool can be spread to other SBHCs as well as to primary care practices with adolescent populations
- Linkages with EHRs are needed for the risk screen to be optimally used in practice.

# Appendix A: Paper version of the risk screen for high school students

## STUDENT HEALTH QUESTIONNAIRE For High School Students

**NOTE:** The information you provide on this form is CONFIDENTIAL and will not be shared outside of this clinic without your permission. The only exceptions to this are if you are thinking about harming yourself or someone else or if you are being abused. By law, our staff has to report this information. We will also assist you in getting the help that you need. We would like you to fill this form out completely, but you can choose to skip questions you do not want to answer. This form will help us give you the best care possible.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last First Middle Initial  
 Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Female  Male  Other: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you Hispanic or Latino/a?  
 Yes  No  
 What is your race? (Check all that apply)  
 American Indian or Alaskan Native  White  Native Hawaiian or other Pacific Islander  Black  
 or African American  Asian  Gay or Lesbian  Bisexual  Not sure

Which of the following best describes you?  Heterosexual (straight)  Gay or Lesbian  Bisexual  Not sure

---

**HOME/SCHOOL**

1. Who do you live with? (Check all that apply)

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Two mothers   | <input type="checkbox"/> Two fathers | <input type="checkbox"/> Mother                     | <input type="checkbox"/> Father                      |
| <input type="checkbox"/> Step-Mother   | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Mother's boyfriend/partner | <input type="checkbox"/> Father's Girlfriend/partner |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Sister      | <input type="checkbox"/> Brother                    | <input type="checkbox"/> Grandparent(s)              |
| <input type="checkbox"/> Aunt          | <input type="checkbox"/> Uncle       | <input type="checkbox"/> Cousin                     | <input type="checkbox"/> Friend                      |
| <input type="checkbox"/> Other _____   |                                      |   |  |

2. Who do you feel you can really talk to? (check all that apply)

|   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Friend         | <input type="checkbox"/> Parent  | <input type="checkbox"/> Other adult _____ |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Teacher | <input type="checkbox"/> Online friend     |
| <input type="checkbox"/> Other _____    |                                  | <input type="checkbox"/> Other relative    |

3a. Are you having any of the following problems at home? (Check all that apply)

|                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Violence | <input type="checkbox"/> Concerns with a family member | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Parent/guardian out of work   | <input type="checkbox"/> I don't have any of these problems |

3b. Are you having any of the following problems at school? (Check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Missing school | <input type="checkbox"/> Grades  | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Suspension     | <input type="checkbox"/> Bullying (in person, or through social media) | <input type="checkbox"/> I don't have any of these problems |

| HEALTH BEHAVIORS  |   |  |
|---|---|--|
| 4.  | Do you usually participate in physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour every day?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5.  | Do you usually watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for school or work)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6.  | Do you usually eat 5 or more servings of vegetables and fruits every day?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 7.  | Do you usually get 8 or more hours of sleep every night?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 8.  | In the last 12 months, have you seen a dentist or gone to a dental clinic?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| SAFETY/INJURIES   |   |  |
| 9.  | Do you always wear a seatbelt when driving or riding in a car, truck or van?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10.   | Do you always wear a helmet when rollerblading, biking, motorcycling, skateboarding, ATV, skiing or snowboarding?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me     |
| 11.   | Do you text, talk or surf the internet on your cell phone while you are driving?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me     |
| 12.   | Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you or hurt you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 13.   | Have you ever been physically, sexually or emotionally abused?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 14.   | In the past 12 months did your boyfriend/girlfriend ever hit, slap or hurt you on purpose?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15.   | Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 16.   | Have you ever been in foster care, a group home, or homeless?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 17.   | Have you ever been in jail or in a detention center?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| FEELINGS/WELL-BEING   |   |  |
| 18.   | Do you often worry about or feel like something bad might happen?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 19.   | Are you often tense, stressed out, and/or have difficulty relaxing?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 20.   | Over the past 2 weeks, have you noticed feeling down, depressed, irritable or hopeless?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 21.   | Over the past 2 weeks, have you noticed less enjoyment or interest in doing things?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 22.   | Have you ever purposefully hurt yourself without wanting to die, such as cutting or burning yourself?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 23.   | Have you ever seriously thought about killing yourself, made a plan and/or actually tried to kill yourself?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| RELATIONSHIPS/SEXUAL ACTIVITY                                       |   |  |
| 24.   | Have you ever had sex (including vaginal, oral or anal sex)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If you answered "Yes" to question 24, please complete questions a-e |   |  |
| a)  | Do you and your partner(s) always use condoms when you have sex?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| b)  | Are you using a method to prevent pregnancy? which types <input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Depo (the shot) <input type="checkbox"/> Patch <input type="checkbox"/> Nexplanon/Implanon <input type="checkbox"/> Foam <input type="checkbox"/> Sponge <input type="checkbox"/> Withdrawal <input type="checkbox"/> Ring <input type="checkbox"/> IUD | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| c)  | Have you ever been pregnant or gotten someone pregnant?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| d)  | During your life, with whom have you had sexual contact?  | <input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Females and Males |

|   |   |  |
|---|---|--|
| <p>e) Do you think you or your partner could have a sexually transmitted infection?</p>   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>HEALTH BEHAVIORS/SUBSTANCE USE</b>   |   |  |
| <p>25. In the past three months, have you smoked cigarettes or used any other form of tobacco (like chew, dip, cigars, hookah and/or e-cigarettes)?</p>         |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>26. Have you ever ridden in a car driven by someone (including yourself) who was high or was using alcohol or drugs?</p>                                     |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>27. During the PAST 12 MONTHS, did you:</p>  |   |  |
| <p>a) drink any alcohol (more than a few sips)?</p>   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>b) smoke any marijuana or hashish?</p>   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>c) use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")</p> |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>If you answered "Yes" to questions 27, please complete questions a-e</p>   |   |  |
| <p>a) Do you ever use alcohol and drugs to relax, feel better about yourself or fit in?</p>   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>b) Do you ever use alcohol or drugs while you are by yourself, alone?</p>  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>c) Do you ever forget things you did while using alcohol or drugs?</p>   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>d) Do your family or friends ever tell you that you should cut down on your drinking or drug use?</p>  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>e) Have you ever gotten into trouble while you were using alcohol or drugs?</p>  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>DEVELOPMENT/FUTURE PLANS</b>   |   |  |
| <p>28. Do you have any concerns or questions about the size or shape of your body or your physical appearance?</p> <p>If yes, please describe: _____</p>        |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>29. What are your future plans for both having a family and career goals?</p> <p>_____</p>   |   |  |
| <p>30. On the whole, how much do you like yourself?</p>   | <p style="text-align: center;">Not much    1    2    3    4    5    A lot</p> |  |
| <p>How can we contact you if we need to talk to you privately (for test results, etc.) besides through school?<br/>Choose one:</p>                              |   |  |
| <p>e-mail: _____</p>  | <p>cell phone: _____</p>  | <p>friend's number?: _____</p>                           |

**THANKS!**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Referred To: \_\_\_\_\_

This survey was developed by the Colorado Department of Health Care Policy & Financing in collaboration with the New Mexico Human Services Department, The Colorado Department of Public Health and Environment, the New Mexico Department of Health, the Cincinnati Children's Hospital Medical Center, AcademyHealth, the University of New Mexico, Parametrix Group, LLC, and Apex Education. This survey was developed for a School-Based Health Center Improvement Project under a federal grant from the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services (CMS), Grant Award Number 1Z0C30559-01-00. However, this survey and the contents of the survey do not necessarily represent the policies of the U. S. Department of Health and Human Services, and you should not assume endorsement by the federal government. The States of Colorado and New Mexico are parties to a School-Based Health Center Improvement Project designed to integrate school-based health care into a medical home approach to improve the health care of underserved school-aged children and adolescents. The overarching goal of the project is to markedly improve the quality of children's health care delivered at School-Based Health Centers. This survey will be made available to School-Based Health Centers in the States of Colorado and New Mexico.

Some of the questions included in this survey were adapted from the following sources: Bright Futures (American Academy of Pediatrics), Kaiser Permanente Division of Research, Rapid Assessment for Adolescent Preventive Services (RAAPS, Regents of the University of Michigan), Youth Risk Behavior Survey (YRBS, Centers for Disease Control & Prevention), CRAFFT (Children's Hospital Boston), and Guidelines for Adolescent Preventive Services (American Medical Association).

The U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services have a royalty-free, non-exclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for federal government purposes.



3b. Are you having any of the following problems at school? (Check all that apply)

- Missing school     Grades     Other  
 Suspension     Bullying (in person, or through social media)     I don't have any of these problems

**PHYSICAL HEALTH**

4. Do you usually participate in physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour every day?     Yes     No
5. Do you usually watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for school)?     Yes     No
6. Do you usually eat 5 or more servings of vegetables and fruits every day?     Yes     No
7. Do you usually get 8 or more hours of sleep every night?     Yes     No
8. In the last 12 months, have you seen a dentist or gone to a dental clinic?     Yes     No

**SAFETY/INJURIES**

9. Do you always wear a seatbelt when riding in a car, truck or van?     Yes     No
10. Do you always wear a helmet when rollerblading, biking, motorcycling, skateboarding, ATV, skiing or snowboarding?     Yes     No     Does not apply to me
11. Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you, or hurt you?     Yes     No

12. Has a boyfriend/girlfriend ever hit, slapped or hurt you on purpose?     Yes     No
13. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself?     Yes     No
14. Have you ever been in foster care, a group home, homeless, or had to live with another family member or friend?     Yes     No
15. Have you ever been in jail or in a detention center?     Yes     No

**FEELINGS/WELL-BEING**

16. Do you often worry about or feel like something bad might happen?     Yes     No
17. Are you often tense, stressed out, and/or have difficulty relaxing?     Yes     No
18. Over the past 2 weeks, have you noticed feeling down, depressed, irritable or hopeless?     Yes     No
19. Over the past 2 weeks, have you noticed less enjoyment or interest in doing things?     Yes     No
20. Have you ever cut, hit, burned or done anything else to hurt yourself on purpose?     Yes     No
21. Have you ever seriously thought about killing yourself, made a plan and/or actually tried to kill yourself?     Yes     No

**RELATIONSHIPS/SEXUAL ACTIVITY**

22. Do you have a boyfriend or girlfriend?     Yes     No
23. Do you talk to your parent/guardian(s) about relationships or about sex?     Yes     No
24. Have you ever had sex (including oral sex)?     Yes     No

If you answered "Yes" to question 24, please complete questions a-c

- f) Do you and your partner(s) always use condoms when you have sex?     Yes     No
- g) Are you using a method to prevent pregnancy? Which types:     Condoms     Pills     Depo (the shot)  
 Patch     Nexplanon/Implanon     Foam     Sponge     Withdrawal     Ring     IUD

|  |  |
|--|--|
| h) Have you ever been pregnant or gotten someone pregnant?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>HEALTH BEHAVIORS/SUBSTANCE USE</b>  |  |
| 25. In the past three months, have you smoked cigarettes or used any other form of tobacco (like chew, dip, cigars, hookah and/or e-cigarettes)?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Have you ever ridden in a car driven by someone who was high or using alcohol or drugs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. During the PAST 12 MONTHS, did you:  |  |
| a) drink any alcohol (more than a few sips)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) smoke any marijuana or hashish?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered "Yes" to questions 27, please complete questions a-c</b>  |  |
| f) Do you ever use alcohol and drugs to relax, feel better about yourself or fit in?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Do you ever use alcohol or drugs while you are by yourself, alone?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Do you ever forget things you did while using alcohol or drugs?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Do your family or friends ever tell you that you should cut down on your drinking or drug use?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Have you ever gotten into trouble while you were using alcohol or drugs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>DEVELOPMENT/FUTURE PLANS</b>  |  |
| 30. Do you have any concerns or questions about the size or shape of your body or your physical appearance?  |  |
| If yes, please describe: _____   |  |
| 31. What are your future plans for career goals?   |  |
| 32. On the whole, how much do you like yourself?   | Not much 1 2 3 4 5 A lot                                 |
| <b>33. Please answer the following questions about yourself:</b>   |  |
| a) I feel I have at least one adult in my life who cares about me and who I can go to if I need help.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) I have at least one friend or a group of friends that I feel comfortable with.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) As I have gotten older I make more of my own decisions.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How can we contact you if we need to talk to you privately (for test results, etc.) besides through school? Choose one:                                  |  |
| e-mail _____   |  |
| cell phone _____   |  |
| friend's number? _____   |  |

**THANKS!**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Referred To: \_\_\_\_\_

This survey was developed by the Colorado Department of Health Care Policy & Financing in collaboration with the New Mexico Human Services Department, The Colorado Department of Public Health and Environment, the New Mexico Department of Health, the Cincinnati Children's Hospital Medical Center, AcademyHealth, the University of New Mexico, Parametrix Group, LLC, and Apex Education. This survey was developed for a School-Based Health Center Improvement Project under a federal grant from the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services (CMS). Grant Award Number 1ZDC30559-01-00. However, this survey and the contents of the survey do not necessarily represent the policies of the U. S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

The States of Colorado and New Mexico are parties to a School-Based Health Center Improvement Project designed to integrate school-based health care into a medical home approach to improve the health care of underserved school-aged children and adolescents. The overarching goal of the project is to markedly improve the quality of children's health care delivered at School-Based Health Centers. This survey will be made available to School-Based Health Centers in the States of Colorado and New Mexico.

Some of the questions included in this survey were adapted from the following sources: Bright Futures (American Academy of Pediatrics), Kaiser Permanente Division of Research, Rapid Assessment for Adolescent Preventive Services (RAAPS, Regents of the University of Michigan), Youth Risk Behavior Survey (YRBS, Centers for Disease Control & Prevention), CRAFT (Children's Hospital Boston), Guidelines for Adolescent Preventive Services (American Medical Association).

The U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for federal government purposes.

The Colorado Department of Health Care Policy and Finance, the Colorado Department of Public Health and Environment, and the New Mexico Human Services Department also have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for their School-Based Health Center Improvement Project as extended or renewed. This survey may be revised and updated by the Colorado Department of Health Care Policy and Financing and the New Mexico Human Services Department in their discretion at any time and for any reason, subject to the rights of the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services.

## References

1. U.S. Government Accountability Office. School-Based Health Centers: Available Information on Federal Funding. 2010.
2. AHRQ. National Evaluation of the CHIPRA Quality Demonstration Grant Program. Rockville, MD: AHRQ; 2013.
3. Eaton DK KL, Kinchen S, et al. Youth risk behavior surveillance: United States, 2011. *MMWR Morb Mortal Wkly Rep.* 2012;61(4):1-162.
4. Klein JD, McNulty M, Flatau CN. Adolescents' access to care: teenagers' self-reported use of services and perceived access to confidential care. *Arch Pediatr Adolesc Med.* Jul 1998;152(7):676-682.
5. Shenkman E, Youngblade L, Nackashi J. Adolescents' preventive care experiences before entry into the State Children's Health Insurance Program (SCHIP). *Pediatrics.* Dec 2003;112(6 Pt 2):e533.
6. Rhodes KV, Lauderdale DS, Stocking CB, Howes DS, Roizen MF, Levinson W. Better health while you wait: a controlled trial of a computer-based intervention for screening and health promotion in the emergency department. *Annals of emergency medicine.* Mar 2001;37(3):284-291.
7. Olson AL, Gaffney CA, Hedberg VA, Gladstone GR. Use of inexpensive technology to enhance adolescent health screening and counseling. *Arch Pediatr Adolesc Med.* Feb 2009;163(2):172-177.
8. Preventive Services Task Force. Screening and treatment for major depressive disorder in children and adolescents. US Preventive services Task Force Recommendations. *Pediatrics.* 2009;123(4):1223-1228.
9. Zuckerbrot RA, Jensen PS. Improving recognition of adolescent depression in primary care. *Arch Pediatr Adolesc Med.* Jul 2006;160(7):694-704.
10. American Academy of Child and Adolescent Psychiatry; American Academy of Pediatrics. Improving mental health services in primary care: reducing administrative and financial barriers to access and collaboration. *Pediatrics.* 2009;123(4):1248-1251.
11. Kurth AE, Martin DP, Golden MR, et al. A comparison between audio computer-assisted self-interviews and clinician interviews for obtaining the sexual history. *Sex Transm Dis.* Dec 2004;31(12):719-726.
12. Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for health supervision of infants, children, and adolescents. Third Edition.* Elk Grove Village, IL: American Academy of Pediatrics; 2008.
13. Guidelines for Adolescent Preventive Services <http://www.uvpediatrics.com/Docs/GAPS15-21Eng.pdf>. Accessed October 24, 2014.
14. Centers for Disease Control and Prevention. Adolescent and School Health: YRBS Questionnaires [http://www.cdc.gov/healthyyouth/yrbs/questionnaire\\_rationale.htm](http://www.cdc.gov/healthyyouth/yrbs/questionnaire_rationale.htm). Accessed November 20, 2014.
15. Kaiser Permanente: Division of Research <http://www.dor.kaiser.org/external/dorexternal/index.aspx>. Accessed November 21, 2014.

16. **Rapid Assessment for Adolescent Preventive Services**  
[https://www.raaps.org/products\\_training.php](https://www.raaps.org/products_training.php). Accessed October 24, 2014.
17. **CeASAR. The Center for Adolescent Substance Abuse Research: The CRAFFT Screening Tool** <http://www.ceasar-boston.org/CRAFFT/index.php>. Accessed November 20, 2014.
18. **Drisko J, Morrison S. SHCIP Formative Evaluation Summary Report, Colorado and New Mexico: Year 3 of implementation, 2013-2014 school year.** 2014.
19. **School Based Health Center Improvement Project: 2014 NM and CO Focus Group Results.** 2014.

# ATTACHMENT E



# STUDENT HEALTH QUESTIONNAIRE

## For High School Students

**NOTE:** The information you provide on this form is **CONFIDENTIAL** and will not be shared outside of this clinic without your permission. The only exceptions to this are if you are thinking about harming yourself or someone else or if you are being abused. By law, our staff has to report this information. We will also assist you in getting the help that you need. We would like you to fill this form out completely, but you can choose to skip questions you do not want to answer. This form will help us give you the best care possible.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Initial

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Female  Male  Other: \_\_\_\_\_ Today's Date: \_\_\_\_\_

|   |  |
|---|--|
| Are you Hispanic or Latino/a?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | What is your race? (Check all that apply)<br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Asian |
|---|--|

Which of the following best describes you?  Heterosexual (straight)  Gay or Lesbian  Bisexual  Not sure

### HOME/SCHOOL

1. Who do you live with? (Check all that apply)

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Two mothers   | <input type="checkbox"/> Two fathers | <input type="checkbox"/> Mother                     | <input type="checkbox"/> Father                      |
| <input type="checkbox"/> Step-Mother   | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Mother's boyfriend/partner | <input type="checkbox"/> Father's Girlfriend/partner |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Sister      | <input type="checkbox"/> Brother                    | <input type="checkbox"/> Grandparent(s)              |
| <input type="checkbox"/> Aunt          | <input type="checkbox"/> Uncle       | <input type="checkbox"/> Cousin                     | <input type="checkbox"/> Friend                      |
| <input type="checkbox"/> Other _____   |                                      |   |  |

2. Who do you feel you can really talk to? (check all that apply)

|   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Friend         | <input type="checkbox"/> Parent  | <input type="checkbox"/> Other adult _____ |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Teacher | <input type="checkbox"/> Online friend     |
| <input type="checkbox"/> Other _____    |                                  |  |
| <input type="checkbox"/> Other relative |                                  |  |

3a. Are you having any of the following problems at home? (Check all that apply)

|                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Violence | <input type="checkbox"/> Concerns with a family member | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Parent/guardian out of work   | <input type="checkbox"/> I don't have any of these problems |

3b. Are you having any of the following problems at school? (Check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Missing school | <input type="checkbox"/> Grades  | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Suspension     | <input type="checkbox"/> Bullying (in person, or through social media) | <input type="checkbox"/> I don't have any of these problems |

### HEALTH BEHAVIORS

|  |  |
|--|--|
| 4. Do you usually participate in physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour every day? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you usually watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for school or work)?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you usually eat 5 or more servings of vegetables and fruits every day?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you usually get 8 or more hours of sleep every night?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. In the last 12 months, have you seen a dentist or gone to a dental clinic?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### SAFETY/INJURIES

|   |  |
|---|--|
| 9. Do you always wear a seatbelt when driving or riding in a car, truck or van?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10. Do you always wear a helmet when rollerblading, biking, motorcycling, skateboarding, ATV, skiing or snowboarding? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me |
| 11. Do you text, talk or surf the internet on your cell phone while you are driving?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me |
| 12. Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you or hurt you?      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 13. Have you ever been physically, sexually or emotionally abused?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 14. In the past 12 months did your boyfriend/girlfriend ever hit, slap or hurt you on purpose?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 16. Have you ever been in foster care, a group home, or homeless?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 17. Have you ever been in jail or in a detention center?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

### FEELINGS/WELL-BEING

|   |  |
|---|--|
| 18. Do you often worry about or feel like something bad might happen?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Are you often tense, stressed out, and/or have difficulty relaxing?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Over the past 2 weeks, have you noticed feeling down, depressed, irritable or hopeless? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Over the past 2 weeks, have you noticed less enjoyment or interest in doing things?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |
|---|--|
| 22. Have you ever purposefully hurt yourself without wanting to die, such as cutting or burning yourself?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Have you ever seriously thought about killing yourself, made a plan and/or actually tried to kill yourself?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>RELATIONSHIPS/SEXUAL ACTIVITY</b>  |  |
| 24. Have you ever had sex (including vaginal, oral or anal sex)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered "Yes" to question 24, please complete questions a-e</b>  |  |
| a) Do you and your partner(s) <i>always</i> use condoms when you have sex?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Are you using a method to prevent pregnancy? which types <input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Depo (the shot)<br><input type="checkbox"/> Patch <input type="checkbox"/> Nexplanon/Implanon <input type="checkbox"/> Foam <input type="checkbox"/> Sponge <input type="checkbox"/> Withdrawal <input type="checkbox"/> Ring <input type="checkbox"/> IUD | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Have you ever been pregnant or gotten someone pregnant?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) During your life, with whom have you had sexual contact? <input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Females and Males  |  |
| e) Do you think you or your partner could have a sexually transmitted infection?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>HEALTH BEHAVIORS/SUBSTANCE USE</b>   |  |
| 25. In the past three months, have you smoked cigarettes or used any other form of tobacco (like chew, dip, cigars, hookah and/or e-cigarettes)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Have you ever ridden in a car driven by someone (including yourself) who was high or was using alcohol or drugs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. During the PAST 12 MONTHS, did you:   |  |
| a) drink any alcohol (more than a few sips)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) smoke any marijuana or hashish?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered "Yes" to questions 27, please complete questions a-e</b>   |  |
| a) Do you ever use alcohol and drugs to relax, feel better about yourself or fit in?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Do you ever use alcohol or drugs while you are by yourself, alone?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Do you ever forget things you did while using alcohol or drugs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Do your family or friends ever tell you that you should cut down on your drinking or drug use?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Have you ever gotten into trouble while you were using alcohol or drugs?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>DEVELOPMENT/FUTURE PLANS</b>   |  |
| 28. Do you have any concerns or questions about the size or shape of your body or your physical appearance?<br>If yes, please describe: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. What are your future plans for both having a family and career goals?<br>_____  |  |
| 30. On the whole, how much do you like yourself? <span style="float: right;">Not much   1   2   3   4   5   A lot</span>  |  |
| How can we contact you if we need to talk to you privately (for test results, etc.) besides through school? Choose one:<br>e-mail: _____ cell phone: _____ friend's number?: _____  |  |

**THANKS!**

|                                |
|--------------------------------|
| Reviewed By: _____ Date: _____ |
| Referred To: _____             |

This survey was developed by the Colorado Department of Health Care Policy & Financing in collaboration with the New Mexico Human Services Department, The Colorado Department of Public Health and Environment, the New Mexico Department of Health, the Cincinnati Children's Hospital Medical Center, AcademyHealth, the University of New Mexico, Parametrix Group, LLC, and Apex Education. This survey was developed for a School-Based Health Center Improvement Project under a federal grant from the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services (CMS), Grant Award Number 1Z0C30559-01-00. However, this survey and the contents of the survey do not necessarily represent the policies of the U. S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

The States of Colorado and New Mexico are parties to a School-Based Health Center Improvement Project designed to integrate school-based health care into a medical home approach to improve the health care of underserved school-aged children and adolescents. The overarching goal of the project is to markedly improve the quality of children's health care delivered at School-Based Health Centers. This survey will be made available to School-Based Health Centers in the States of Colorado and New Mexico.

Some of the questions included in this survey were adapted from the following sources: Bright Futures (American Academy of Pediatrics), Kaiser Permanente Division of Research, Rapid Assessment for Adolescent Preventive Services (RAAPS, Regents of the University of Michigan), Youth Risk Behavior Survey (YRBS, Centers for Disease Control & Prevention), CRAFFT (Children's Hospital Boston), and Guidelines for Adolescent Preventive Services (American Medical Association).

The U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for federal government purposes.

The Colorado Department of Health Care Policy and Finance, the Colorado Department of Public Health and Environment, and the New Mexico Human Services Department also have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for their School-Based Health Center Improvement Project as extended or renewed. This survey may be revised and updated by the Colorado Department of Health Care Policy and Financing and the New Mexico Human Services Department in their discretion at any time and for any reason, subject to the rights of the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services.

## ATTACHMENT F



# CUESTIONARIO DE SALUD ESTUDIANTIL

Para estudiantes de secundaria, que cursan grados 6 a 8

NOTA: La información que usted incluye en esta hoja es CONFIDENCIAL y no se compartirá con personas fuera de esta clínica sin antes recibir su permiso. La única excepción es si usted está pensando hacerse daño a usted mismo u a otra persona, o si está sufriendo maltrato. Nuestro personal está obligado por ley a reportar esa información. Nosotros también le ayudaremos a usted a conseguir la ayuda que necesita. Queremos que usted llene completamente este cuestionario, pero puede saltar preguntas que prefiere no contestar. Este documento nos ayudará a entregarle a usted la mejor atención posible.

Nombre \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_  
Apellido(s)                      Primer Nombre                      Inicial de segundo nombre

Edad: \_\_\_\_\_ Grado escolar: \_\_\_\_\_ Sexo:  Mujer  Hombre  Otro: \_\_\_\_\_ Fecha de hoy: \_\_\_\_\_

¿Es usted hispano/a o latino/a?  Sí  No

¿Cuál es su raza? (Marque todos los que corresponden)  
 Indígena americana o nativo de Alaska  Blanco  Nativo de Hawái u otra isla del Pacífico  Negro o afroamericano  Asiático

¿Cuál de estas categorías describe mejor a usted?  Heterosexual  Gay o lesbiana  Bisexual  No estoy segura/o

### HOGAR/ESGUELA

1. ¿Con quién vive usted? (Marque todos los que corresponden)

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Dos madres                | <input type="checkbox"/> Dos padres | <input type="checkbox"/> Madre                       | <input type="checkbox"/> Padre                       |
| <input type="checkbox"/> Madrastra                 | <input type="checkbox"/> Padrastro  | <input type="checkbox"/> Novio/compañero de mi madre | <input type="checkbox"/> Novia/compañera de mi padre |
| <input type="checkbox"/> Padre o madre sustituto/a | <input type="checkbox"/> Hermana    | <input type="checkbox"/> Hermano                     | <input type="checkbox"/> Abuelo/a(s)                 |
| <input type="checkbox"/> Tía                       | <input type="checkbox"/> Tío        | <input type="checkbox"/> Prima/o                     | <input type="checkbox"/> Amigo/a                     |
| <input type="checkbox"/> Otro/a                    |                                     |  |  |

2. ¿Con quién siente usted que realmente puede hablar? (Marque todos los que corresponden)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Amigo/a         | <input type="checkbox"/> Padre o madre   | <input type="checkbox"/> Otro adulto _____   |
| <input type="checkbox"/> Hermano/hermana | <input type="checkbox"/> Maestra/maestro | <input type="checkbox"/> Amigo/a en línea    |
| <input type="checkbox"/> Otro/a _____    |  | <input type="checkbox"/> Otro familiar _____ |

3a. ¿Tiene dificultades actualmente en su hogar con alguno de los siguientes problemas? (Marque todos los que corresponden)

|                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Violencia | <input type="checkbox"/> Problemas con un familiar       | <input type="checkbox"/> Otro _____                          |
| <input type="checkbox"/> Peleas    | <input type="checkbox"/> Padres o guardianes sin trabajo | <input type="checkbox"/> No tengo ninguno de estos problemas |

3b. ¿Tiene dificultades actualmente en la escuela con alguno de los siguientes problemas? (Marque todos los que corresponden)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Faltar a las clases        | <input type="checkbox"/> Notas  | <input type="checkbox"/> Otro _____                          |
| <input type="checkbox"/> Suspendido/a de las clases | <input type="checkbox"/> Acoso escolar / "Bullying" (en persona o por algún medio social) | <input type="checkbox"/> No tengo ninguno de estos problemas |

### SALUD FÍSICA

|   |   |
|---|---|
| 4. ¿Usualmente participa en actividades físicas como caminar, andar en patineta, bailar, nadar o jugar baloncesto, por un total de 1 hora cada día?                                     | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 5. ¿Usualmente mira televisión, participa en juegos de video, o pasa tiempo en la computadora por más de 2 horas al día (sin incluir el tiempo que usa la computadora para la escuela)? | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 6. ¿Usualmente come 5 o más porciones de verduras y frutas cada día?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 7. ¿Usualmente duerme 8 horas o más cada noche?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 8. En los últimos 12 meses, ¿ha visitado usted a un dentista o a una clínica dental?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |

### SEGURIDAD/LESIONES

|  |  |
|--|--|
| 9. ¿Siempre usa el cinturón de seguridad cuando viaja en un carro, camión o camioneta?   | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 10. ¿Siempre usa un casco cuando anda en patines, bicicleta, motocicleta, patineta, al esquiar y hacer snowboard?  | <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No se aplica a mi |
| 11. ¿Hay alguien en su hogar, escuela u otro lugar que le ha hecho a usted sentir miedo, que lo ha amenazado o lesionado?  | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 12. ¿Alguna vez un novio/novia le ha cacheteado o hecho daño intencionalmente?   | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 13. ¿Alguna vez ha portado usted un arma (pistola, navaja, bate, etcétera) para protegerse?  | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 14. ¿Alguna vez ha estado usted en un hogar sustituto ( <i>foster</i> ), en un hogar de grupo, ha estado sin casa o ha tenido que vivir con otro familiar o amigo/a? | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 15. ¿Alguna vez ha estado encarcelado o en un centro de detención?   | <input type="checkbox"/> Sí <input type="checkbox"/> No  |

### SENTIMIENTOS/BIENESTAR

|   |   |
|---|---|
| 16. ¿Se preocupa o siente usted muy seguido que algo malo puede suceder?                | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 17. ¿Muchas veces se siente tensa/o, estresada/o y/o tiene dificultades para relajarse? | <input type="checkbox"/> Sí <input type="checkbox"/> No |



## ATTACHMENT G



# STUDENT HEALTH QUESTIONNAIRE

For Middle School Students for Grades 6 – 8

**NOTE:** The information you provide on this form is **CONFIDENTIAL** and will not be shared outside of this clinic without your permission. The only exceptions to this are if you are thinking about harming yourself or someone else or if you are being abused. By law, our staff has to report this information. We will also assist you in getting the help that you need. We would like you to fill this form out completely, but you can choose to skip questions you do not want to answer. This form will help us give you the best care possible.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Initial

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Female  Male  Other: \_\_\_\_\_ Today's Date: \_\_\_\_\_

|   |  |
|---|--|
| Are you Hispanic or Latino/a?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | What is your race? (Check all that apply)<br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Asian |
|---|--|

Which of the following best describes you?  Heterosexual (straight)  Gay or Lesbian  Bisexual  Not sure

**HOME/SCHOOL**

1. Who do you live with? (Check all that apply)

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Two mothers   | <input type="checkbox"/> Two fathers | <input type="checkbox"/> Mother                     | <input type="checkbox"/> Father                      |
| <input type="checkbox"/> Step-Mother   | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Mother's boyfriend/partner | <input type="checkbox"/> Father's Girlfriend/partner |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Sister      | <input type="checkbox"/> Brother                    | <input type="checkbox"/> Grandparent(s)              |
| <input type="checkbox"/> Aunt          | <input type="checkbox"/> Uncle       | <input type="checkbox"/> Cousin                     | <input type="checkbox"/> Friend                      |
| <input type="checkbox"/> Other _____   |                                      |   |  |

2. Who do you feel you can really talk to? (Check all that apply)

|   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> Friend         | <input type="checkbox"/> Parent  | <input type="checkbox"/> Other adult _____    |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Teacher | <input type="checkbox"/> Online friend _____  |
| <input type="checkbox"/> Other _____    |                                  | <input type="checkbox"/> Other relative _____ |

3a. Are you having any of the following problems at home? (Check all that apply)

|                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Violence | <input type="checkbox"/> Concerns with a family member | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Parent/guardian out of work   | <input type="checkbox"/> I don't have any of these problems |

3b. Are you having any of the following problems at school? (Check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Missing school | <input type="checkbox"/> Grades  | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Suspension     | <input type="checkbox"/> Bullying (in person, or through social media) | <input type="checkbox"/> I don't have any of these problems |

**PHYSICAL HEALTH**

|  |  |
|--|--|
| 4. Do you usually participate in physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour every day? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you usually watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for school)?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you usually eat 5 or more servings of vegetables and fruits every day?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you usually get 8 or more hours of sleep every night?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. In the last 12 months, have you seen a dentist or gone to a dental clinic?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SAFETY/INJURIES**

|   |  |
|---|--|
| 9. Do you always wear a seatbelt when riding in a car, truck or van?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10. Do you always wear a helmet when rollerblading, biking, motorcycling, skateboarding, ATV, skiing or snowboarding? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply to me |
| 11. Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you, or hurt you?     | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 12. Has a boyfriend/girlfriend ever hit, slapped or hurt you on purpose?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 13. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 14. Have you ever been in foster care, a group home, homeless, or had to live with another family member or friend?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15. Have you ever been in jail or in a detention center?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**FEEELINGS/WEELL-BEING**

|   |  |
|---|--|
| 16. Do you often worry about or feel like something bad might happen?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Are you often tense, stressed out, and/or have difficulty relaxing?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Over the past 2 weeks, have you noticed feeling down, depressed, irritable or hopeless? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |
|---|--|
| 19. Over the past 2 weeks, have you noticed less enjoyment or interest in doing things?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Have you ever cut, hit, burned or done anything else to hurt yourself on purpose?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Have you ever seriously thought about killing yourself, made a plan and/or actually tried to kill yourself?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>RELATIONSHIPS/SEXUAL ACTIVITY</b>  |  |
| 22. Do you have a boyfriend or girlfriend?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you talk to your parent/guardian(s) about relationships or about sex?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Have you ever had sex (including oral sex)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered "Yes" to question 24, please complete questions a-c</b>  |  |
| a) Do you and your partner(s) <i>always</i> use condoms when you have sex?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Are you using a method to prevent pregnancy? Which types: <input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Depo (the shot)<br><input type="checkbox"/> Patch <input type="checkbox"/> Nexplanon/Implanon <input type="checkbox"/> Foam <input type="checkbox"/> Sponge <input type="checkbox"/> Withdrawal <input type="checkbox"/> Ring <input type="checkbox"/><br>IUD | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Have you ever been pregnant or gotten someone pregnant?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>HEALTH BEHAVIORS/SUBSTANCE USE</b>   |  |
| 25. In the past three months, have you smoked cigarettes or used any other form of tobacco (like chew, dip, cigars, hookah and/or e-cigarettes)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Have you ever ridden in a car driven by someone who was high or using alcohol or drugs?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. During the PAST 12 MONTHS, did you:   |  |
| a) drink any alcohol (more than a few sips)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) smoke any marijuana or hashish?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered "Yes" to questions 27, please complete questions a-e</b>   |  |
| a) Do you ever use alcohol and drugs to relax, feel better about yourself or fit in?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Do you ever use alcohol or drugs while you are by yourself, alone?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Do you ever forget things you did while using alcohol or drugs?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Do your family or friends ever tell you that you should cut down on your drinking or drug use?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Have you ever gotten into trouble while you were using alcohol or drugs?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>DEVELOPMENT/FUTURE PLANS</b>   |  |
| 30. Do you have any concerns or questions about the size or shape of your body or your physical appearance?<br>If yes, please describe: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. What are your future plans for career goals?<br>_____   |  |
| 32. On the whole, how much do you like yourself? <span style="float: right;">Not much    1    2    3    4    5    A lot</span>  |  |
| <b>33. Please answer the following questions about yourself:</b>  |  |
| a) I feel I have at least one adult in my life who cares about me and who I can go to if I need help.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) I have at least one friend or a group of friends that I feel comfortable with.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) As I have gotten older I make more of my own decisions.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How can we contact you if we need to talk to you privately (for test results, etc.) besides through school? Choose one:<br>e-mail _____ cell phone _____ friend's number? _____   |  |

**THANKS!**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Referred To: \_\_\_\_\_

This survey was developed by the Colorado Department of Health Care Policy & Financing in collaboration with the New Mexico Human Services Department, The Colorado Department of Public Health and Environment, the New Mexico Department of Health, the Cincinnati Children's Hospital Medical Center, AcademyHealth, the University of New Mexico, Parametrix Group, LLC, and Apex Education. This survey was developed for a School-Based Health Center Improvement Project under a federal grant from the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services (CMS), Grant Award Number 1Z0C30559-01-00. However, this survey and the contents of the survey do not necessarily represent the policies of the U. S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

The States of Colorado and New Mexico are parties to a School-Based Health Center Improvement Project designed to integrate school-based health care into a medical home approach to improve the health care of underserved school-aged children and adolescents. The overarching goal of the project is to markedly improve the quality of children's health care delivered at School-Based Health Centers. This survey will be made available to School-Based Health Centers in the States of Colorado and New Mexico.

Some of the questions included in this survey were adapted from the following sources: Bright Futures (American Academy of Pediatrics), Kaiser Permanente Division of Research, Rapid Assessment for Adolescent Preventive Services (RAAPS, Regents of the University of Michigan), Youth Risk Behavior Survey (YRBS, Centers for Disease Control & Prevention), CRAFFT (Children's Hospital Boston), Guidelines for Adolescent Preventive Services (American Medical Association).

The U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for federal government purposes.

The Colorado Department of Health Care Policy and Finance, the Colorado Department of Public Health and Environment, and the New Mexico Human Services Department also have a royalty-free, nonexclusive or irrevocable right to reproduce, publish or otherwise use and authorize others to use this survey for their School-Based Health Center Improvement Project as extended or renewed. This survey may be revised and updated by the Colorado Department of Health Care Policy and Financing and the New Mexico Human Services Department in their discretion at any time and for any reason, subject to the rights of the U. S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services.

## ATTACHMENT H



# STUDENT HEALTH QUESTIONNAIRE

Para estudiantes de preparatoria

NOTA: La información que usted incluye en esta hoja es CONFIDENCIAL y no se compartirá con personas fuera de esta clínica sin antes recibir su permiso. La única excepción es si usted está pensando hacerse daño a usted mismo u a otra persona, o si está sufriendo maltrato. Nuestro personal está obligado por ley a reportar esa información. Nosotros también le ayudaremos a usted a conseguir la ayuda que necesita. Queremos que usted llene completamente este cuestionario, pero puede saltar preguntas que prefiere no contestar. Este documento nos ayudará a entregarle a usted la mejor atención posible.

Nombre \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Apellido(s)                      Primer Nombre                      Inicial de segundo nombre

Edad: \_\_\_\_\_ Grado escolar: \_\_\_\_\_ Sexo:     Mujer     Hombre     Otro: \_\_\_\_\_ Fecha de hoy: \_\_\_\_\_

¿Es usted hispano/a o latino/a?                      ¿Cuál es su raza? (Marque todos los que corresponden)

Sí     No                       Indígena americana o nativo de Alaska     Blanco     Nativo de Hawái u otra isla del Pacífico     Negro o afroamericano                       Asiático

¿Cuál de estas categorías describe mejor a usted?     Heterosexual     Gay o lesbiana     Bisexual     No estoy segura/o

### HOGAR/ESCUELA

1. ¿Con quién vive usted? (Marque todos los que corresponden)

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Dos madres                | <input type="checkbox"/> Dos padres | <input type="checkbox"/> Madre                       | <input type="checkbox"/> Padre                       |
| <input type="checkbox"/> Madrastra                 | <input type="checkbox"/> Padrastro  | <input type="checkbox"/> Novio/compañero de mi madre | <input type="checkbox"/> Novia/compañera de mi padre |
| <input type="checkbox"/> Padre o madre sustituto/a | <input type="checkbox"/> Hermana    | <input type="checkbox"/> Hermano                     | <input type="checkbox"/> Abuelo/a(s)                 |
| <input type="checkbox"/> Tía                       | <input type="checkbox"/> Tío        | <input type="checkbox"/> Prima/o                     | <input type="checkbox"/> Amigo/a                     |
| <input type="checkbox"/> Otro/a _____              |                                     |  |  |

2. ¿Con quién siente usted que realmente puede hablar? (Marque todos los que corresponden)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Amigo/a         | <input type="checkbox"/> Padre o madre   | <input type="checkbox"/> Otro adulto _____ |
| <input type="checkbox"/> Hermano/hermana | <input type="checkbox"/> Maestra/maestro | <input type="checkbox"/> Amigo/a en línea  |
| <input type="checkbox"/> Otro/a _____    |  | <input type="checkbox"/> Otro familiar     |

3a. ¿Tiene dificultades actualmente en su hogar con alguno de los siguientes problemas? (Marque todos los que corresponden)

|                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Violencia | <input type="checkbox"/> Problemas con un familiar       | <input type="checkbox"/> Otro _____                          |
| <input type="checkbox"/> Peleas    | <input type="checkbox"/> Padres o guardianes sin trabajo | <input type="checkbox"/> No tengo ninguno de estos problemas |

3b. ¿Tiene dificultades actualmente en la escuela con alguno de los siguientes problemas? (Marque todos los que corresponden)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Faltar a las clases        | <input type="checkbox"/> Notas  | <input type="checkbox"/> Otro _____                          |
| <input type="checkbox"/> Suspendido/a de las clases | <input type="checkbox"/> Acoso escolar / "Bullying" (en persona o por algún medio social) | <input type="checkbox"/> No tengo ninguno de estos problemas |

### COMPORTAMIENTO RELACIONADO CON LA SALUD

|   |   |
|---|---|
| 4. ¿Usualmente participa en actividades físicas como caminar, andar en patineta, bailar, nadar o jugar baloncesto, por un total de 1 hora cada día?                                     | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 5. ¿Usualmente mira televisión, participa en juegos de video, o pasa tiempo en la computadora por más de 2 horas al día (sin incluir el tiempo que usa la computadora para la escuela)? | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 6. ¿Usualmente come 5 o más porciones de verduras y frutas cada día?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 7. ¿Usualmente duerme 8 horas o más cada noche?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 8. En los últimos 12 meses, ¿ha visitado usted a un dentista o a una clínica dental?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |

### SEGURIDAD/LESIONES

|   |  |
|---|--|
| 9. ¿Siempre usa el cinturón de seguridad cuando viaja en un carro, camión o camioneta?                                    | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 10. ¿Siempre usa un casco cuando anda en patines, bicicleta, motocicleta, patineta, al esquiar y hacer snowboard?         | <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No se aplica a mi |
| 11. ¿Envía textos, navega el internet o habla por su teléfono celular mientras maneja?                                    | <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No se aplica a mi |
| 12. ¿Hay alguien en su hogar, escuela u otro lugar que le ha hecho a usted sentir miedo, que lo ha amenazado o lesionado? | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 13. ¿Alguna vez ha sufrido maltrato físico, sexual o emocional?   | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 14. ¿Alguna vez en los últimos 12 meses su novio/novia le ha golpeado, cacheteado o hecho daño intencionalmente?          | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 15. ¿Alguna vez ha portado usted un arma (pistola, navaja, bate, etcétera) para protegerse?                               | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 16. ¿Alguna vez ha estado usted en un hogar sustituto ( <i>foster</i> ), en un hogar de grupo, o ha estado sin casa?      | <input type="checkbox"/> Sí <input type="checkbox"/> No  |
| 17. ¿Alguna vez ha estado encarcelado o en un centro de detención?  | <input type="checkbox"/> Sí <input type="checkbox"/> No  |

| SENTIMIENTOS/BIENESTAR   |   |
|--|---|
| 18. ¿Se preocupa o siente usted muy seguido que algo malo puede suceder?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 19. ¿Muchas veces se siente tensa/o, estresada/o y/o tiene dificultades para relajarse?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 20. En las últimas 2 semanas, ¿se ha sentido decaído/a, deprimido/a, irritado/a o desesperanzado/a?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 21. En las últimas 2 semanas, ¿ha sentido que goza menos o que tiene menos interés en hacer las cosas?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 22. ¿Alguna vez se ha hecho daño intencionalmente sin querer morir, como al cortarse o quemarse?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 23. ¿Alguna vez ha pensado seriamente en matarse, ha formulado un plan y / o a intentado matarse?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| RELACIONES/ACTIVIDAD SEXUAL  |   |
| 24. ¿Alguna vez ha tenido relaciones sexuales (incluyendo sexo vaginal, oral y anal)?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Si contestó "Sí" a la pregunta número 24, por favor conteste las siguientes preguntas a-e  |   |
| a) ¿Usted y su pareja(s) siempre usan condones cuando tienen relaciones sexuales?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| b) ¿Usa algún método para prevenir el embarazo? ¿Qué tipos?: <input type="checkbox"/> Condones <input type="checkbox"/> Píldoras <input type="checkbox"/> Depo (la inyección) <input type="checkbox"/> Parche <input type="checkbox"/> Nexplanon/Implanon <input type="checkbox"/> Espuma <input type="checkbox"/> Esponja <input type="checkbox"/> Marcha atrás (coito interrumpido) <input type="checkbox"/> Anillo <input type="checkbox"/> DIU | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| c) ¿Alguna vez ha estado embarazada o ha causado el embarazo de alguien?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| d) Durante su vida, ¿con quién ha tenido contacto sexual? <input type="checkbox"/> Mujeres <input type="checkbox"/> Hombres <input type="checkbox"/> Hombres y mujeres   |   |
| e) ¿Piensa que usted o su pareja podría tener una enfermedad de transmisión sexual?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| COMPORTAMIENTO DE SALUD/CONSUMO DE SUSTANCIAS  |   |
| 25. En los últimos tres meses, ¿ha fumado usted cigarrillos o ha usado tabaco en otra forma (para mascar, rapé, puros, pipa de agua y / o cigarrillos electrónicos)?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 26. ¿Alguna vez ha sido pasajero/a en un vehículo que manejaba una persona que estaba volada/drogada o que estaba usando alcohol o drogas?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 27. ¿En los ÚLTIMOS 12 MESES, usted ha:  |   |
| a) tomado algo de alcohol (más de un par de sorbos)?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| b) fumado marihuana o hachís?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| c) usado cualquier otra cosa para volarse/drogarse? ("cualquier otra cosa" incluye drogas ilegales, medicamentos que se pueden comprar con o sin receta médica, y cosas que uno inhala o aspira)   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Si usted contestó "Sí" a las preguntas 27, por favor conteste las siguientes preguntas a-e   |   |
| a) ¿Alguna vez usa usted alcohol y drogas para relajarse, sentirse mejor sobre sí mismo o para parecerse a los demás?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| b) ¿Alguna vez consume usted alcohol o drogas cuando está solo/a, sin otras personas?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| c) ¿Alguna vez se olvida de lo que hizo cuando estaba usando drogas o alcohol?   | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| d) ¿Sus familiares o amigos alguna vez le han dicho que usted debe consumir menos alcohol o drogas?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| e) ¿Alguna vez se ha metido en problemas cuando estaba usando alcohol o drogas?  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| DESARROLLO/PLANES FUTUROS  |   |
| 28. ¿Usted tiene inquietudes o preguntas sobre el tamaño o la forma de su cuerpo o su apariencia física?   |   |
| Si contestó que sí, por favor describa: _____  | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| 29. ¿Cuales son sus planes futuros, tanto para tener familia como para una profesión o carrera?  | _____   |
| 30. ¿En términos generales, cuanto se quiere usted? <span style="float: right;">Muy poco   1   2   3   4   5   Mucho</span>  |   |
| ¿Cómo podemos contactarlo a usted si necesitamos hablar en privado (para darle el resultado de exámenes, etcétera) que no sea por medio de la escuela? Escoja uno:   |   |
| e-mail: _____  | celular: _____  |
| teléfono de un amigo/a: _____  |   |

**¡GRACIAS!**

|                      |               |
|----------------------|---------------|
| Repasado por : _____ | Fecha : _____ |
| Referido a : _____   |               |

Esta encuesta fue desarrollada por el Departamento de Política y Financiamiento de Salud de Colorado en colaboración con el Departamento de Servicios Humanos de Nuevo México, El Departamento de Salud Pública y Medioambiente de Colorado, el Departamento de Salud de Nuevo México, el Centro Médico del Hospital Infantil de Cincinnati, AcademyHealth, la Universidad de Nuevo México, Parametrix Group, LLC, y APEX Education. Esta encuesta fue desarrollada para un Proyecto de Mejoramiento de los Centros de Salud Basados en las Escuelas conforme a una concesión de fondos federales del Departamento de Salud de EE UU. y sus Centros para Servicios de Medicare y Medicaid (CMS), Número de Concesión 1Z0C30559-01-00. Sin embargo, esta encuesta y el contenido de la encuesta no necesariamente representan las políticas del Departamento de Salud y Servicios Humanos de EE UU., y no se debe suponer ningún respaldo de parte del gobierno federal.

Los estados de Colorado y Nuevo México son partes del Proyecto de Mejoramiento de los Centros de Salud Basados en las Escuelas diseñado para integrar atención de salud basado en las escuelas a un enfoque médico de hogar para mejorar la atención de salud que reciben niños y adolescentes de edad escolar que tienen pocos servicios. El objetivo general del proyecto es mejorar la calidad de atención de salud que reciben los menores en los Centros de Salud Basados en las Escuelas. Esta encuesta estará a la disposición de los Centros de Salud Basados en las Escuelas en Colorado y Nuevo México.

Algunas de las preguntas incluidas en esta encuesta fueron adaptadas de las siguientes fuentes: Bright Futures (Academia Americana de Pediatría), División Investigativa de Kaiser Permanente,

# ATTACHMENT I



## 2013-14 YEHS! High School Administration: Results by Section

### Respondent Characteristics

2.1: Characteristics of Survey Respondents Overall and by State, N=550.

|   | All Respondents | Colorado | New Mexico |
|---|-----------------|----------|------------|
| <b>Average Age (years)</b>                            | 16.1            | 16.3     | 16.1       |
| <b>Gender</b>   |                 |          |            |
| % Female  | 65.3%           | 63.6%    | 66.6%      |
| % Male  | 34.0%           | 35.9%    | 32.5%      |
| % Other or Write-In                                   | 0.7%            | 0.4%     | 1.0%       |
| <b>Race/Ethnicity</b>                                 |                 |          |            |
| % Hispanic  | 60.9%           | 51.0%    | 68.5%      |
| % Non-Hispanic White                                  | 25.8%           | 34.3%    | 19.2%      |
| % Non-Hispanic Native American/American Indian        | 6.2%            | 5.0%     | 7.1%       |
| % Non-Hispanic Black, Asian, or Multi-Racial          | 7.1%            | 9.6%     | 5.2%       |
| <b>Sexual Orientation</b>                             |                 |          |            |
| % Identify as Gay, Lesbian, Bisexual, or Questioning  | 11.9%           | 12.5%    | 11.4%      |
| <b>Insurance Status (Self-Report)</b>                 |                 |          |            |
| Yes   | 68.6%           | 61.2%    | 74.1%      |
| No  | 14.8%           | 21.6%    | 9.7%       |
| Don't know/not sure                                   | 16.6%           | 17.2%    | 16.2%      |
| <b>US Born</b>  |                 |          |            |
| % Born in the US                                      | 84.6%           | 77.1%    | 90.1%      |
| <b>Primary Language Spoken at Home</b>                |                 |          |            |
| % Speak a Language Other than English > Half the Time | 27.2%           | 26.6%    | 27.7%      |
| <b>Family Affluence Score</b>                         |                 |          |            |
| % Low   | 16.9%           | 18.9%    | 15.3%      |
| % Medium  | 47.8%           | 50.2%    | 45.9%      |
| % High  | 35.4%           | 30.9%    | 38.8%      |
| <b>Risk Behaviors</b>                                 |                 |          |            |
| % At-Risk for Depression                              | 33.6%           | 28.8%    | 37.3%      |
| % Had Sex   | 62.0%           | 60.6%    | 63.1%      |

## Predicting Sexual Activity and Depression

2.2: Associations between Risk Behaviors and Demographic Characteristics, Health Care Utilization Patters, Other Risks, and Engagement

|   | <i>Depression</i>          |                     | <i>Sexual Activity</i>     |                     |
|---|----------------------------|---------------------|----------------------------|---------------------|
|   | <b>Pearson Correlation</b> | <b>Significance</b> | <b>Pearson Correlation</b> | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |                            |                     |                            |                     |
| <i>Age</i>                                    | NS                         | --                  | 0.326                      | ***                 |
| <i>Gender (Female)</i>                        | 0.174                      | ***                 | NS                         | --                  |
| <i>Race/Ethnicity (Hispanic)</i>              | NS                         | --                  | 0.104                      | *                   |
| <i>LGBTQ ("yes")</i>                          | 0.226                      | ***                 | NS                         | --                  |
| <i>Family Affluence Score</i>                 | -0.126                     | **                  | NS                         | --                  |
| <b>Health Care Access &amp; Utilization</b>   |                            |                     |                            |                     |
| <i>Health Insurance ("yes")</i>               | -0.090                     | *                   | NS                         | --                  |
| <i>Usual Source of Care (SBHC)</i>            | NS                         | --                  | 0.173                      | ***                 |
| <i>ER Use (at least one visit/past yr)</i>    | 0.093                      | *                   | 0.100                      | *                   |
| <i>Rec'd Preventive Care within Past Year</i> | -0.119                     | **                  | NS                         | --                  |
| <b>Other Risks</b>                            |                            |                     |                            |                     |
| <i>At-Risk for Depression</i>                 | --                         | --                  | 0.139                      | **                  |
| <i>Had Sex</i>                                | 0.139                      | **                  | --                         | --                  |
| <b>Engagement</b>                             |                            |                     |                            |                     |
| <i>Health Access Literacy Score</i>           | -0.125                     | **                  | NS                         | --                  |
| <i>Health Self-Efficacy Score</i>             | -0.103                     | *                   | 0.101                      | *                   |
| <i>Youth Health Engagement Score</i>          | -0.128                     | **                  | NS                         | --                  |

## Health Care Utilization

### 2.3: Health Care Utilization Patterns of Survey Respondents Overall and by State

|  | All Respondents | Colorado | New Mexico |
|--|-----------------|----------|------------|
| <b>Usual Source of Care (% SBHC)</b>               |                 |          |            |
| % Receive <u>most</u> of their care at SBHC        | 59.8%           | 61.4%    | 58.6%      |
| % Receive <u>all</u> of their care at SBHC         | 28.5%           | 27.8%    | 29.1%      |
| <b>% Received Preventive Care w/in the Past Yr</b> | 76.7%           | 75.9%    | 77.3%      |
| <b>ER Utilization</b>                              |                 |          |            |
| % with ANY ER visits w/in Past Yr                  | 40.4%           | 33.6%    | 45.6%      |
| % with More than One ER Visit w/in Past Yr         | 17.9%           | 13.2%    | 21.4%      |
| <b>SBHC Utilization</b>                            |                 |          |            |
| % with 0 visits w/in past yr                       | 14.0%           | 15.0%    | 13.3%      |
| % with 1 - 4 visits w/in past yr                   | 64.6%           | 63.7%    | 65.4%      |
| % with 5- 9 visits w/in past yr                    | 12.3%           | 11.5%    | 12.9%      |
| % with 10+ visits w/in past yr ("high utilizers")  | 9.0%            | 9.8%     | 8.4%       |
| <b>SBHC Services Accessed</b>                      |                 |          |            |
| Behavioral health                                  | 24.9%           | 22.0%    | 27.2%      |
| Check-ups  | 48.9%           | 51.9%    | 46.6%      |
| Reproductive/sexual health                         | 26.0%           | 23.7%    | 27.8%      |
| Injury/illness Care                                | 43.5%           | 47.3%    | 40.5%      |
| Other  | 15.5%           | 14.9%    | 15.9%      |

Characteristics of Respondents who Receive Most and All of their Care at the SBHC

| 2.4: Characteristics of Those who Receive Most and All of their Care at the SBHC |                     |                         |      |                    |                         |      |
|--|---------------------|-------------------------|------|--------------------|-------------------------|------|
|  | Usual<br>SBHC-Users | Non-Usual<br>SBHC-Users | Sig. | SBHC-Only<br>Users | Non-SBHC-<br>Only Users | Sig. |
| <b>Demographic Characteristics</b>   |                     |                         |      |                    |                         |      |
| <i>Age</i>   | 16.2                | 16.1                    |      | 16.1               | 16.2                    |      |
| <i>Gender (Female)</i>   | 64.8%               | 66.0%                   |      | 57.1%              | 68.7%                   | *    |
| <i>Race/Ethnicity (Hispanic)</i>   | 63.0%               | 62.3%                   |      | 66.9%              | 61.0%                   |      |
| <i>LGBTQ ("yes")</i>   | 12.8%               | 10.4%                   |      | 10.8%              | 12.3%                   |      |
| <i>Family Affluence Score</i>  | 5.49                | 5.71                    |      | 5.36               | 5.67                    |      |
| <i>Insured</i>   | 69.8%               | 66.7%                   |      | 62.8%              | 70.9%                   |      |
| <b>Health Care Utilization</b>   |                     |                         |      |                    |                         |      |
| <i>% at least one ER visit in past yr</i>  | 40.4%               | 40.3%                   |      | 19.7%              | 48.6%                   | ***  |
| <i>% one or more ER visits in past yr</i>  | 18.2%               | 17.3%                   |      | 5.7%               | 22.8%                   | ***  |
| <i>Rec'd Preventive Care in past yr</i>  | 76.6%               | 76.9%                   |      | 70.7%              | 79.1%                   | *    |
| <b>Risks</b>   |                     |                         |      |                    |                         |      |
| <i>At-Risk for Depression</i>  | 36.0%               | 30.0%                   |      | 28.7%              | 35.7%                   |      |
| <i>Had Sex</i>   | 68.8%               | 51.6%                   | ***  | 61.1%              | 62.4%                   |      |
| <b>Quality of Care</b>   |                     |                         |      |                    |                         |      |
| <i>Experience of Care Score</i>  | 3.38                | 3.20                    | **   | 3.41               | 2.27                    | *    |
| <i>Satisfaction with SBHC Services</i>   | 8.98                | 8.41                    | ***  | 8.95               | 8.68                    |      |
| <i>Satisfaction with Non-SBHC Svc.'s</i>   | 7.42                | 7.62                    |      | 7.28               | 7.58                    |      |
| <b>Engagement</b>  |                     |                         |      |                    |                         |      |
| <i>Health Access Literacy Score</i>  | 3.04                | 3.07                    |      | 2.95               | 3.09                    |      |
| <i>Health Self-Efficacy Score</i>  | 2.98                | 2.80                    | **   | 2.95               | 2.90                    |      |
| <i>Youth Health Engagement Score</i>   | 3.02                | 2.92                    |      | 2.95               | 2.99                    |      |

## Receipt of Anticipatory Guidance

2.5: Receipt of Anticipatory Guidance by Topic Area, Overall and by State

|  | <i>% Received Guidance on all Items in Topic Area</i> |          |            | <i>% with Unmet Needs for at least one Item in Topic Area</i> |          |            |
|--|---|----------|------------|---|----------|------------|
|  | Overall   | Colorado | New Mexico | Overall   | Colorado | New Mexico |
| <b>Physical Growth &amp; Development</b> | 35.9%   | 37.0%    | 35.1%      | 31.5%   | 32.0%    | 31.1%      |
| <b>Social &amp; Academic Competence</b>  | 38.3%   | 38.6%    | 38.0%      | 22.5%   | 22.4%    | 22.7%      |
| <b>Emotional Well-Being</b>              | 24.3%   | 24.8%    | 23.9%      | 28.0%   | 26.1%    | 29.4%      |
| <b>Sexual Health Risk Reduction</b>      | 42.8%   | 44.3%    | 41.7%      | 10.2%   | 9.5%     | 10.7%      |

2.6: Receipt of Anticipatory Guidance by Topic Area, Overall and by Usual Source of Care

|  | <i>% Received Guidance on all Items in Topic Area</i> |                  |                      | <i>% with Unmet Needs for at least one Item in Topic Area</i> |                  |                      |
|--|---|------------------|----------------------|---|------------------|----------------------|
|  | Overall   | Usual SBHC-Users | Non-Usual SBHC-Users | Overall   | Usual-SBHC-Users | Non-Usual SBHC-Users |
| <b>Physical Growth &amp; Development</b> | 35.9%   | 37.1%            | 34.0%                | 31.5%   | 32.5%            | 29.9%                |
| <b>Social &amp; Academic Competence</b>  | 38.3%   | 42.0%            | 32.5%                | 22.5%   | 20.1%            | 26.2%                |
| <b>Emotional Well-Being</b>              | 24.3%   | 26.9%            | 20.2%                | 28.0%   | 25.5%            | 31.7%                |
| <b>Sexual Health Risk Reduction</b>      | 42.8%   | 47.0%            | 36.5%                | 10.2%   | 9.4%             | 11.3%                |

## Adequacy of Anticipatory Guidance

2.7: Anticipatory Guidance Score by Topic Area, Overall and by State

|  | Overall | Colorado | New Mexico |
|--|---------|----------|------------|
| <b>Physical Growth &amp; Development</b> | 0.33    | 0.33     | 0.33       |
| <b>Social &amp; Academic Competence</b>  | 0.32    | 0.31     | 0.32       |
| <b>Emotional Well-Being</b>              | 0.26    | 0.26     | 0.26       |
| <b>Sexual Health Risk Reduction</b>      | 0.49    | 0.51     | 0.48       |

2.8: Anticipatory Guidance Score by Topic Area, Overall and by Usual Source of Care

|  | Overall | Usual<br>SBHC-Users | Non-Usual<br>SBHC-Users | Significance |
|--|---------|---------------------|-------------------------|--------------|
| <b>Physical Growth &amp; Development</b> | 0.33    | 0.34                | 0.32                    |              |
| <b>Social &amp; Academic Competence</b>  | 0.32    | 0.38                | 0.23                    | **           |
| <b>Emotional Well-Being</b>              | 0.26    | 0.30                | 0.20                    | *            |
| <b>Sexual Health Risk Reduction</b>      | 0.49    | 0.57                | 0.38                    | ***          |

*Correlates with Adequacy of Anticipatory Guidance and Unmet Needs*

2.9: Associations between Anticipatory Guidance Scores and Unmet Needs and Respondent Characteristics

|   | <b>Overall Anticipatory Guidance Score</b> |                     | <b>Total Number of Unmet Needs</b> |                     |
|---|--|---------------------|------------------------------------|---------------------|
|   | <b>Pearson Correlation</b>                 | <b>Significance</b> | <b>Pearson Correlation</b>         | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |  |                     |                                    |                     |
| <i>Age</i>                                    | NS   | --                  | NS                                 | --                  |
| <i>Gender (Female)</i>                        | NS   | --                  | NS                                 | --                  |
| <i>Race/Ethnicity (Hispanic)</i>              | NS   | --                  | 0.103                              | *                   |
| <i>LGBTQ ("yes")</i>                          | NS   | --                  | 0.130                              | **                  |
| <i>Family Affluence Score</i>                 | NS   | --                  | -0.126                             | **                  |
| <b>Health Care Access &amp; Utilization</b>   |  |                     |                                    |                     |
| <i>Health Insurance ("yes")</i>               | 0.125                                      | **                  | -0.096                             | *                   |
| <i>Usual Source of Care (SBHC)</i>            | 0.130                                      | **                  | NS                                 | --                  |
| <i>Rec'd Preventive Care within Past Year</i> | 0.171                                      | ***                 | -0.112                             | **                  |
| <b>Risks</b>                                  |  |                     |                                    |                     |
| <i>At-Risk for Depression</i>                 | NS   | --                  | 0.250                              | ***                 |
| <i>Had Sex</i>                                | 0.102                                      | *                   | NS                                 | --                  |
| <b>Engagement</b>                             |  |                     |                                    |                     |
| <i>Health Access Literacy Score</i>           | 0.181                                      | ***                 | -0.188                             | ***                 |
| <i>Health Self-Efficacy Score</i>             | 0.253                                      | ***                 | -0.224                             | ***                 |
| <i>Youth Health Engagement Score</i>          | 0.244                                      | ***                 | -0.227                             | ***                 |

## Adolescents' Report of Need by Risk

### 2.10: Adolescents' Reports of Needs for Guidance by Risk Status: Depression

|  | <b>Depressed</b> | <b>Not Depressed</b> | <b>Significance</b> |
|--|------------------|----------------------|---------------------|
| Received ANY Guidance in Emotional Well-Being    | 27.5%            | 22.4%                |                     |
| Needs Met for Guidance in Emotional Well-Being   | 22.2%            | 18.4%                |                     |
| Unmet Needs for Guidance in Emotional Well-Being | 41.2%            | 21.7%                | ***                 |
| Did Not Need Guidance about Emotions or Moods    | 16.1%            | 52.1%                | ***                 |
| Did Not Need Guidance about Suicide              | 41.6%            | 68.4%                | ***                 |
| Did Not Need Guidance about Stress               | 15.7%            | 51.1%                | ***                 |

### 2.11: Adolescents' Reports of Needs for Guidance by Risk Status: Sexual Activity

|   | <b>Sexually<br/>Active</b> | <b>Not Sexually<br/>Active</b> | <b>Significance</b> |
|---|----------------------------|--------------------------------|---------------------|
| Received ANY Guidance in Sexual Health Risk Reduction       | 51.7%                      | 27.3%                          | ***                 |
| Needs Met for Guidance in Sexual Health Risk Reduction      | 49.5%                      | 23.7%                          | ***                 |
| Unmet Needs for Guidance in Sexual Health Risk<br>Reduction | 11.9%                      | 7.8%                           |                     |
| Did Not Need Guidance about STDs                            | 30.3%                      | 60.7%                          | ***                 |
| Did Not Need Guidance about Condoms                         | 23.1%                      | 59.9%                          | ***                 |
| Did Not Need Guidance about Choosing Not to Have Sex        | 34.2%                      | 61.7%                          | ***                 |
| Did Not Need Guidance about Birth Control                   | 23.4%                      | 62.6%                          | ***                 |

## Quality of Care

### Experience of Care

2.12: Experience of Care Scale - Percent Who Responded Usually or Always and Mean Score Overall and by State

|   | Overall | Colorado | New Mexico |
|---|---------|----------|------------|
| <b>% "Usually" or "Always"</b>                                  |         |          |            |
| Provider listens carefully to me...                             | 83.8%   | 87.3%    | 81.2%      |
| Hard time understanding provider due to language difference...* | 79.9%   | 80.5%    | 79.4%      |
| Provider explained things in a way I could understand...        | 78.1%   | 77.2%    | 78.8%      |
| Provider showed respect for what I had to say...                | 84.9%   | 88.1%    | 82.6%      |
| Provider spent enough time with me                              | 77.6%   | 77.6%    | 77.5%      |
| <b>Experience of Care Score</b>                                 |         |          |            |
| Mean Scale Score (scale of 1 to 4)                              | 3.31    | 3.32     | 3.30       |

2.13: Experience of Care Scale - Percent Who Responded Usually or Always and Mean Score Overall and by Usual Source of Care

|  | Overall | Usual<br>SBHC-Users | Non-Usual<br>SBHC-Users | Significance |
|--|---------|---------------------|-------------------------|--------------|
| <b>% "Usually" or "Always"</b>                                 |         |                     |                         |              |
| Provider listens carefully to me...                            | 83.8%   | 87.1%               | 78.8%                   | *            |
| Hard time understanding provider due to language difference... | 79.9%   | 80.7%               | 78.6%                   | *            |
| Provider explained things in a way I could understand...       | 78.1%   | 81.5%               | 73.0%                   | *            |
| Provider showed respect for what I had to say...               | 84.9%   | 87.0%               | 81.8%                   | *            |
| Provider spent enough time with me                             | 77.6%   | 79.6%               | 74.4%                   | *            |
| <b>Experience of Care Score</b>                                |         |                     |                         |              |
| Mean Scale Score (scale of 1 to 4)                             | 3.31    | 3.38                | 3.20                    | *            |

*Correlates with Experience of Care*

| 2.14: Associations between Experience of Care Score and Respondent Characteristics |                                      |              |
|--|--------------------------------------|--------------|
|  | <i>Mean Experience of Care Score</i> |              |
|  | Pearson Correlation                  | Significance |
| <b>Demographic Characteristics</b>   |                                      |              |
| <i>Age</i>   | NS                                   | --           |
| <i>Gender (Female)</i>   | 0.114                                | **           |
| <i>Race/Ethnicity (Hispanic)</i>   | NS                                   | --           |
| <i>LGBTQ ("yes")</i>   | -0.086                               | *            |
| <i>Family Affluence Score</i>  | NS                                   | --           |
| <b>Health Care Access &amp; Utilization</b>  |                                      |              |
| <i>Health Insurance ("yes")</i>  | NS                                   | --           |
| <i>Usual Source of Care (SBHC)</i>   | 0.143                                | **           |
| <i>Rec'd Preventive Care within Past Year</i>                                      | 0.154                                | ***          |
| <b>Risks</b>   |                                      |              |
| <i>At-Risk for Depression</i>  | -0.093                               | *            |
| <i>Had Sex</i>   | NS                                   | --           |
| <b>Engagement</b>  |                                      |              |
| <i>Health Access Literacy Score</i>  | 0.319                                | ***          |
| <i>Health Self-Efficacy Score</i>  | 0.421                                | ***          |
| <i>Youth Health Engagement Score</i>   | 0.410                                | ***          |

**Satisfaction with Care**

| 2.15: Satisfaction with Services Received at the SBHC and at Other Places Overall and by State |         |          |            |
|--|---------|----------|------------|
|  | Overall | Colorado | New Mexico |
| <b>Satisfaction with Care Rec'd at the SBHC</b>  | 8.76    | 8.79     | 8.73       |
| <b>Satisfaction with Care Rec'd at Other Places</b>  | 7.50    | 7.52     | 7.49       |

| 2.16: Satisfaction with Services Received at the SBHC and at Other Places Overall and by Usual Source of Care |         |                  |                      |
|---|---------|------------------|----------------------|
|   | Overall | Usual SBHC-Users | Non-Usual SBHC-Users |
| <b>Satisfaction with Care Rec'd at the SBHC</b>   | 8.79    | 8.98             | 8.41                 |
| <b>Satisfaction with Care Rec'd at Other Places</b>   | 7.49    | 7.42             | 7.62                 |

## Youth Health Engagement

### Health Access Literacy

2.17: Health Access Literacy: Percentage Who Agree by Item and Mean Health Access Literacy Score Overall and by State

|   | Overall | Colorado | New Mexico |
|---|---------|----------|------------|
| <b>% "Strongly" or "Somewhat" Agree</b>   |         |          |            |
| Know where to get care...                 | 80.0%   | 80.9%    | 79.3%      |
| Have adults to talk to about health...    | 85.0%   | 86.1%    | 84.1%      |
| Know how to contact provider...           | 78.8%   | 78.8%    | 78.8%      |
| Know how to use health insurance...       | 60.7%   | 59.4%    | 61.7%      |
| Know which services are confidential...   | 74.1%   | 72.1%    | 75.6%      |
| Know of a place where teenagers can go... | 59.1%   | 62.7%    | 56.4%      |
| <b>Health Access Literacy Scale Score</b> |         |          |            |
| Mean Scale Score (scale of 1 to 4)        | 3.05    | 3.12     | 3.00       |

2.18: Health Access Literacy: Percentage Who Agree by Item and Mean Health Access Literacy Score Overall and by Usual Source of Care

|   | Overall | Usual SBHC-Users | Non-Usual SBHC-Users | Significance |
|---|---------|------------------|----------------------|--------------|
| <b>% "Strongly" or "Somewhat" Agree</b>   |         |                  |                      |              |
| Know where to get care...                 | 80.0%   | 78.0%            | 83.0%                |              |
| Have adults to talk to about health...    | 85.0%   | 82.0%            | 89.6%                | *            |
| Know how to contact provider...           | 78.8%   | 79.1%            | 78.3%                |              |
| Know how to use health insurance...       | 60.7%   | 61.3%            | 59.7%                |              |
| Know which services are confidential...   | 74.1%   | 74.5%            | 73.5%                |              |
| Know of a place where teenagers can go... | 59.1%   | 60.2%            | 57.3%                |              |
| <b>Health Access Literacy Scale Score</b> |         |                  |                      |              |
| Mean Scale Score (scale of 1 to 4)        | 3.05    | 3.04             | 3.07                 |              |

*Correlates with Health Access Literacy*

2.19: Associations between Health Access Literacy Scale Score and Respondent Characteristics

|   | <i>Mean Health Access Literacy Score</i> |                     |
|---|--|---------------------|
|   | <b>Pearson Correlation</b>               | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |  |                     |
| <i>Age</i>                                    | 0.093                                    | *                   |
| <i>Gender (Female)</i>                        | 0.114                                    | **                  |
| <i>Race/Ethnicity (Hispanic)</i>              | -0.116                                   | **                  |
| <i>LGBTQ ("yes")</i>                          | NS                                       | --                  |
| <i>Family Affluence Score</i>                 | 0.121                                    | **                  |
| <b>Health Care Access &amp; Utilization</b>   |  |                     |
| <i>Health Insurance ("yes")</i>               | 0.234                                    | ***                 |
| <i>Usual Source of Care (SBHC)</i>            | NS                                       | --                  |
| <i>Rec'd Preventive Care within Past Year</i> | 0.181                                    | ***                 |
| <b>Risks</b>                                  |  |                     |
| <i>At-Risk for Depression</i>                 | -0.125                                   | **                  |
| <i>Had Sex</i>                                | NS                                       | --                  |
| <b>Experience of Care</b>                     |  |                     |
| <i>Experience of Care Score</i>               | 0.319                                    | ***                 |
| <i>Satisfaction with SBHC Services</i>        | 0.196                                    | ***                 |
| <i>Satisfaction with Non-SBHC Services</i>    | 0.177                                    | ***                 |

## Health Self-Efficacy

2.20: Health Self-Efficacy: Percentage Who Agree by Item and Mean Health Self-Efficacy Score Overall and by State

|   | Overall | Colorado | New Mexico |
|---|---------|----------|------------|
| <b>% "Strongly" or "Somewhat" Agree</b>     |         |          |            |
| Tell a doctor my concerns...                | 76.6%   | 78.7%    | 75.1%      |
| Talk to my doctor about options...          | 76.8%   | 78.0%    | 76.0%      |
| Make appointments for myself...             | 64.9%   | 64.3%    | 65.3%      |
| Make a list of questions...                 | 56.1%   | 54.3%    | 57.5%      |
| Fill out my own medical history forms...    | 61.8%   | 62.0%    | 61.6%      |
| Follow-through on plans at home...          | 75.9%   | 77.2%    | 74.9%      |
| Have a safe relationship with a provider... | 79.2%   | 79.8%    | 78.8%      |
| <b>Health Self-Efficacy Scale Score</b>     |         |          |            |
| Mean Scale Score (scale of 1 to 4)          | 2.91    | 2.95     | 2.89       |

2.21: Health Self-Efficacy: Percentage Who Agree by Item and Mean Health Self-Efficacy Score Overall and by Usual Source of Care

|   | Overall | Usual<br>SBHC-Users | Non-Usual<br>SBHC-Users | Significance |
|---|---------|---------------------|-------------------------|--------------|
| <b>% "Strongly" or "Somewhat" Agree</b>     |         |                     |                         |              |
| Tell a doctor my concerns...                | 76.6%   | 79.1%               | 72.8%                   |              |
| Talk to my doctor about options...          | 76.8%   | 79.3%               | 73.1%                   |              |
| Make appointments for myself...             | 64.9%   | 69.9%               | 57.1%                   | **           |
| Make a list of questions...                 | 56.1%   | 60.0%               | 50.2%                   | *            |
| Fill out my own medical history forms...    | 61.8%   | 64.1%               | 58.1%                   |              |
| Follow-through on plans at home...          | 75.9%   | 76.6%               | 74.8%                   |              |
| Have a safe relationship with a provider... | 79.2%   | 83.3%               | 72.9%                   | **           |
| <b>Health Self-Efficacy Scale Score</b>     |         |                     |                         |              |
| Mean Scale Score (scale of 1 to 4)          | 2.91    | 2.99                | 2.80                    | **           |

*Correlates with Health Self-Efficacy*

| 2.22: Associations between Health Self-Efficacy Scale Score and Respondent Characteristics |  |                     |
|--|--|---------------------|
|  | <i>Mean Health Self-Efficacy Score</i> |                     |
|  | <b>Pearson Correlation</b>             | <b>Significance</b> |
| <b>Demographic Characteristics</b>   |  |                     |
| <i>Age</i>   | 0.225                                  | ***                 |
| <i>Gender (Female)</i>   | 0.139                                  | **                  |
| <i>Race/Ethnicity (Hispanic)</i>   | NS                                     | --                  |
| <i>LGBTQ ("yes")</i>   | NS                                     | --                  |
| <i>Family Affluence Score</i>  | NS                                     | --                  |
| <b>Health Care Access &amp; Utilization</b>  |  |                     |
| <i>Health Insurance ("yes")</i>  | 0.155                                  | ***                 |
| <i>Usual Source of Care (SBHC)</i>   | 0.125                                  | **                  |
| <i>Rec'd Preventive Care within Past Year</i>  | 0.157                                  | ***                 |
| <b>Risks</b>   |  |                     |
| <i>At-Risk for Depression</i>  | -0.103                                 | *                   |
| <i>Had Sex</i>   | 0.101                                  | *                   |
| <b>Experience of Care</b>  |  |                     |
| <i>Experience of Care Score</i>  | 0.421                                  | ***                 |
| <i>Satisfaction with SBHC Services</i>   | 0.248                                  | ***                 |
| <i>Satisfaction with Non-SBHC Services</i>   | 0.239                                  | ***                 |

**Youth Health Engagement Scale**

| 2.23: Youth Health Engagement: Mean Youth Health Engagement Score Overall and by State |                |                 |                   |
|--|----------------|-----------------|-------------------|
|  | <b>Overall</b> | <b>Colorado</b> | <b>New Mexico</b> |
| <b>Youth Health Engagement Scale Score</b>   |                |                 |                   |
| <b>Mean Scale Score (scale of 1 to 4)</b>  | 9.98           | 3.03            | 2.94              |

Table 2.24: Youth Health Engagement: Mean Youth Health Engagement Score Overall and by Usual Source of Care

|  | <b>Overall</b> | <b>Usual SBHC-Users</b> | <b>Non-Usual SBHC-Users</b> | <b>Significance</b> |
|--|----------------|-------------------------|-----------------------------|---------------------|
| <b>Youth Health Engagement Scale Score</b> |                |                         |                             |                     |
| <b>Mean Scale Score (scale of 1 to 4)</b>  | 2.98           | 3.02                    | 2.92                        |                     |

*Correlates of Youth Health Engagement*

| 2.25: Associations between Youth Health Engagement Scale Score and Respondent Characteristics |   |                     |
|---|---|---------------------|
|   | <i>Mean Youth Health Engagement Score</i> |                     |
|   | <b>Pearson Correlation</b>                | <b>Significance</b> |
| <b>Demographic Characteristics</b>  |   |                     |
| <i>Age</i>  | <b>0.180</b>                              | <b>***</b>          |
| <i>Gender (Female)</i>  | 0.140                                     | <b>**</b>           |
| <i>Race/Ethnicity (Hispanic)</i>  | NS  | --                  |
| <i>LGBTQ ("yes")</i>  | NS  | --                  |
| <i>Family Affluence Score</i>   | NS  | --                  |
| <b>Health Care Access &amp; Utilization</b>   |   |                     |
| <i>Health Insurance ("yes")</i>   | <b>0.215</b>                              | <b>***</b>          |
| <i>Usual Source of Care (SBHC)</i>  | NS  | --                  |
| <i>Rec'd Preventive Care within Past Year</i>   | <b>0.189</b>                              | <b>***</b>          |
| <b>Risks</b>  |   |                     |
| <i>At-Risk for Depression</i>   | -0.128                                    | <b>**</b>           |
| <i>Had Sex</i>  | NS  | --                  |
| <b>Experience of Care</b>   |   |                     |
| <i>Experience of Care Score</i>   | <b>0.410</b>                              | <b>***</b>          |
| <i>Satisfaction with SBHC Services</i>  | 0.247                                     | <b>***</b>          |
| <i>Satisfaction with Non-SBHC Services</i>  | <b>0.232</b>                              | <b>***</b>          |

## 2013-14 YEHS! Middle School Administration: Results by Section

### Respondent Characteristics

| <b>3.1: Respondent Demographic Characteristics</b> |   |                        |                 |                   |
|--|---|------------------------|-----------------|-------------------|
|  |   | <b>All Respondents</b> | <b>Colorado</b> | <b>New Mexico</b> |
| <b>Average Age (years)</b>                         |   | 12.8                   | 12.7            | 12.9              |
| <b>Gender</b>                                      |   |                        |                 |                   |
|  | <i>% Female</i>   | 58.6%                  | 56.8%           | 60.2%             |
|  | <i>% Male</i>   | 40.9%                  | 42.0%           | 39.8%             |
|  | <i>&amp; Other</i>  | 0.6%                   | 1.2%            | 0.0%              |
| <b>Race/Ethnicity of Respondents</b>               |   |                        |                 |                   |
|  | <i>% Hispanic</i>   | 70.4%                  | 61.0%           | 79.2%             |
|  | <i>% White, non-Hispanic</i>                                    | 18.9%                  | 32.6%           | 6.0%              |
|  | <i>% Non-Hispanic, American Indian or Alaskan Native</i>        | 2.3%                   | 0.6%            | 3.8%              |
|  | <i>% Non-Hispanic Black, Asian, or multi-racial</i>             | 8.5%                   | 5.8%            | 10.9%             |
| <b>Sexual Orientation</b>                          |   |                        |                 |                   |
|  | <i>% Identify as Gay, Lesbian, Bisexual, or Questioning</i>     | 12.3%                  | 8.8%            | 15.5%             |
| <b>Insurance Status (Self-Report)</b>              |   |                        |                 |                   |
|  | <i>Yes</i>  | 53.8%                  | 52.6%           | 54.9%             |
|  | <i>No</i>   | 11.9%                  | 12.9%           | 11.0%             |
|  | <i>Don't know/not sure</i>                                      | 34.3%                  | 34.5%           | 34.1%             |
| <b>US Born</b>                                     |   |                        |                 |                   |
|  | <i>% Born in the US</i>   | 86.1%                  | 86.5%           | 85.7%             |
| <b>Primary Language Spoken at Home</b>             |   |                        |                 |                   |
|  | <i>% Speak a Language Other than English &gt; Half the Time</i> | 32.7%                  | 29.8%           | 35.4%             |
| <b>Family Affluence Score</b>                      |   |                        |                 |                   |
|  | <i>% Low</i>  | 28.6%                  | 29.2%           | 28.0%             |
|  | <i>% Medium</i>   | 43.6%                  | 42.1%           | 45.1%             |
|  | <i>% High</i>   | 27.8%                  | 28.7%           | 26.9%             |
| <b>Risk Behaviors</b>                              |   |                        |                 |                   |
|  | <i>% Had Sex</i>  | 10.0%                  | 8.3%            | 11.6%             |
|  | <i>% At-Risk for School Failure</i>                             | 7.4%                   | 5.6%            | 9.0%              |

*Correlates with Risk Behaviors*

3.2: Associations between Risk Behaviors and Demographic Characteristics, Health Care Utilization Patters, Other Risks, and Engagement

|   | <i>At-Risk of School Failure</i> |                     | <i>Sexual Activity</i>     |                     |
|---|----------------------------------|---------------------|----------------------------|---------------------|
|   | <b>Pearson Correlation</b>       | <b>Significance</b> | <b>Pearson Correlation</b> | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |                                  |                     |                            |                     |
| <i>Age</i>                                    | 0.153                            | **                  | 0.284                      | ***                 |
| <i>Gender (Female)</i>                        | NS                               | --                  | NS                         | --                  |
| <i>Race/Ethnicity (Hispanic)</i>              | NS                               | --                  | NS                         | --                  |
| <i>LGBTQ ("yes")</i>                          | 0.253                            | ***                 | 0.252                      | ***                 |
| <i>Family Affluence Score</i>                 | -0.148                           | *                   | -0.168                     | **                  |
| <b>Health Care Access &amp; Utilization</b>   |                                  |                     |                            |                     |
| <i>Health Insurance ("yes")</i>               | NS                               | --                  | NS                         | --                  |
| <i>Usual Source of Care (SBHC)</i>            | NS                               | --                  | NS                         | --                  |
| <i>ER Use (at least one visit/past yr)</i>    | NS                               | --                  | NS                         | --                  |
| <i>Rec'd Preventive Care within Past Year</i> | -0.121                           | *                   | -0.121                     | *                   |
| <b>Other Risks</b>                            |                                  |                     |                            |                     |
| <i>At-Risk of School Failure</i>              | --                               | --                  | NS                         | --                  |
| <i>Had Sex</i>                                | NS                               | --                  | --                         | --                  |
| <b>Engagement</b>                             |                                  |                     |                            |                     |
| <i>Health Access Literacy Score</i>           | NS                               | --                  | NS                         | --                  |
| <i>Health Self-Efficacy Score</i>             | NS                               | --                  | NS                         | --                  |
| <i>Youth Health Engagement Score</i>          | NS                               | --                  | NS                         | --                  |

## Health Care Utilization

3.3: Health Care Utilization Patterns of Survey Respondents Overall and by State

|  | All Respondents | Colorado     | New Mexico   |
|--|-----------------|--------------|--------------|
| <b>Usual Source of Care (% SBHC)</b>               |                 |              |              |
| % Receive <i>most</i> of their care at SBHC        | 39.4%           | 37.8%        | 41.0%        |
| % Receive <i>all</i> of their care at SBHC         | 26.2%           | 24.4%        | 27.9%        |
| <b>% Received Preventive Care w/in the Past Yr</b> | <b>71.2%</b>    | <b>73.3%</b> | <b>69.2%</b> |
| <b>ER Utilization</b>                              |                 |              |              |
| % with ANY ER visits w/in Past Yr                  | 50.7%           | 46.5%        | 54.6%        |
| % with More than One ER Visit w/in Past Yr         | 26.1%           | 21.1%        | 30.8%        |
| <b>SBHC Utilization</b>                            |                 |              |              |
| % with 0 visits w/in past yr                       | 22.7%           | 24.0%        | 21.4%        |
| % with 1 - 4 visits w/in past yr                   | 77.3%           | 76.0%        | 78.6%        |
| % with 5- 9 visits w/in past yr                    | 0.0%            | 0.0%         | 0.0%         |
| % with 10+ visits w/in past yr ("high utilizers")  | 0.0%            | 0.0%         | 0.0%         |
| <b>SBHC Services Accessed</b>                      |                 |              |              |
| Behavioral health                                  | 22.8%           | 18.6%        | 26.8%        |
| Check-ups  | 60.0%           | 59.9%        | 60.1%        |
| Reproductive/sexual health                         | 6.8%            | 3.5%         | 9.8%         |
| Injury/Illness Care                                | 30.4%           | 38.4%        | 23.0%        |
| Other  | 15.5%           | 15.7%        | 15.3%        |

3.4: Characteristics of Those who Receive Most and All of their Care at the SBHC

|   | Usual<br>SBHC-Users | Non-Usual<br>SBHC-Users | Sig. | SBHC-Only<br>Users | Non-SBHC-<br>Only Users | Sig. |
|---|---------------------|-------------------------|------|--------------------|-------------------------|------|
| <b>Demographic Characteristics</b>        |                     |                         |      |                    |                         |      |
| <i>Age</i>                                | 12.9                | 12.8                    |      | 12.8               | 12.8                    |      |
| <i>Gender (Female)</i>                    | 58.7%               | 58.5%                   |      | 54.8%              | 59.9%                   |      |
| <i>Race/Ethnicity (Hispanic)</i>          | 72.8%               | 72.2%                   |      | 76.7%              | 71.0%                   |      |
| <i>LGBTQ ("yes")</i>                      | 12.9%               | 11.8%                   |      | 10.8%              | 12.8%                   |      |
| <i>Family Affluence Score</i>             | 4.62                | 5.24                    | **   | 4.47               | 5.18                    | **   |
| <i>Insured</i>                            | 47.1%               | 58.2%                   | *    | 40.9%              | 58.5%                   | **   |
| <b>Health Care Utilization</b>            |                     |                         |      |                    |                         |      |
| <i>% at least one ER visit in past yr</i> | 45.7%               | 54.0%                   |      | 33.3%              | 56.9%                   | ***  |
| <i>% one or more ER visits in past yr</i> | 19.3%               | 30.5%                   | *    | 11.8%              | 31.2%                   | ***  |
| <i>Rec'd Preventive Care in past yr</i>   | 73.6%               | 69.6%                   |      | 74.2%              | 70.1%                   |      |
| <b>Risks</b>                              |                     |                         |      |                    |                         |      |
| <i>At-Risk of School Failure</i>          | 8.6%                | 6.6%                    |      | 5.1%               | 8.2%                    |      |
| <i>Had Sex</i>                            | 10.1%               | 10.0%                   |      | 6.5%               | 11.2%                   |      |
| <b>Quality of Care</b>                    |                     |                         |      |                    |                         |      |
| <i>Experience of Care Score</i>           | 2.57                | 2.59                    |      | 2.53               | 2.60                    |      |
| <b>Engagement</b>                         |                     |                         |      |                    |                         |      |
| <i>Health Access Literacy Score</i>       | 0.77                | 0.77                    |      | 0.75               | 0.78                    |      |
| <i>Health Self-Efficacy Score</i>         | 0.71                | 0.69                    |      | 0.72               | 0.69                    |      |
| <i>Youth Health Engagement Score</i>      | 0.73                | 0.72                    |      | 0.73               | 0.72                    |      |

## Receipt of Anticipatory Guidance

3.5: Receipt of Anticipatory Guidance by Topic Area, Overall and by State

|  | <i>% Received Guidance on all Items in Topic Area</i> |                 |                   | <i>% with Unmet Needs for at least one Item in Topic Area</i> |                 |                   |
|--|---|-----------------|-------------------|---|-----------------|-------------------|
|  | <b>Overall</b>  | <b>Colorado</b> | <b>New Mexico</b> | <b>Overall</b>  | <b>Colorado</b> | <b>New Mexico</b> |
| <b>Physical Growth &amp; Development</b> | 33.5%   | 42.0%           | 25.9%             | 22.0%   | 15.7%           | 27.9%             |
| <b>Social &amp; Academic Competence</b>  | 35.0%   | 34.4%           | 35.6%             | 13.8%   | 15.1%           | 12.6%             |
| <b>Emotional Well-Being</b>              | 23.7%   | 25.2%           | 22.4%             | 17.5%   | 14.0%           | 20.8%             |
| <b>Sexual Health Risk Reduction</b>      | 28.2%   | 37.3%           | 20.1%             | 9.9%  | 5.2%            | 14.2%             |

3.6: Receipt of Anticipatory Guidance by Topic Area, Overall and by Usual Source of Care

|  | <i>% Received Guidance on all Items in Topic Area</i> |                         |                             | <i>% with Unmet Needs for at least one Item in Topic Area</i> |                         |                             |
|--|---|-------------------------|-----------------------------|---|-------------------------|-----------------------------|
|  | <b>Overall</b>  | <b>Usual SBHC-Users</b> | <b>Non-Usual SBHC-Users</b> | <b>Overall</b>  | <b>Usual-SBHC-Users</b> | <b>Non-Usual SBHC-Users</b> |
| <b>Physical Growth &amp; Development</b> | 33.5%   | 34.3%                   | 33.0%                       | 22.0%   | 25.0%                   | 20.0%                       |
| <b>Social &amp; Academic Competence</b>  | 35.0%   | 42.6%                   | 29.9%                       | 13.8%   | 14.3%                   | 13.5%                       |
| <b>Emotional Well-Being</b>              | 23.7%   | 26.7%                   | 21.7%                       | 17.5%   | 14.3%                   | 19.5%                       |
| <b>Sexual Health Risk Reduction</b>      | 28.2%   | 32.1%                   | 25.6%                       | 9.9%  | 8.6%                    | 10.7%                       |

3.7: Associations between Number of Unmet Needs and Respondent Characteristics

|   | <i>Total Number of Unmet Needs</i> |                     |
|---|------------------------------------|---------------------|
|   | <b>Pearson</b>                     |                     |
|   | <b>Correlation</b>                 | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |                                    |                     |
| <i>Age</i>                                    | NS                                 | --                  |
| <i>Gender (Female)</i>                        | NS                                 | --                  |
| <i>Race/Ethnicity (Hispanic)</i>              | NS                                 | --                  |
| <i>LGBTQ ("yes")</i>                          | NS                                 | --                  |
| <i>Family Affluence Score</i>                 | NS                                 | --                  |
| <b>Health Care Access &amp; Utilization</b>   |                                    |                     |
| <i>Health Insurance ("yes")</i>               | -0.124                             | *                   |
| <i>Usual Source of Care (SBHC)</i>            | NS                                 | --                  |
| <i>Rec'd Preventive Care within Past Year</i> | -0.185                             | ***                 |
| <b>Risks</b>                                  |                                    |                     |
| <i>At-Risk of School Failure</i>              | NS                                 | --                  |
| <i>Had Sex</i>                                | NS                                 | --                  |
| <b>Engagement</b>                             |                                    |                     |
| <i>Health Access Literacy Score</i>           | -0.221                             | ***                 |
| <i>Health Self-Efficacy Score</i>             | -0.120                             | *                   |
| <i>Youth Health Engagement Score</i>          | -0.191                             | ***                 |

## Adolescents' Report of Need by Risk

### 3.8: Adolescents' Reports of Needs for Guidance by Risk Status: School Failure

|  | <b>At-Risk</b> | <b>Not At-Risk</b> | <b>Significance</b> |
|--|----------------|--------------------|---------------------|
| Received ALL Guidance in Social & Academic Competence      | 63.2%          | 35.2%              | *                   |
| Received ALL Guidance in Emotional Well-Being              | 42.1%          | 25.6%              |                     |
| Unmet Needs for Guidance in Social & Academic Competence   | 0.05           | 0.19               | *                   |
| Unmet Needs for Guidance in Emotional Well-Being           | 0.05           | 0.30               | ***                 |
| Did Not Need Guidance about Grades                         | 14.3%          | 35.5%              | *                   |
| Did Not Need Guidance about Future Plans after High School | 20.0%          | 31.0%              |                     |
| Did Not Need Guidance about Emotions or Moods              | 19.0%          | 36.9%              |                     |

### 3.9: Adolescents' Reports of Needs for Guidance by Risk Status: Sexual Activity

|  | <b>Sexually Active</b> | <b>Not Sexually Active</b> | <b>Significance</b> |
|--|------------------------|----------------------------|---------------------|
| Received ALL Guidance in Sexual Health Risk Reduction    | 60.6%                  | 24.9%                      | ***                 |
| Unmet Needs for Guidance in Sexual Health Risk Reduction | 0.31                   | 0.27                       |                     |
| Did Not Need Guidance about STDs                         | 20.6%                  | 59.5%                      | ***                 |
| Did Not Need Guidance about Condoms                      | 17.1%                  | 57.7%                      | ***                 |
| Did Not Need Guidance about Choosing Not to Have Sex     | 24.2%                  | 56.0%                      | ***                 |
| Did Not Need Guidance about Birth Control                | 23.5%                  | 62.1%                      | ***                 |

## Experience of Care

3.10: Experience of Care Scale - Percent Who Responded Usually and Mean Score Overall and by State

|   | Overall | Colorado | New Mexico |
|---|---------|----------|------------|
| <b>% "Usually"</b>  |         |          |            |
| Providers really listen to you...                               | 72.6%   | 63.3%    | 81.2%      |
| Hard time understanding provider due to language difference...* | 14.8%   | 13.6%    | 15.9%      |
| Understand the words provider uses to explain things...         | 55.1%   | 48.5%    | 61.3%      |
| Provider showed respect for what I had to say...                | 80.7%   | 72.2%    | 88.8%      |
| Provider spent enough time with me...                           | 56.8%   | 45.8%    | 67.0%      |
| <b>Experience of Care Score</b>                                 |         |          |            |
| Mean Scale Score (scale of 1 to 3)                              | 2.58    | 2.50     | 2.66       |

3.11: Experience of Care Scale - Percent Who Responded Usually and Mean Score Overall and by Usual Source of Care

|  | Overall | Usual<br>SBHC-Users | Non-Usual<br>SBHC-Users | Significance |
|--|---------|---------------------|-------------------------|--------------|
| <b>% "Usually"</b>   |         |                     |                         |              |
| Providers really listen to you...                              | 72.6%   | 72.7%               | 72.5%                   |              |
| Hard time understanding provider due to language difference... | 14.8%   | 15.0%               | 14.7%                   |              |
| Understand the words provider uses to explain things...        | 55.1%   | 55.4%               | 55.0%                   |              |
| Provider showed respect for what I had to say...               | 80.7%   | 78.3%               | 82.4%                   |              |
| Provider spent enough time with me...                          | 56.8%   | 55.1%               | 57.8%                   |              |
| <b>Experience of Care Score</b>                                |         |                     |                         |              |
| Mean Scale Score (scale of 1 to 3)                             | 2.58    | 2.57                | 2.59                    |              |

*Correlates with Experience of Care*

| <b>3.12: Associations between Experience of Care Score and Respondent Characteristics</b> |                                      |                     |
|---|--------------------------------------|---------------------|
|   | <b>Mean Experience of Care Score</b> |                     |
|   | <b>Pearson Correlation</b>           | <b>Significance</b> |
| <b>Demographic Characteristics</b>  |                                      |                     |
| <i>Age</i>  | NS                                   | --                  |
| <i>Gender (Female)</i>  | NS                                   | --                  |
| <i>Race/Ethnicity (Hispanic)</i>  | NS                                   | --                  |
| <i>LGBTQ ("yes")</i>  | NS                                   | --                  |
| <i>Family Affluence Score</i>   | 0.202                                | ***                 |
| <b>Health Care Access &amp; Utilization</b>   |                                      |                     |
| <i>Health Insurance ("yes")</i>   | NS                                   | --                  |
| <i>Usual Source of Care (SBHC)</i>  | NS                                   | --                  |
| <i>Rec'd Preventive Care within Past Year</i>   | NS                                   | --                  |
| <b>Risks</b>  |                                      |                     |
| <i>At-Risk of School Failure</i>  | NS                                   | --                  |
| <i>Had Sex</i>  | NS                                   | --                  |
| <b>Engagement</b>   |                                      |                     |
| <i>Health Access Literacy Score</i>   | NS                                   | --                  |
| <i>Health Self-Efficacy Score</i>   | NS                                   | --                  |
| <i>Youth Health Engagement Score</i>  | NS                                   | --                  |

## Youth Health Engagement

### Health Access Literacy

3.13: Health Access Literacy: Percentage Who Agree by Item and Mean Health Access Literacy Score Overall and by State

|  | Overall | Colorado | New Mexico |
|--|---------|----------|------------|
| <b>% Agree</b>                                 |         |          |            |
| <b>Know where to get care...</b>               | 74.1%   | 73.7%    | 74.6%      |
| <b>Have adults to talk to about health...</b>  | 93.7%   | 95.3%    | 92.2%      |
| <b>Know which services are confidential...</b> | 64.5%   | 62.7%    | 66.3%      |
| <b>% Agree with ALL Literacy Items</b>         | 53.2%   | 50.6%    | 55.7%      |
| <b>Health Access Literacy Scale Score</b>      |         |          |            |
| <b>Mean Scale Score (scale of 0 to 1)</b>      | 0.77    | 0.78     | 0.77       |

3.14: Health Access Literacy: Percentage Who Agree by Item and Mean Health Access Literacy Score Overall and by Usual Source of Care

|  | Overall | Usual SBHC-Users | Non-Usual SBHC-Users | Significance |
|--|---------|------------------|----------------------|--------------|
| <b>% Agree</b>                                 |         |                  |                      |              |
| <b>Know where to get care...</b>               | 74.1%   | 69.8%            | 77.0%                |              |
| <b>Have adults to talk to about health...</b>  | 93.7%   | 92.8%            | 94.3%                |              |
| <b>Know which services are confidential...</b> | 64.5%   | 71.9%            | 59.8%                | *            |
| <b>% Agree with ALL Literacy Items</b>         | 53.2%   | 60.0%            | 48.8%                | *            |
| <b>Health Access Literacy Scale Score</b>      |         |                  |                      |              |
| <b>Mean Scale Score (scale of 0 to 1)</b>      | 0.77    | 0.77             | 0.77                 |              |

*Correlates with Health Access Literacy*

3.15: Associations between Health Access Literacy Scale Score and Respondent Characteristics

|   | <i>Mean Health Access Literacy Score</i> |                     |
|---|--|---------------------|
|   | <b>Pearson Correlation</b>               | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |  |                     |
| <i>Age</i>                                    | NS                                       | --                  |
| <i>Gender (Female)</i>                        | NS                                       | --                  |
| <i>Race/Ethnicity (Hispanic)</i>              | NS                                       | --                  |
| <i>LGBTQ ("yes")</i>                          | NS                                       | --                  |
| <i>Family Affluence Score</i>                 | 0.116                                    | *                   |
| <b>Health Care Access &amp; Utilization</b>   |  |                     |
| <i>Health Insurance ("yes")</i>               | 0.164                                    | **                  |
| <i>Usual Source of Care (SBHC)</i>            | NS                                       | --                  |
| <i>Rec'd Preventive Care within Past Year</i> | 0.146                                    | **                  |
| <b>Risks</b>                                  |  |                     |
| <i>At-Risk of School Failure</i>              | NS                                       | --                  |
| <i>Had Sex</i>                                | NS                                       | --                  |
| <b>Experience of Care</b>                     |  |                     |
| <i>Experience of Care Score</i>               | NS                                       | --                  |

## Health Self-Efficacy

3.16: Health Self-Efficacy: Percentage Who Agree by Item and Mean Health Self-Efficacy Score Overall and by State

|   | Overall      | Colorado     | New Mexico   |
|---|--------------|--------------|--------------|
| <b>% Agree</b>                              |              |              |              |
| Tell a doctor my concerns...                | 78.4%        | 80.6%        | 76.4%        |
| Talk to my doctor about options...          | 72.5%        | 71.4%        | 73.5%        |
| Make appointments for myself...             | 33.0%        | 38.7%        | 27.8%        |
| Follow-through on plans at home...          | 88.2%        | 87.4%        | 88.8%        |
| Have a safe relationship with a provider... | 76.6%        | 77.8%        | 75.4%        |
| <b>% Agree with ALL Efficacy Items</b>      | <b>22.0%</b> | <b>29.1%</b> | <b>15.3%</b> |
| <b>Health Self-Efficacy Scale Score</b>     |              |              |              |
| <b>Mean Scale Score (scale of 0 to 1)</b>   | <b>0.70</b>  | <b>0.71</b>  | <b>0.68</b>  |

3.17: Health Self-Efficacy: Percentage Who Agree by Item and Mean Health Self-Efficacy Score Overall and by Usual Source of Care

|   | Overall      | Usual<br>SBHC-Users | Non-Usual<br>SBHC-Users | Significance |
|---|--------------|---------------------|-------------------------|--------------|
| <b>% Agree</b>                              |              |                     |                         |              |
| Tell a doctor my concerns...                | 78.4%        | 77.1%               | 79.2%                   |              |
| Talk to my doctor about options...          | 72.5%        | 73.2%               | 72.0%                   |              |
| Make appointments for myself...             | 33.0%        | 35.0%               | 31.8%                   |              |
| Follow-through on plans at home...          | 88.2%        | 89.8%               | 87.1%                   |              |
| Have a safe relationship with a provider... | 76.6%        | 80.1%               | 74.3%                   |              |
| <b>% Agree with ALL Efficacy Items</b>      | <b>22.0%</b> | <b>26.4%</b>        | <b>19.1%</b>            |              |
| <b>Health Self-Efficacy Scale Score</b>     |              |                     |                         |              |
| <b>Mean Scale Score (scale of 0 to 1)</b>   | <b>0.70</b>  | <b>0.71</b>         | <b>0.69</b>             |              |

*Correlates with Health Self-Efficacy*

3.18: Associations between Health Self-Efficacy Scale Score and Respondent Characteristics

|   | <i>Mean Health Self-Efficacy Score</i> |                     |
|---|--|---------------------|
|   | <b>Pearson Correlation</b>             | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |  |                     |
| <i>Age</i>                                    | -0.109                                 | *                   |
| <i>Gender (Female)</i>                        | NS                                     | --                  |
| <i>Race/Ethnicity (Hispanic)</i>              | NS                                     | --                  |
| <i>LGBTQ ("yes")</i>                          | -0.114                                 | *                   |
| <i>Family Affluence Score</i>                 | -0.129                                 | *                   |
| <b>Health Care Access &amp; Utilization</b>   |  |                     |
| <i>Health Insurance ("yes")</i>               | 0.166                                  | **                  |
| <i>Usual Source of Care (SBHC)</i>            | NS                                     | --                  |
| <i>Rec'd Preventive Care within Past Year</i> | NS                                     | --                  |
| <b>Risks</b>                                  |  |                     |
| <i>At-Risk of School Failure</i>              | NS                                     | --                  |
| <i>Had Sex</i>                                | NS                                     | --                  |
| <b>Experience of Care</b>                     |  |                     |
| <i>Experience of Care Score</i>               | NS                                     | --                  |

**Youth Health Engagement Scale**

3.19: Youth Health Engagement: Mean Youth Health Engagement Score Overall and by State

|  | <b>Overall</b> | <b>Colorado</b> | <b>New Mexico</b> |
|--|----------------|-----------------|-------------------|
| <b>Youth Health Engagement Scale Score</b> |                |                 |                   |
| <b>Mean Scale Score (scale of 0 to 1)</b>  | 0.73           | 0.74            | 0.71              |

3.20: Youth Health Engagement: Mean Youth Health Engagement Score Overall and by Usual Source of Care

|  | <b>Overall</b> | <b>Usual<br/>SBHC-Users</b> | <b>Non-Usual<br/>SBHC-Users</b> | <b>Significance</b> |
|--|----------------|-----------------------------|---------------------------------|---------------------|
| <b>Youth Health Engagement Scale Score</b> |                |                             |                                 |                     |
| <b>Mean Scale Score (scale of 0 to 1)</b>  | 0.73           | 0.73                        | 0.72                            |                     |

*Correlates with Youth Health Engagement*

3.21: Associations between Youth Health Engagement Scale Score and Respondent Characteristics

|   | <i>Mean Youth Health Engagement Score</i> |                     |
|---|---|---------------------|
|   | <b>Pearson Correlation</b>                | <b>Significance</b> |
| <b>Demographic Characteristics</b>            |   |                     |
| <i>Age</i>                                    | NS  | --                  |
| <i>Gender (Female)</i>                        | NS  | --                  |
| <i>Race/Ethnicity (Hispanic)</i>              | NS  | --                  |
| <i>LGBTQ ("yes")</i>                          | -0.116                                    | *                   |
| <i>Family Affluence Score</i>                 | NS  | --                  |
| <b>Health Care Access &amp; Utilization</b>   |   |                     |
| <i>Health Insurance ("yes")</i>               | 0.198                                     | ***                 |
| <i>Usual Source of Care (SBHC)</i>            | NS  | --                  |
| <i>Rec'd Preventive Care within Past Year</i> | 0.105                                     | *                   |
| <b>Risks</b>                                  |   |                     |
| <i>At-Risk of School Failure</i>              | NS  | --                  |
| <i>Had Sex</i>                                | NS  | --                  |
| <b>Experience of Care</b>                     |   |                     |
| <i>Experience of Care Score</i>               | NS  | --                  |

**Youth SBHC-Involvement Scale**

3.22: Youth-SBHC Involvement: Percentage Who Agree by Item and Mean Involvement Score Overall and by State

|  | <b>Overall</b> | <b>Colorado</b> | <b>New Mexico</b> |
|--|----------------|-----------------|-------------------|
| <b>% Agree</b>   |                |                 |                   |
| <b>SBHC has a welcoming physical environment</b>                       | 90.5%          | 88.0%           | 92.8%             |
| <b>SBHC staff are welcoming to youth</b>                               | 95.7%          | 94.0%           | 97.2%             |
| <b>SBHC gives youth-friendly information</b>                           | 79.9%          | 76.4%           | 83.2%             |
| <b>SBHC makes it easy to access their services</b>                     | 93.8%          | 90.8%           | 96.6%             |
| <b>Students can work on projects with SBHC</b>                         | 78.1%          | 76.4%           | 79.7%             |
| <b>There are ways to share opinions about the SBHC with SBHC staff</b> | 86.0%          | 82.3%           | 89.4%             |
| <b>SBHC has a student committee</b>                                    | 72.7%          | 69.6%           | 75.6%             |
| <b>% Agree with ALL Involvement Items</b>                              | 49.6%          | 45.9%           | 53.0%             |
| <b>Youth-SBHC Involvement Scale Score</b>                              |                |                 |                   |
| <b>Mean Scale Score (scale of 0 to 1)</b>                              | 0.85           | 0.82            | 0.88              |



# ATTACHMENT J



# Final Analysis of Medical Record Reviews

## Summary Tables

**Table 1a: Number of Sites Working in Each QI Area by Implementation Year**

|                           | Implementation Year |                     |                     |
|---------------------------|---------------------|---------------------|---------------------|
|                           | Year 1<br>(2011-12) | Year 2<br>(2012-13) | Year 3<br>(2013-13) |
| <b><i>Colorado</i></b>    |                     |                     |                     |
| EPSDT                     | 3                   | 4                   | 4                   |
| POW                       | 0                   | 2                   | 5                   |
| Dep/Anx                   | 0                   | 1                   | 4                   |
| STI                       | 0                   | 0                   | 0                   |
| Imm                       | 0                   | 0                   | 0                   |
| <b><i>New Mexico</i></b>  |                     |                     |                     |
| EPSDT                     | 5                   | 7                   | 2                   |
| POW                       | 1                   | 2                   | 2                   |
| Dep/Anx                   | 0                   | 1                   | 8                   |
| STI                       | 0                   | 3                   | 3                   |
| Imm                       | 0                   | 0                   | 3                   |
| <b><i>Total Sites</i></b> |                     |                     |                     |
| EPSDT                     | 8                   | 1                   | 6                   |
| POW                       | 1                   | 4                   | 7                   |
| Dep/Anx                   | 0                   | 2                   | 12                  |
| STI                       | 0                   | 3                   | 3                   |
| Imm                       | 0                   | 0                   | 3                   |

---

**Table 1b: Baseline and Final Percentages of Charts with ALL Critical Elements for Each QI Area, Baseline and Final Data Collection**

---

|   | <b>Baseline</b> | <b>Final</b> |
|---|-----------------|--------------|
| <b>% with Documentation of ALL EPSDT Critical Elements</b>        | 48.7%           | 76.5%        |
| <b>% with Documentation of ALL POW Critical Elements</b>          | 33.3%           | 76.3%        |
| <b>% with Documentation of ALL Dep/Anx Critical Elements</b>      | 37.5%           | 70.9%        |
| <b>% with Documentation of ALL STI Critical Elements</b>          | 73.3%           | 93.1%        |
| <b>% with Documentation of ALL Immunization Critical Elements</b> | 63.3%           | 80.4%        |

---

## Pooled Results of EPSDT Critical Elements Medical Record Reviews

|                                | Year 1<br>(2011-12) |                    | Year 2<br>(2012-13) |                    | Year 3<br>(2013-14) |                    |
|--------------------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
|                                | <i>Baseline</i>     | <i>End-of-Year</i> | <i>Baseline</i>     | <i>End-of-Year</i> | <i>Baseline</i>     | <i>End-of-Year</i> |
| <b>All Sites</b>               | (N=8)<br>(n=196)    | (N=5)<br>(n=128)   | (N=15)<br>(n=301)   | (N=14)<br>(n=227)  | (N=20)<br>(n=273)   | (N=20)<br>(n=238)  |
| <b>EPSDT Critical Elements</b> |                     |                    |                     |                    |                     |                    |
| Immunizations UTD              | 55.7%               | 99.2%              | 78.0%               | 71.2%              | 62.4%               | 89.5%              |
| eSHQ Completed                 | 59.8%               | 94.5%              | 70.5%               | 90.7%              | 75.8%               | 88.7%              |
| Physical Exam                  | 99.5%               | 100.0%             | 99.3%               | 98.2%              | 99.6%               | 97.9%              |
| BMI Percentile                 | 94.4%               | 98.4%              | 75.7%               | 98.7%              | 84.6%               | 96.6%              |
| Anticipatory Guidance          | 72.6%               | 88.3%              | 81.2%               | 92.1%              | 84.1%               | 92.3%              |
| All Critical Elements          | 35.7%               | 80.5%              | 55.5%               | 62.6%              | 56.0%               | 76.5%              |
| <b>Colorado Sites</b>          | (N=3)<br>(n=69)     | (N=3)<br>(n=68)    | (N=7)<br>(n=142)    | (N=7)<br>(n=127)   | (N=10)<br>(n=173)   | (N=10)<br>(n=144)  |
| <b>EPSDT Critical Elements</b> |                     |                    |                     |                    |                     |                    |
| Immunizations UTD              | 2.9%                | 98.5%              | 62.0%               | 52.8%              | 62.4%               | 89.5%              |
| eSHQ Completed                 | 37.7%               | 94.1%              | 61.3%               | 95.3%              | 82.1%               | 89.6%              |
| Physical Exam                  | 98.6%               | 100.0%             | 98.6%               | 96.8%              | 99.4%               | 96.5%              |
| BMI Percentile                 | 94.2%               | 97.1%              | 50.0%               | 97.6%              | 75.7%               | 94.4%              |
| Anticipatory Guidance          | 56.5%               | 80.9%              | 68.1%               | 89.8%              | 77.3%               | 88.1%              |
| All Critical Elements          | 0.0%                | 73.5%              | 40.8%               | 51.2%              | 50.9%               | 72.2%              |
| <b>New Mexico Sites</b>        | (N=5)<br>(n=127)    | (N=2)<br>(n=60)    | (N=8)<br>(n=159)    | (N=7)<br>(n=100)   | (N=10)<br>(n=100)   | (N=10)<br>(n=94)   |
| <b>EPSDT Critical Elements</b> |                     |                    |                     |                    |                     |                    |
| Immunizations UTD              | 84.8%               | 100.0%             | 92.4%               | 95.8%              | --                  | --                 |
| eSHQ Completed                 | 72.0%               | 95.0%              | 78.8%               | 85.0%              | 65.0%               | 87.2%              |
| Physical Exam                  | 100.0%              | 100.0%             | 100.0%              | 100.0%             | 100.0%              | 100.0%             |
| BMI Percentile                 | 94.5%               | 100.0%             | 98.7%               | 100.0%             | 100.0%              | 100.0%             |
| Anticipatory Guidance          | 83.0%               | 96.7%              | 93.4%               | 95.0%              | 96.0%               | 98.9%              |
| All Critical Elements          | 55.1%               | 88.3%              | 68.6%               | 77.0%              | 65.0%               | 83.0%              |

## Pooled Results of AQI Critical Elements by AQI Topic

### AQI: Pediatric Overweight/Obesity

**Table 3a: Documentation of Pediatric Overweight/Obesity Critical Elements for Sites that Worked on Pediatric Overweight/Obesity During Implementation Years 2 or 3.**

|                              | Year 2<br>(2012-13) |                    | Year 3<br>(2013-14) |                    |
|------------------------------|---------------------|--------------------|---------------------|--------------------|
|                              | <i>Baseline</i>     | <i>End-of-Year</i> | <i>Baseline</i>     | <i>End-of-Year</i> |
| <b>All Sites</b>             | (N=3)<br>(n=23)     | (N=4)<br>(n=35)    | (N=7)<br>(n=64)     | (N=7)<br>(n=70)    |
| <b>POW Critical Elements</b> |                     |                    |                     |                    |
| BP Percentile                | 56.5%               | 77.1%              | 73.4%               | 94.3%              |
| Nutrition Counseling         | 95.7%               | 85.7%              | 87.5%               | 98.6%              |
| Physical Activity Counseling | 95.7%               | 80.0%              | 84.4%               | 97.1%              |
| Care Plan                    | 78.3%               | 60.0%              | 54.0%               | 84.1%              |
| All Critical Elements        | 56.5%               | 54.3%              | 40.6%               | 75.7%              |
| <b>Colorado Sites</b>        | (N=2)<br>(n=13)     | (N=2)<br>(n=16)    | (N=5)<br>(n=44)     | (N=5)<br>(n=50)    |
| <b>POW Critical Elements</b> |                     |                    |                     |                    |
| BP Percentile                | 23.1%               | 50.0%              | 61.4%               | 92.0%              |
| Nutrition Counseling         | 92.3%               | 75.0%              | 86.4%               | 98.0%              |
| Physical Activity Counseling | 92.3%               | 68.8%              | 84.1%               | 98.0%              |
| Care Plan                    | 61.5%               | 56.3%              | 39.5%               | 79.6%              |
| All Critical Elements        | 76.9%               | 43.8%              | 22.7%               | 70.0%              |
| <b>New Mexico Sites</b>      | (N=1)<br>(n=20)     | (N=2)<br>(n=19)    | (N=2)<br>(n=20)     | (N=2)<br>(n=20)    |
| <b>POW Critical Elements</b> |                     |                    |                     |                    |
| BP Percentile                | 100.0%              | 100.0%             | 100.0%              | 100.0%             |
| Nutrition Counseling         | 100.0%              | 94.7%              | 90.0%               | 100.0%             |
| Physical Activity Counseling | 100.0%              | 89.5%              | 85.0%               | 95.0%              |
| Care Plan                    | 100.0%              | 63.2%              | 85.0%               | 95.0%              |
| All Critical Elements        | 100.0%              | 63.2%              | 80.0%               | 90.0%              |

AQI: Sexually Transmitted Infections

**Table 3b: Documentation of Sexually Transmitted Infections Critical Elements for Sites that Worked on Sexually Transmitted Infections During Implementation Years 2 or 3.**

|                                     | Year 2<br>(2012-13) |                    | Year 3<br>(2013-14) |                    |
|-------------------------------------|---------------------|--------------------|---------------------|--------------------|
|                                     | <i>Baseline</i>     | <i>End-of-Year</i> | <i>Baseline</i>     | <i>End-of-Year</i> |
| <b>All Sites</b>                    | (N=3)<br>(n=30)     | (N=3)<br>(n=32)    | (N=3)<br>(n=30)     | (N=3)<br>(n=29)    |
| <b>STI Critical Elements</b>        |                     |                    |                     |                    |
| CT/GC Testing                       | 73.3%               | 90.6%              | 86.7%               | 93.1%              |
| <i>If CT/GC Test is Positive...</i> |                     |                    |                     |                    |
| Appropriate CT/GC Tx                | 100.0%              | 90.6%              | 90.0%               | 96.6%              |
| Follow-Up Re-Test                   | 100.0%              | 90.6%              | 90.0%               | 96.6%              |
| All Critical Elements               | 73.3%               | 90.6%              | 86.7%               | 93.1%              |
| <b>Colorado Sites</b>               | (N=0)<br>(n=0)      | (N=0)<br>(n=0)     | (N=0)<br>(n=0)      | (N=0)<br>(n=0)     |
| <b>STI Critical Elements</b>        |                     |                    |                     |                    |
| CT/GC Testing                       |                     |                    |                     |                    |
| <i>If CT/GC Test is Positive...</i> |                     |                    |                     |                    |
| Appropriate CT/GC Tx                |                     |                    |                     |                    |
| Follow-Up Re-Test                   |                     |                    |                     |                    |
| All Critical Elements               |                     |                    |                     |                    |
| <b>New Mexico Sites</b>             | (N=3)<br>(n=30)     | (N=3)<br>(n=32)    | (N=3)<br>(n=30)     | (N=3)<br>(n=29)    |
| <b>STI Critical Elements</b>        |                     |                    |                     |                    |
| CT/GC Testing                       | 73.3%               | 90.6%              | 86.7%               | 93.1%              |
| <i>If CT/GC Test is Positive...</i> |                     |                    |                     |                    |
| Appropriate CT/GC Tx                | 100.0%              | 90.6%              | 90.0%               | 96.6%              |
| Follow-Up Re-Test                   | 100.0%              | 90.6%              | 90.0%               | 96.6%              |
| All Critical Elements               | 73.3%               | 90.6%              | 86.7%               | 93.1%              |

AQI: Depression/Anxiety

**Table 3c: Documentation Depression/Anxiety Critical Elements for Sites that Worked on Depression/Anxiety During Implementation Years 2 or 3.**

|  | Year 2<br>(2012-13) |                 | Year 3<br>(2013-14) |                   |
|--|---------------------|-----------------|---------------------|-------------------|
|  | Baseline            | End-of-Year     | Baseline            | End-of-Year       |
| <b>All Sites</b>   | (N=2)<br>(n=20)     | (N=2)<br>(n=20) | (N=12)<br>(n=96)    | (N=12)<br>(n=103) |
| <b>Dep/Anx Critical Elements</b>   |                     |                 |                     |                   |
| Dep and/or Anx Assessment  | 5.0%                | 90.0%           | 51.0%               | 79.6%             |
| <i>If Dep and/or Anx Dx...</i>   |                     |                 |                     |                   |
| Dep/Anx Tx   | 100.0%              | 100.0%          | 99.0%               | 99.0%             |
| <i>If Tx @ SBHC</i>  |                     |                 |                     |                   |
| Care Coordination<br><i>(not applicable if no diagnosis or referred for treatment)</i> | 100.0%              | 95.0%           | 89.6%               | 87.4%             |
| All Critical Elements  | 5.0%                | 90.0%           | 47.9%               | 70.9%             |
| <b>Colorado Sites</b>  | (N=1)<br>(n=10)     | (N=1)<br>(n=10) | (N=4)<br>(n=36)     | (N=4)<br>(n=36)   |
| <b>Dep/Anx Critical Elements</b>   |                     |                 |                     |                   |
| Dep and/or Anx Assessment  | 10.0%               | 90.0%           | 33.3%               | 72.2%             |
| <i>If Dep and/or Anx Dx...</i>   |                     |                 |                     |                   |
| Dep/Anx Tx   | 100.0%              | 100.0%          | 100.0%              | 100.0%            |
| <i>If Tx @ SBHC</i>  |                     |                 |                     |                   |
| Care Coordination<br><i>(not applicable if no diagnosis or referred for treatment)</i> | 100.0%              | 90.0%           | 72.2%               | 75.0%             |
| All Critical Elements  | 10.0%               | 90.0%           | 27.8%               | 55.6%             |
| <b>New Mexico Sites</b>  | (N=1)<br>(n=10)     | (N=1)<br>(n=10) | (N=8)<br>(n=60)     | (N=8)<br>(n=67)   |
| <b>Dep/Anx Critical Elements</b>   |                     |                 |                     |                   |
| Dep and/or Anx Assessment  | 0.0%                | 90.0%           | 61.7%               | 83.6%             |
| <i>If Dep and/or Anx Dx...</i>   |                     |                 |                     |                   |
| Dep/Anx Tx   | 100.0%              | 100.0%          | 98.3%               | 98.5%             |
| <i>If Tx @ SBHC</i>  |                     |                 |                     |                   |
| Care Coordination<br><i>(not applicable if no diagnosis or referred for treatment)</i> | 100.0%              | 100.0%          | 100.0%              | 94.0%             |
| All Critical Elements  | 0.0%                | 90.0%           | 60.0%               | 79.1%             |

Immunization AQI

**Table 3d: Documentation of Advanced Quality Improvement Area of Immunization Critical Elements - Years 1 - 3 for Sites Working on Immunization**

|                                       | Year 2<br>(2012-13) |             | Year 3<br>(2013-14) |             |
|---------------------------------------|---------------------|-------------|---------------------|-------------|
|                                       | Baseline            | End-of-Year | Baseline            | End-of-Year |
| <b>All Sites</b>                      | (N=0)               | (N=0)       | (N=3)               | (N=3)       |
|                                       | (n=0)               | (n=0)       | (n=30)              | (n=46)      |
| <b>Immunization Critical Elements</b> |                     |             |                     |             |
| Tdap                                  |                     |             | 96.7%               | 97.8%       |
| HPV                                   |                     |             | 76.7%               | 93.5%       |
| Meningococcal                         |                     |             | 66.7%               | 82.6%       |
| All Critical Elements                 |                     |             | 63.3%               | 80.4%       |
| <b>Colorado Sites</b>                 | (N=0)               | (N=0)       | (N=0)               | (N=0)       |
|                                       | (n=0)               | (n=0)       | (n=0)               | (n=0)       |
| <b>Immunization Critical Elements</b> |                     |             |                     |             |
| Tdap                                  |                     |             |                     |             |
| HPV                                   |                     |             |                     |             |
| Meningococcal                         |                     |             |                     |             |
| All Critical Elements                 |                     |             |                     |             |
| <b>New Mexico Sites</b>               | (N=0)               | (N=0)       | (N=3)               | (N=3)       |
|                                       | (n=0)               | (n=0)       | (n=30)              | (n=46)      |
| <b>Immunization Critical Elements</b> |                     |             |                     |             |
| Tdap                                  |                     |             | 96.7%               | 97.8%       |
| HPV                                   |                     |             | 76.7%               | 93.5%       |
| Meningococcal                         |                     |             | 66.7%               | 82.6%       |
| All Critical Elements                 |                     |             | 63.3%               | 80.4%       |

## EPSDT Improvements Over Time by Cohort

**Table 4: Change Over Time in Documentation of EPSDT Critical Elements by Cohort**

|                         | Year 1<br>(2011-12) |                    | Year 2<br>(2012-13) |                    | Year 3<br>(2013-14) |                    |
|-------------------------|---------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
|                         | <i>Baseline</i>     | <i>End-of-Year</i> | <i>Baseline</i>     | <i>End-of-Year</i> | <i>Baseline</i>     | <i>End-of-Year</i> |
| Cohort 1 Sites<br>(N=8) | 35.7%               | 80.5%              | 49.2%               | 62.2%              | 39.0%               | 66.7%              |
| Cohort 2 Sites<br>(N=8) | --                  | --                 | 57.1%               | 62.7%              | 74.1%               | 86.9%              |
| Cohort 3 Sites<br>(N=6) | --                  | --                 | --                  | --                 | 52.6%               | 72.8%              |

## Comparing Intervention with Non-Intervention Sites

**Table 5: Change in AQI Scores over time - comparison of sites that worked on Specific Area of AQI with those that did not, baseline and final data collection.**

|  | Baseline               | Final                  |
|--|------------------------|------------------------|
| <b><i>% with Documentation of ALL POW Critical Elements</i></b>          |                        |                        |
| Cohort 1 & 2 Sites that WORKED ON POW (N=8)                              | 33.3%<br>(N=8; n=66)   | 76.3%<br>(N=8; n=76)   |
| Cohort 1 & 2 Sites that DID NOT WORK on POW (N=9)                        | 12.5%<br>(N=9; n=80)   | 23.4%<br>(N=6; n=47)   |
| <b><i>% with Documentation of ALL STI Critical Elements</i></b>          |                        |                        |
| Cohort 1 & 2 Sites that WORKED ON STI                                    | 73.3%<br>(N=3; n=30)   | 93.1%<br>(N=3; n=29)   |
| Cohort 1 & 2 Sites that DID NOT WORK on STI                              | 62.0%<br>(N=10; n=71)  | 57.1%<br>(N=8; n=63)   |
| <b><i>% with Documentation of ALL DEP/ANX Critical Elements</i></b>      |                        |                        |
| Cohort 1 & 2 Sites that WORKED ON DEP/ANX                                | 37.5%<br>(N=12; n=104) | 70.9%<br>(N=12; n=103) |
| Cohort 1 & 2 Sites that DID NOT WORK on DEP/ANX                          | 44.4%<br>(N=8; n=72)   | 52.1%<br>(N=8; n=73)   |
| <b><i>% with Documentation of ALL Immunization Critical Elements</i></b> |                        |                        |
| Cohort 1 & 2 Sites that WORKED ON IMM                                    | 63.3%<br>(N=3; n=30)   | 80.4%<br>(N=3; n=46)   |
| Cohort 1 & 2 Sites that DID NOT WORK on IMM                              | 43.3%<br>(N=12; n=124) | 45.2%<br>(N=13; n=130) |

**Table 6a: Pediatric Overweight AQI Critical Elements - Change Over Time, Intervention Sites vs. Non-Intervention Sites**

|                                       | Percent of charts with documentation of: |       |                      |       |                              |       |           |       |              |       |
|---------------------------------------|--|-------|----------------------|-------|------------------------------|-------|-----------|-------|--------------|-------|
|                                       | BP%                                      |       | Nutrition Counseling |       | Physical Activity Counseling |       | Care Plan |       | All Elements |       |
|                                       | Baseline                                 | Final | Baseline             | Final | Baseline                     | Final | Baseline  | Final | Baseline     | Final |
| <b>Sites that DID NOT WORK ON POW</b> | 70.0%                                    | 57.4% | 82.5%                | 97.8% | 83.8%                        | 97.9% | 25.6%     | 50.0% | 12.5%        | 23.4% |
| <b>Sites that Worked on POW</b>       | 54.5%                                    | 94.7% | 83.3%                | 98.7% | 83.3%                        | 97.4% | 49.2%     | 84.0% | 33.3%        | 76.3% |

**Table 6b: Sexually Transmitted Infections AQI Critical Elements - Change Over Time, Intervention Sites vs. Non-Intervention Sites**

|                                       | Percent of charts with documentation of: |       |                            |       |                  |       |              |       |
|---------------------------------------|--|-------|----------------------------|-------|------------------|-------|--------------|-------|
|                                       | CT/GC Test                               |       | If positive CT/GC Test.... |       |                  |       | All Elements |       |
|                                       | Baseline                                 | Final | CT/GC Tx                   |       | Follow-Up Retest |       | Baseline     | Final |
| <b>Sites that DID NOT WORK ON STI</b> | 64.8%                                    | 66.7% | 74.6%                      | 57.1% | 74.6%            | 57.1% | 62.0%        | 57.1% |
| <b>Sites that Worked on STI</b>       | 73.3%                                    | 93.1% | 100.0%                     | 96.6% | 100.0%           | 96.6% | 73.3%        | 93.1% |

**Table 6c: Depression/Anxiety AQI Critical Elements - Change Over Time, Intervention Sites vs. Non-Intervention Sites**

|                                       | Percent of charts with documentation of: |       |                              |       |                 |       |              |       |
|---------------------------------------|--|-------|------------------------------|-------|-----------------|-------|--------------|-------|
|                                       | Assessment                               |       | If Dep/Anx Dx...             |       |                 |       | All Elements |       |
|                                       |  |       | Tx @ SBHC or Referral for Tx |       | If Tx @ SBHC... |       |              |       |
|                                       | Baseline                                 | Final | Baseline                     | Final | Baseline        | Final | Baseline     | Final |
| <b>Sites that DID NOT WORK ON DEP</b> | 48.6%                                    | 58.9% | 98.6%                        | 95.9% | 88.9%           | 86.3% | 44.4%        | 52.1% |
| <b>Sites that Worked on DEP</b>       | 39.4%                                    | 79.6% | 99.0%                        | 99.0% | 91.3%           | 87.4% | 37.5%        | 70.9% |

**Table 6d: Immunization AQI Critical Elements - Change Over Time, Intervention Sites vs. Non-Intervention Sites**

|                                       | Percent of charts with documentation of: |       |          |       |               |       |              |       |
|---------------------------------------|--|-------|----------|-------|---------------|-------|--------------|-------|
|                                       | Tdap                                     |       | HPV      |       | Meningococcal |       | All Elements |       |
|                                       | Baseline                                 | Final | Baseline | Final | Baseline      | Final | Baseline     | Final |
| <b>Sites that DID NOT WORK ON IMM</b> | 85.6%                                    | 84.5% | 76.8%    | 74.9% | 50.5%         | 50.6% | 43.3%        | 45.2% |
| <b>Sites that Worked on IMM</b>       | 96.7%                                    | 97.8% | 76.7%    | 93.5% | 66.7%         | 82.6% | 63.3%        | 80.4% |



# ATTACHMENT K



# School Based Health Center Improvement Project 2014 NM and CO Focus Group Results

## Overview

To learn about SBHC staff experiences with the SHCIP project, qualitative interviews were conducted with SHCIP SBHC staff at each site in April/May 2012 and 2013. In 2014, focus groups were conducted to gather more data and learn more about sites' overall experience with the project, successes, use of data to inform practice, helpfulness of coaching, and ideas for improving the design of the SHCIP project. In April 2014, three focus groups were conducted with New Mexico SBHC staff and in September 2014, three focus groups were conducted with Colorado SBHC staff. Eight people attended each group and all 20 (10 in each state) SHCIP sites were represented by various staff. Results are summarized below.

## Overarching focus group questions

- What has this project done for you or your clinic?
  - Successes, most proud of, doing differently now
- We know you collected a lot of data for this project including MRR, YEHS, eSHQ, visit data to name a few. How did you use the data collected to inform your practice and policies?
- We know you have worked on PCMH, why is this important to your clinic? To your administration?
  - What practices have changed as a result of this work?
- We've heard from many of you over the last couple years, that coaching has been helpful, can you talk about what aspects of coaching have been most helpful?
- We know you have worked on youth engagement, What difference has it made?
  - Policy/practice change.
- If we could start over, how would you design this project?

## Common Themes across States

- Coaching was a very critical part of the project and helped keep the sites focused and accountable to their QI work.
- The eSHQ was highly valued as a screening tool and sites agreed that it was a very useful clinical tool and they used both the individual and aggregate data reports.
- Increase in the use of PDSAs.
- It would have been better for the project to focus on fewer QI areas.

## Main Differences

- The PCMH work and processes were different in each State. Although all CO sites became state-certified, many felt like the Medical Home Index tool was not robust enough. NM used a few different tools to measure and implement PCMH practices and these required a lot of work by the SBHCs, with only one submitting for certification.
- When asked about successes, CO sites focused more on processes and methods for QI rather than the actual projects. NM sites focused more on youth engagement and SBHC workflow and operations.

## Colorado Results

### Successes

- **Clinical Quality Improvement**
  - Incorporated QI processes into everyday practice
  - Increased the number of well-child visits, often by converting sports physicals into comprehensive WCCs.
  - Improvement in BMI measurements and getting POW labs drawn
  - Use of eSHQ increased coordination of care between primary care provider and behavioral health provider
  - Overall increase in value of care
- **Improved Youth Engagement**
  - Use of patient navigators to do outreach to students
  - Improvement in protocols to ensure confidentiality
  - Youth advisory groups developed
  - Increased trust in providers at SBHC
- **PCMH Successes**
  - Improved coordination of referrals
  - Improved tracking and documentation
  - Improved coordination of care
  - Use of PCMH certification status to market SBHC utilization in the community

### Notable Quotes about Successes

- “Through the SHCIP project we have come really far in developing our youth group.”
- “Incorporating the QA process. We did it at the SBHC, now we’re doing it at our organization (FQHC). The SBHC is leading the process. Also, using data to inform change. The process piece has been huge.”
- “(there was) a big shift in turning sports physicals into well child checks. We changed our value around it.”
- “It changed the way we do confidential visits and topics. (We) changed protocol on confidential charts and institutionalized the way we do confidential visits.”
- “We doubled our well child numbers with the (help of the) patient navigator.”
- “(the project)...timing was great because the eMR was new, we learned where to put things and improve workflows. PDSAs really helped. The principal is involved now; it’s great to have the relationship with the administration. (We) share data and he loves it. This project really pushed the relationship.”

### Use of Data to Inform Practice and Policies

- Data from eSHQ was:
  - used to make clinical changes
  - correlated with similar data from the Healthy Kids Colorado Survey
  - shared with school administrators
- One site used YEHS data to determine areas of improvement for SBHC

### Notable Quotes about Use of Data

- “The eSHQ is the gold nugget of the SHCIP project”
- “The eSHQ is helping bring the providers and BH people together.”
- “Results are great, MRR is not. Chart audits are a pain, but the info is useful and worth it in the end.”

### Helpfulness of Coaching/preferred coaching in the future

- Coaching/coaches:
  - kept sites accountable
  - provided invaluable resources, immediate feedback, support, and availability
  - Coaches kept team focused on goals and helped keep them organized
  - provided outside, more objective perspective
  - provided information on what other sites were doing and how they were doing

- Use of PDSAs was helpful. At first it was a challenge for sites, but a few indicated that they grew to become very useful
- Helpful to have a health care provider (physician) as a coach and clinical resource
- Some participants indicated that in the future, if available, they would prefer to have face to face coaching visit, even if just once a year (but two would be ideal)
- Most participants indicated they would just like to know there is someone they can call on for guidance and advice and ask questions

#### Notable Quotes About Coaching

- “The QI coaching is great and helps keep us on track.”
- “The first few PDSAs were a nightmare, but now it is really helpful. The baby step thing is really helpful. ...hated PDSAs at first, now it’s institutionalized.”
- “The support and accountability. They did a great job of being supportive, but held us accountable.”

#### Challenges

- Some sites felt like the PCMH certification process was subjective and not robust enough
- Difficulties in billing and documentation for confidential visits
- Visit data reports were hard to understand and interpret
- Some of the middle school students don’t understand some of the eSHQ questions
- YEHS would be difficult to sustain due to workflow issues and length of survey
- At first it seemed like too much work and too little money; in the end, most participants agreed it was worth the work and the money didn’t really matter
- Creating and sustaining Youth Advisory Groups. A few sites felt that students are not that interested or have the time. Staff time for this is also a concern.

#### Notable Quotes About Challenges

- “At first it (the money and project) was a carrot and something we wanted to do. Half way through, we were like, crap, this is too much work. Now it’s good and the money doesn’t matter.”
- (Regarding PCMH certification) “It would have been more helpful to go for the national standards.”
- “Health advisory group, created a video. It feels separate, a separate activity. It’s better to help us tailor services (to youth), but it’s hard to get kids who have time” (to participate in YAG).

## Suggested Project Changes

- It would be helpful to be able to correlate the eSHQ data with referral data in the EHR to determine if they need to follow-up for the student
- More thoughtful plan for data collection. Was overwhelming and time consuming at times.
- Focus on fewer areas for QI
  - Let the community issues drive the QI focus areas
  - Focus on only one QI area
  - Focus on QI processes and changes rather than certain QI and AQI topic areas
  - Ability to choose own AQI areas
- Conduct chart reviews only for areas in which site is focusing on improving. Pulling charts for other areas wasted time and energy of staff.
- For eSHQ data reports, would be more helpful to have graphs and color charts of results. Don't really need the raw data. Would also be more helpful to get it less often. End of year and then in December to help plan for next semester.
- Have sites work towards national standards of PCMH rather than only the MHI; would have more meaning
- Align user data reporting with what CDPHE requires for their reports

## New Mexico Results

### Successes

- Clinical Quality Improvement
  - Improved screening
  - Increased use of the eSHQ and the SCARED and PHQ-9
  - More consistent use of PDSAs
  - Improved workflow
  - Improvement in documentation
- Improved youth engagement
  - Youth engagement was integrated within all aspects of their work
  - Students were recruited as natural helpers, peer counselors, SBHC interns, and mentors
  - Youth advisory workgroups were developed
- Patient Centered Medical Home
  - Changes to PCMH policies were made
  - Improvement in documentation
  - Increased awareness of their own clinic and ways in which they could improve

### Notable Quotes About Successes

- “It made us more conscious of the way we were doing things...”
- “It has prompted us to think differently”
- “We are doing more EPSDTs and being more thorough on what we need to follow up on.”
- “It helped us focus on other issues besides family planning...the stigma for clinic as a family planning clinic is changing.”
- “It inspired us to start up our Youth SHAC...we’re hoping to get our peer counseling up and running.”
- “We’re working with natural helpers...reaching out and collaborating with the school and community, peer to peer groups, helping kids build on their existing skills.”
- “The students want to retake the SCARED and PHQ-9 to see their progress from the last one they did.”

### Use of Data to Inform Practice and Policies

- Data from eSHQ and YEHS were used in grant proposals
- Data from eSHQ were used for outreach to students
- MRR data was used for QI
- Data from YEHS were shared with school board and administration
- eSHQ data were used in the clinic to address mental health needs
- The YEHS! was used to engage youth

### Notable Quotes about Use of Data

- “We have used the data to write grants...the data has made the grants more well-rounded.”
- “We like the [eSHQ] quarterly reports, they are concrete numbers to talk to with the administration.”
- “MRR is a pain but is helpful...and helps you get better giving the kids the services they need.”

### Helpfulness of Coaching

- Coaching kept sites accountable
- Coaches provided invaluable resources
- Coaches provided immediate feedback, support, and availability
- Coaches kept team focused on goals and help keep them organized

### Notable Quotes about Coaching

- “Coaching is very helpful, they answer requests, listen to ideas, share ideas and information...and they bring good snacks.”
- “My biggest fear is at the end of the grant and we can’t call them.”
- “They help us stay focused and accountable.”
- “They share the experiences from other clinics...our cohesiveness comes from the support of Envision, the team gets on board.”

### Challenges

- Working in unsupportive environments
  - Sponsor and/or school, Community
  - Staffing: turnover, understaffed
- PCMH work and documentation, especially when the eHR doesn’t allow for needed fields.

### Notable Quotes about Challenges

- “The idea of PCMH is a great idea, but you need a lot of support, and our clinic doesn’t have the support, especially for follow up and calling people.”
- (We have)...“changed documentation so we can report for PCMH, had to change wording or have the ability to pull a report. Needed to document care plans, eClinicalWorks didn’t have all the needed pieces.”
- “[there is] not much administrative support for youth engagement [work].”
- “There are 2 people per site and they can’t do everything. They share a behavioral health person and they go back and forth to two schools also.”

### Suggested Project Changes

- Some sites would like help with the implementation of an EHR
- More focus on youth engagement
- Focus on only one or two topics or have a menu of QI topics from which to choose
- Sites need more support from their sponsor organizations
- More clearly delineated expectations before school starts would be helpful for sites

