July 29, 1997
Clerk 8/5/97

Introduced By: ~~LARRY PHILLIPS~~ LARRY GOSSETT

Proposed No.: 97-479

MOTION NO. 10338

A MOTION approving the plan to evaluate school-linked health centers in the Renton and Highline School Districts.

WHEREAS, the 1997 King County adopted budget contains funding for two school-linked health centers in the Renton and Highline school districts, and

WHEREAS, a proviso in the 1997 budget ordinance states the council's intent to evaluate the school-linked health centers in Renton and Highline in the fall of 1998, and

WHEREAS, motion number 97-046 establishes a citizen's oversight panel to work with the director of the Seattle-King County department of public health to conduct the evaluation of the health centers, and

WHEREAS, the proviso and motion number 97-046 requests the citizen's oversight panel to work with the public health director to establish criteria for the evaluation, including, but not limited to, community support for the health centers and the availability and sufficiency of appropriate funding, and

WHEREAS, the citizen oversight panel has worked with the public health director and has established criteria for the evaluation, and

WHEREAS, the citizen oversight panel has agreed upon the criteria (hereafter "evaluation measures") for a first year implementation evaluation, and

WHEREAS, the agreed upon implementation evaluation uses the following evaluation measures: model-of-care; utilization; parent, school and community support; access to basic health services; and costs as evaluation measures, and

WHEREAS, the evaluation measures are required, in motion number 97-046, to be approved by the Metropolitan King County council, and

WHEREAS, an evaluation report is to be submitted to the council by August 15, 1998 so that the results of the evaluation may be used by the council to help determine whether county support for the health centers should be continued in the 1999 budget;

NOW, THEREFORE BE IT MOVED by the Council of King County:

The evaluation plan to evaluate school-linked health centers in the Renton and Highline school districts is hereby approved.

PASSED by a vote of 11 to 0 this 13th day of October, 1997

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Chair

ATTEST:

Clerk of the Council

Attachments: Evaluation Framework

Plan to Evaluate School-Linked Health Centers, Renton and Highline School Districts

Introduction

Section 1. A. Statement of Need

Adolescents are a population of interest and concern to Seattle-King County Department of Public Health (SKCDPH). As part of an on-going community assessment, policy development and assurance of service delivery function for public health, SKCDPH has published several reports identifying adolescent problem risk factors in King County. These publications are *Lost Youth: Teen Pregnancy and Birth in King County* (1994), *Too Many, Too Young: Violence in Seattle and King County* (1994) *Changing Direction: An Update on Teen Pregnancy and Birth in King County* (1996), and *Suicide in King County* (1996). A more recent report analyzes the social environment support factors for youth, *Supporting Youth: King County Teens Talk About Supports in Their Lives* (1997).

The Health Department determined that there was sufficient school board and community support to address the needs of adolescents who live in high risk environments. Recognizing the value of support for community appropriate services -- notably health services -- advisory committees were established, composed of individuals who either work or live in the communities. These groups are engaged in a process to establish school-linked health centers (SLHC) with seed money provided by the Metropolitan King County Council.

Section 1. B. Background

The Metropolitan King County Council approved a 1996 budget for two new school-linked health centers in King County. In a proviso in the 1997 budget ordinance, the Council asked the Seattle-King County Department of Public Health, " to review the school-linked health centers and in the fall of 1998 to determine whether these programs merit continued county support" (motion no: 97-046, January 13, 1997, p.1). The Council appointed a citizen oversight panel, "to work with the Director of Public Health to establish review criteria for an evaluation of the effectiveness of the school-linked health centers" (motion, p.1). This document is the result of a collaborative effort between the Oversight Panel and the Director of Public Health. It outlines the proposed plan for a first year evaluation of school-linked health centers in Highline and Renton.

The Citizen Oversight Panel (COP) met ten times (with an additional, optional meeting), between April 30-June 16, 1997 to accomplish the task assigned by the King County Council. The meetings were chaired by Dr. Alonzo Plough, Director of Seattle-King County Department of Public Health. Technical assistance and consultation was provided by Dr. Janice Rabkin, Epidemiology, Planning and Evaluation Unit, Ms. Julie Boden Schmidt and Ms. Karen Ung, Community Oriented Primary Care Division , and Ms. Kathy Huus, South Region Administrator, all staff of the SKCDPH. The meetings were held in Seattle and South King County. They were open to the public. The COP

members reviewed material on adolescent risk factors and community selection criteria presented by Dr. David Solet, SKCDPH. The chairpersons of the Highline and Renton Community Advisory Committees (CAC) presented material on mission, goals, populations to be served, timelines for 'start-up,' and subcommittee work-in-progress.

The Citizen Oversight Panel (COP) members then concentrated on developing an understanding of the basics of an evaluation strategy, methods, limitations and costs. The members spent considerable time on the unique features and limitations of a first year *implementation evaluation*. Some COP members raised concerns about the limited ability of such an evaluation to answer important questions on health status outcomes and health center effectiveness. With these reservations in mind, and a relatively short time period, the members focused on the essence of a strategy, a range of *formative* evaluation and *interim* outcome measures, and the compromises needed when weighing methods of inquiry against costs.

An important assumption underlying this evaluation plan is that the SLHC will be phased-in (in a yet to be determined process) with implementation beginning in September, 1997. If there are delays, the evaluation plan will then be revised.

Evaluation Plan

Section 2. A. Statement of Purpose – Evaluation strategy

A first year implementation evaluation measures how well and completely a program is initiated. This type of evaluation also assesses the program's progress toward meeting defined goals and objectives. It should also lay the groundwork for continuing review and evaluation of the effectiveness of the program to determine if the program merits continued funding by the County Council. The questions posed for this reflect the diversity of Panel interests. They include models of care, utilization, parent, school and community support, access to care, costs and the availability and sufficiency of appropriate funds. The latter issues, "community support" and "availability and sufficiency of appropriate funding" were specific areas of interest identified by the King County Council in their original motion (p.1).

Section 2. B. Evaluation questions

The list of questions reflects the variation in the standards set by national evaluators of adolescent services. It also reflects the broad range and diversity of interests and concerns expressed by the COP members. They are included, in detail, to highlight the care given to the evaluation design phase by the COP members and SKCDPH. The members spent considerable time formulating appropriate questions to fit the parameters of a first year implementation evaluation.

- **Model of care**
  What is the model of care? How is it tailored to meet both the health care needs of adolescents, and the needs of the larger community?
  Topics: Community Advisory Committee goals and objectives; SLHC providers of care; services delivered; hours of service; referral sources to SLHC and to community providers and resources (e.g., clergy); client charts; marketing strategies; confidentiality; how and when parent consent is obtained and parents informed of a teen's care; health education activities and whether they replicate school district health education activities.

- **Utilization**
  Who uses the SLHC? Do the users fit a particular health profile?
  Age, gender, and ethnicity; in or out of school; last grade completed; reasons for visit; other health problems; insurance coverage; continuity of care; previous/current use of other health care providers, including preventive/primary care and emergency room use (over past 3,6,12 months, if possible).

- **Parent, school, community support**
  What is the level of parent, school and community support for the SLHC?
  "The pulse" of parents, school and community; reasons for support or opposition; formal and informal leaders; impact of the health centers on schools.

- **Access to basic health services**
  To what extent do these services improve access to basic health services available to adolescents in these communities?
  Teens' usual health care providers; frequency of visits to usual providers; barriers and limitations to usual providers and services; why teens choose this service; " value added" to the community as perceived by students, parents, others; duplication of community services; increased use of community services.

- **Costs**
  What are the costs associated with SLHC services? Are public funds sufficient?
  Costs associated with the first six months of 'start up': renovation/facilities costs, moving in, hiring and training, developing relationships with youth, parents, school, and community; ability to financially sustain; after six months of operation, costs of running the SLHC (cost per type of visit, per clinic user); analysis of equivalent health service costs in the community.

The Citizen Oversight Panel asked additional questions that can only be assessed after some three, five, or seven years of SLHC service delivery. Since these questions are of broad interest, they are included in the plan, but will not be addressed in the proposed evaluation. They should be addressed in future evaluations. They reflect interest in costs and longer-term outcomes.

- What are the costs in terms of other equivalent health services in the community? What is the cost-benefit impact of this program on long-range adolescent outcomes?
  Costs per healthy year of life gained based on adolescent health; among all the health interventions for adolescents, is this an intervention of choice; do new clinics generate new demand for services or reshuffle existing demand, or do they serve previously unserved needs?

- What is the impact on long range adolescent outcomes? What are the longer-term effects on adolescent health status?
  High risk behaviors: STD, pregnancy and birth rates; alcohol and drug use; educational outcomes such as improved school attendance, reduced early dismissals from school due to health reasons, reduced dropout rates, improved rates (or percentages) of high school completion, participation in school activities.

Section 2. C. Evaluation Methods

The proposed strategy utilizes five methods of inquiry to answer the major categories of the evaluation questions in Section 2.B. Those methods are key informant interviews, utilization and survey data, focus groups and financial analysis. The table below indicates the questions, associated methods of inquiry, and data sources.

Table 1. Evaluation questions by method of inquiry & data source

Evaluation question	Method of inquiry	Data sources
Model of care	Key informant interviews	Community advisory committee members, community & SLHC providers, school board members, school personnel, other community leaders (e.g., clergy)
Utilization	Utilization and survey data	SLHC records, survey of SLHC users
Parent, community support	Focus groups	Adolescent non-SLHC users, parents, community SLHC supporters and opponents
Access to services	Survey data and key informant interviews	SLHC users, community providers
Costs	Cost analysis and interviews	Budget reports, interviews with SLHC staff , usual & customary costs

Multiple methods of inquiry will allow for rich and varied sources of information about the first year of implementation. Some are quantitative methods, where the goal is to maximize objectivity, and breadth. Included here are utilization data, survey questions, and cost analysis. Other methods are qualitative, where the goal is to subjectively tap the personal experience of the presence of SLHC in the community, and to delve into issues in depth. Qualitative methods in this evaluation are key informant interviews and focus groups. For example, we will ask adolescents who do not use the SLHC, what barriers and limitations there are to health service access in their communities, who their usual providers of care are, and why they choose not to use the SLHC. Similarly, we will ask supporters and opponents of the SLHC questions about their positions, and how the sites are influenced by social, community and cultural contexts. Complementary methods, qualitative and quantitative, have been shown to produce strong evaluations. This will be particularly important in a first year implementation evaluation where there are limitations imposed by a short time frame.

Section 2. D. Costs

The costs incurred for each method of inquiry and project activity costs are listed in Table 2.

Table 2. Project activity and associated costs

Project Activity	Cost	
Utilization Data SLHC providers & SKCDPH staff		in-kind
Key informant interviews	$100 per interview 50 interviews	$ 5,000
Focus groups 3 groups per site	$2500 per focus group 6 groups	$15,000
Survey of clinic users with comparison group 100-200 users per site; comparison group clinic users	200-500 surveys	$10,000
Financial analysis Interviews, budget reports analysis	2 sites	$ 5,000
Data base management		$ 2,500
Analysis and report writing		$15,000
Project management & technical assistance SKCDPH staff		in-kind
Total		$52,500

Section 2. E. Timeline for Evaluation Work Plan
School-Linked Health Centers,
Renton and Highline School Districts

	Month.....										
Evaluation activities: development, implementation, analysis, report	**Jul-97**	**Aug-97**	**Sep-97**	**Oct-97**	**Nov-97**	**Dec-97**	**Jan-98**	**Feb-98**	**Mar-98**	**Apr-98**	**May**
SLHC utilization data											
Development of encounter data form											
Data collection & monitoring											
Analysis											
SLHC user survey											
Survey form development											
Data collection & monitoring											
Analysis											
Key informant interviews											
Questionnaire development											
Identification of sample											
Implementation & transcription											
Analysis											
Focus groups											
Question development											
Identify & select sample											
Conduct focus groups & transcribe discussion											
Analysis											
Financial analysis											
Review monthly budget reports											
Compare usual & customary costs											
Final analysis & write report											

*Note: The assumption underlying this work plan is that the SLHC will be phased-in (in a yet to be determined process) in September, 1997. If there are delays, the evaluation work plan will be revised.

Section 2. F. Summary

This proposed evaluation plan utilizes five methods of data collection to gather information. It is a responsive approach to program evaluation. It allows for multiple points of view and perspectives, and recognizes that no single question or outlook can provide all the necessary information. Based on sampling strategies and recognized methods, this program evaluation will provide data which captures variations across sites, as well as their similarities. Due to a short time frame from start to finish, and cost limitations which preclude the use of control sites with comparison populations, this first year implementation evaluation will not be able to answer definitive questions about the long-term effectiveness of the SLHC. Rather, it is designed as a diligent investigation of the SLHC models of care, adolescent user population characteristics, short-term impacts, level of support in the community, and costs. It will provide reliable and valid data useful to policymakers, program managers, and health care providers who are involved in meeting the health needs of adolescents in the Highline and Renton communities. This evaluation plan is based on the assumption that the SLHC will be phased-in (in a yet to be determined process) in September, 1997. If that deadline cannot be met, the evaluation plan will be modified accordingly.