

**DEPARTMENT OF HUMAN SERVICES
PUBLIC HEALTH DIVISION**

SCHOOL HEALTH SERVICES

PROGRAM MISSION: To prevent health related barriers to learning through prevention and early intervention services. These services are provided using a community-based public health approach.

- ❖ The goal of the **School Health Program** is to provide students and their families prevention and early intervention services, using a public health model, to enable the student to learn to the best of his or her potential. Specifically, to identify health problems and document referrals within established time frames; and to increase the number of at-risk pre-adolescents and adolescents participating in educational programs to promote health and prevent risky behavior. This is achieved through health education emphasizing public health objectives such as injury and risk behavior prevention, communicable disease prevention (for example, immunizations), care coordination/case management of children with special health care needs, first aid and care of the sick child in the school clinics, and the implementation of the full range of public health services by public health nurses in the schools and community. The public health nurses in the schools also serve as the first point of contact for services for many high-risk families and provide linkages with other needed services.
- ❖ The goal of the **Parent Infant Education Program (PIE)** is to reduce the impact of developmental delays and disabilities on the growth and development of infants and toddlers, birth through two years of age, by providing early intervention services. In compliance with Part C of the Individuals with Disabilities Education Act, PIE helps families obtain an array of early intervention services to address the needs of the child and family.
- ❖ The goal of the **Diagnostic and Evaluation Clinic** is to provide comprehensive diagnostic evaluations, education and referrals for children suspected of having developmental, learning, behavioral or emotional problems to enable parents to make appropriate education and treatment decisions.

School Health				
	FY 2004	FY 2005	FY 2006	% Change:
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>'05 to '06</u>
Personnel	\$4,167,131	\$4,174,469	\$4,261,934	2%
Non-Personnel	439,593	324,929	419,030	29%
Subtotal	4,606,724	4,499,398	4,680,964	4%
Inter-Departmental Credits	(201,605)	(191,439)	(200,620)	5%
Total Expenditures	4,405,119	4,307,959	4,480,344	4%
Fees	10,999	10,000	19,000	90%
Medicaid	33,136	30,000	47,500	58%
State Grants	361,146	230,156	305,167	33%
Miscellaneous Grants	287,758	327,866	276,456	-16%
State Share	724,357	-	-	-
Total Revenue	1,417,396	598,022	648,123	8%
Net Tax Support	\$2,987,723	\$3,709,937	\$3,832,221	3%
Authorized FTEs	67.3	66.8	65.8	
Funded FTEs	67.3	66.8	65.8	

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SIGNIFICANT BUDGET HIGHLIGHTS:

- ↑ Non-Personnel increased (\$94,101) to reflect increased services purchased for Parent Infant Education clients with additional grant revenues.
- ↑ Fees increased (\$9,000) to reflect anticipated revenues from the Arlington Public Schools for school health physicals.
- ↑ Medicaid revenues increased (\$17,500) as a result of increased Medicaid payments in the Parent Infant Education program for State Plan Option Services.
- ↑ State Grants increased (\$75,011) to reflect increase in Part C grant funds in Parent Infant Education program.
- ↓ Miscellaneous Grants are reduced (\$51,410) to reflect loss of the Teens Against Tobacco grant.
- ↓ FTEs are reduced by a total of 1.0 FTE to reflect reduction of 0.5 FTE from loss of the Teens Against Tobacco (TATU) grant, and the transfer of 0.5 FTE to Family Health Services.

PERFORMANCE MEASURES:

School Health Program

	FY 2002 <u>Actual</u>	FY 2003 <u>Actual</u>	FY 2004 <u>Actual</u>	FY 2005 <u>Estimate</u>	FY 2006 <u>Estimate</u>	FY 2006 <u>Goal</u>
<i>Mission Outcome Measures</i>						
Number of student problems identified and referrals made for other services	3,108	3,188	3,753	3,700	3,700	3,700
Number/percent of children referred obtaining follow-up within established time-frames for each type of referral	2,222/71%	2,537/80%	3,202/85%	3,145/85%	3,330/90%	3,330/90%
Number/percent of adolescent students participating in educational programs to prevent risky behavior	1,652/18%	1,800/22%	1,661/18%	2,000/22%	2,200/23%	2,200/23%
Number/percent of preadolescent students (4 th and 5 th graders) participating in risk-prevention education sessions	N/A	562/20%	502/17%	600/21%	600/21%	600/21%
Number/percent of students participating in health education sessions promoting healthy lifestyle choices (other than risky behaviors).	6,593/35%	7,652/41%	6,639/35%	7,700/41%	7,700/41%	7,700/41%

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	<u>FY 2002 Actual</u>	<u>FY 2003 Actual</u>	<u>FY 2004 Actual</u>	<u>FY 2005 Estimate</u>	<u>FY 2006 Estimate</u>	<u>FY 2006 Goal</u>
Number/percent of students participating in health promotion campaign activities each year.	N/A	1,402/8%	2,856/15%	3,000/16%	3,000/16%	3,000/16%
Number of education programs conducted for adolescents to reduce or prevent risky behavior	78	109	171	180	200	200
<i>Customer Measures</i>						
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	N/A	N/A	N/A	80%	80%	80%
Percent of school staff responding to survey who indicate overall satisfaction with services	N/A	N/A	N/A	80%	80%	80%
<i>Workload Measures</i>						
School enrollment as of September 30 th						
Total number of students enrolled	19,097	18,469	19,120	18,744	19,000	19,000
Number of 4 th and 5 th graders	2,861	2,795	2,891	2,819	2,800	2,800
Number of adolescents (middle and high school)	9,307	8,354	9,337	9,158	9,500	9,500

❖ Programs for adolescents on risk-reduction topics are defined as programs related to substance abuse, eating disorders, violence, and sexual behavior provided to middle school and high school students (grades 6-12). This does not include the many individual risk-reduction counseling sessions with students.

❖ Customer survey results will be available beginning in FY 2005.

Parent Infant Education Program

	<u>FY 2002 Actual</u>	<u>FY2003 Actual</u>	<u>FY 2004 Actual</u>	<u>FY 2005 Estimate</u>	<u>FY 2006 Estimate</u>	<u>FY 2006 Goal</u>
<i>Mission Outcome Measures</i>						
Number/percent of children who received an Infant and Family Service Plan (IFSP) within 45 days of referral (families who request a delay are not included in data)	N/A	88/83%	99/80%	99/80%	105/85%	124/100%
Number/percent of children who began a service within three weeks of inclusion on the IFSP	N/A	122/74%	154/84%	154/84%	174/95%	183/100%

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	<u>FY 2002 Actual</u>	<u>FY2003 Actual</u>	<u>FY 2004 Actual</u>	<u>FY 2005 Estimate</u>	<u>FY 2006 Estimate</u>	<u>FY 2006 Goal</u>
Number/percent of children who have a completed discharge plan before transition from the PIE program	N/A	N/A	193/100%	193/100%	193/100%	193/100%

Customer Measures

Percent of families responding to the State Family Survey, who indicate satisfaction with the quality of services provided by early intervention services staff	N/A	N/A	N/A	80%	95%	100%
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Percent of families responding to the State Family Survey, who indicate satisfaction with the way services were coordinated	N/A	N/A	N/A	80%	95%	100%
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Percent of families responding to the State Family Survey, who reported that their early intervention experience made them feel more confident in finding ways to meet their child's needs	N/A	N/A	N/A	80%	100%	100%
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Workload Measures

Number of children receiving intake services	195	219	278	278	278	278
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Number of children receiving occupational therapy, physical therapy, speech therapy, special instruction and/or service coordination	274	315	344	344	344	344
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Diagnostic and Evaluation Clinic

	<u>FY 2002 Actual</u>	<u>FY2003 Actual</u>	<u>FY 2004 Actual</u>	<u>FY 2005 Estimate</u>	<u>FY 2006 Estimate</u>	<u>FY 2006 Goal</u>
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Mission Outcome Measures

Number/percent of evaluations completed within 60 days of the initial face-to-face meeting with the client	N/A	N/A	37/74%	52/80%	66/95%	66/95%
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	<u>FY 2002 Actual</u>	<u>FY2003 Actual</u>	<u>FY 2004 Actual</u>	<u>FY 2005 Estimate</u>	<u>FY 2006 Estimate</u>	<u>FY 2006 Goal</u>
Number/percent of evaluation reports mailed to the family within 14 days of the interpretive conference	N/A	42/89%	43/86%	56/80%	67/95%	67/95%
Number/percent of families who reported receiving follow-up case management within 6 months of the evaluation	N/A	35/82%	45/96%	63/96%	66/100%	66/100%
<i><u>Customer Measures</u></i>						
Percent of families, responding to the Family Satisfaction Survey, who felt that the evaluation report provided the information that would be useful to agencies that might work with their child.	N/A	N/A	N/A	85%	95%	95%
Percent of families, responding to the Family Satisfaction Survey, who felt recommendations and referral resources provided by the clinic evaluation would be useful.	N/A	N/A	N/A	85%	90%	90%
Percent of families, responding to the Family Satisfaction Survey, who reported that the clinic evaluation addressed their concerns.	N/A	N/A	N/A	85%	90%	90%
<i><u>Workload Measures</u></i>						
Number of children assessed	45	47	50	65	70	70

- ❖ In FY 2004, delays in completion of the evaluation resulted from appointment cancellations by families and difficulties in scheduling educational components of the evaluation. One position was also vacant for a period of two months, impacting the ability to meet targeted timelines.
- ❖ Client satisfaction survey will be done in FY 2005.