

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.

PROGRAM FINANCIAL SUMMARY

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Personnel	\$4,394,860	\$4,426,295	\$4,665,643	5%
Non-Personnel	408,810	419,030	528,296	26%
Subtotal	4,803,670	4,845,325	5,193,939	7%
Inter-Departmental Credits	(169,008)	(200,620)	(209,456)	4%
Total Expenditures	4,634,662	4,644,705	4,984,483	7%
Fees	17,100	19,000	16,300	-14%
Medicaid	82,997	47,500	90,000	89%
Miscellaneous Grants	476,882	460,595	571,459	24%
State Grants	123,599	123,599	123,599	-
Total Revenues	700,578	650,694	801,358	23%
Net Tax Support	\$3,934,084	\$3,994,011	\$4,183,125	5%
Authorized FTEs	66.8	65.8	65.8	
Funded FTEs	66.8	65.8	65.8	

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SIGNIFICANT BUDGET HIGHLIGHTS

- ↑ The personnel budget reflects a two percent market pay line adjustment, a 10% increase in employer health insurance costs, and an increase in employer retirement contributions to maintain full funding of the retirement fund.
- ↑ Non-personnel increases primarily due to additional Part C revenues to purchase services for PIE clients.
- ↓ Client fees are reduced overall by \$2,700 with loss of projected funding from the Arlington Public Schools (\$7,500) to pay for physicals, partially offset by other fee increases based on actual collections.
- ↑ Medicaid revenues increased \$42,500 to reflect Medicaid Waiver funds for PIE clients.
- ↑ The increase in Miscellaneous Grants primarily reflects an increase in Part C funding in the PIE program (\$100,022)

PERFORMANCE MEASURES

School Health Program

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number of student problems identified and referrals made for other services	3,108	3,188	3,753	3,982	4,000	4,000	4,000
Number of children referred obtaining follow-up within established time-frames for each type of referral	2,222	2,537	3,202	3,027	3,400	3,600	3,600
Percent of children referred obtaining follow-up within established time-frames for each type of referral	71%	80%	85%	76%	85%	90%	90%
Number of adolescent students participating in educational programs to prevent risky behavior	1,652	1,800	1,661	1,969	2,200	2,200	2,200
Percent of adolescent students participating in educational programs to prevent risky behavior	18%	22%	18%	21%	24%	25%	25%
Number of students participating in health education sessions promoting healthy lifestyle choices (other than risky behaviors)	6,593	7,652	6,639	10,864	11,000	12,000	12,000
Percent of students participating in health education sessions promoting healthy lifestyle choices (other than risky behaviors)	35%	41%	35%	59%	60%	66%	66%
Number of students participating in health promotion campaign activities each year	N/A	1,402	2,851	6,997	7,000	7,000	7,000
Percent of students participating in health promotion campaign activities each year	N/A	8%	15%	37%	38%	38%	38%
Number of education programs conducted for adolescents to reduce or prevent risky behavior	78	109	171	135	150	180	180
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	N/A	N/A	N/A	100%	95%	95%	95%
Percent of school staff responding to survey who indicate overall satisfaction with services	N/A	N/A	N/A	82%	84%	90%	90%
Total number of students enrolled (School enrollment as of September 30)	19,097	18,469	19,120	18,744	18,381	18,263	18,263
Number of 4th and 5th graders (School enrollment as of September 30)	2,861	2,795	2,891	2,819	2,600	2,574	2,574
Number of adolescents - middle and high school (School enrollment as of September 30)	9,307	8,354	9,337	9,204	9,154	8,888	8,888

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Parent Infant Education Program

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number 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	99	142	145	145	145
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	83%	80%	95%	95%	95%	95%
Number of children who began a service within three weeks of inclusion on the IFSP	N/A	122	154	150	183	183	193
Percent of children who began a service within three weeks of inclusion on the IFSP	N/A	74%	84%	78%	95%	95%	95%
Number of children who have a completed discharge plan before transition from the PIE program	N/A	N/A	193	210	210	210	210
Percent of children who have a completed discharge plan before transition from the PIE program	N/A	N/A	100%	100%	100%	100%	100%
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	98%	95%	95%	95%
Percent of families responding to the State Family Survey, who indicate satisfaction with the way services were coordinated	N/A	N/A	N/A	90%	95%	95%	95%
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	85%	90%	95%	95%
Number of children receiving intake services	195	219	278	252	252	252	252
Number of children receiving occupational therapy, physical therapy, speech therapy, special instruction and/or service coordination	274	315	344	374	374	374	374

- For number of children who began a service within three weeks of inclusion on the IFSP, the measure is adjusted to be consistent with Virginia standard. Lower number includes clients who refused, or could not accommodate services within three weeks.

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Diagnostic and Evaluation Clinic

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number of evaluations completed within 60 days of the initial face-to-face meeting with the client	N/A	N/A	37	36	66	66	66
Percent of evaluations completed within 60 days of the initial face-to-face meeting with the client	N/A	N/A	74%	72%	95%	95%	95%
Number of evaluation reports mailed to the family within 14 days of the interpretive conference	N/A	42	43	33	66	66	66
Percent of evaluation reports mailed to the family within 14 days of the interpretive conference	N/A	89%	86%	66%	95%	95%	95%
Number of families who reported receiving follow-up case management within 6 months of the evaluation	N/A	35	45	43	66	66	70
Percent of families who reported receiving follow-up case management within 6 months of the evaluation	N/A	82%	96%	86%	95%	95%	100%
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	92%	95%	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	100%	95%	95%	95%
Percent of families, responding to the Family Satisfaction Survey, who reported that the clinic evaluation addressed their concerns	N/A	N/A	N/A	96%	95%	95%	95%
Number of children assessed	45	47	50	50	70	70	70

- Performance targets for completed evaluations within 60 days, mailing of report, and number of children assessed were not met due to position vacancies.