DRAFT

City of Seattle

DEEL LEVY OVERSIGHT COMMITTEE
Tuesday, April 19, 2016

MINUTES

MEMBERS PRESENT: Rick Burke, Lucy Gaskill-Gaddis, Kevin Washington, Saadia Hamid, Elise Chayet, Greg Wong.

OTHERS PRESENT: Sid Sidorowicz (DEEL), Isabel Muñoz-Colón (DEEL), Sara Stevens (DEEL), Dana Harrison (DEEL), Kacey Guin (DEEL), Waslala Miranda (CBO), Brian Goodnight (Council Central Staff), Monica Liang-Aguirre (DEEL), Sara Rigel (PHSKC), Sarah Wilhelm (PHSKC), Kaetlin Miller (PHSKC).

Sid Sidorowicz called the meeting to order. Introductions were made and the minutes from the February 9 LOC meeting were approved.

Sara Rigel presented the Families and Education Levy Health Investment 2014-15 Report.

Presentation Overview:

1. Health investment and services overview
2. 2014-15 Performance Outcomes and Indicators
3. Discussion of successes and challenges
    - Elementary health
    - Crisis planning and response
    - Long-acting reversible contraception (LARC)

Kevin Washington asked if to some degree we are playing catch-up on the need in health. He stated that in this Levy we boosted the funding for health services, but also asked if we still have schools with .5 nurses that we are backfilling. Sara Rigel replied that the Levy is funding school nurses and that they play an important part in linking students to school-based health services/clinics in the school.

S. Sidorowicz asked S. Rigel to describe where partners and sponsors money comes from. S. Rigel replied that their other money comes from a variety of sources. For example Neighborcare Health is a federally qualified healthcare center that sees a large number of Medicaid patients. Health providers receive external grants, donations, and fundraising, but primarily it is patient-generated revenue. Another example, Odessa Brown and Swedish partially contribute through community benefits; as part of their nonprofit status they give a certain percentage back to the community. This is a unique system that allows the flexibility of funding, but the Levy funding is essential for this work.

Lucy Gaskill-Gaddis stated that there are clearly no health centers in North Seattle middle schools. S. Rigel replied that high school-based health clinics are providing health services for some middle school students in the north end, especially Nathan Hale due to its proximity to Jane Adams. Direct referrals from school nurses provide safe access for middle school students. There are formalized agreements with schools so middle school students can enter a high school campus to obtain health services.

Greg Wong asked if we are not funding any new health services/clinics for the remainder of the Levy period. S. Rigel replied that there is no plan or funding to start more clinics. However, middle schools that are being built do have clinic space in them. There is no funding available to support new clinics in the current Levy. S. Sidorowicz stated that once we added Interagency School that was the last school funded for a clinic. In the previous Levy we were able to accelerate funding for a couple of sites because we had under expenditures before the Levy expired.

Rick Burke asked if there is a finite list of services offered. S. Rigel replied yes. The health centers offer comprehensive and preventative medical and mental health care, which is a full scope of medical services that would be provided by your regular medical provider. The Levy provides funding for oral health/dental service at 10 schools. Other sites have access to dental services via other sources of funding and service. K. Washington asked if health is still taught in schools. S. Rigel replied that health is taught by health teachers as its own class in 9th grade, 6th grade is taught by science teachers, and elementary schools use a Flash curriculum and is taught by a variety of teachers. There are very discrete and small amounts of health education in the curriculum.

Saadia Hamid asked who is targeted for health services. S. Rigel replied that referrals come from school nurses, peers, teachers, etc. All students are eligible to receive services. The health providers do specific outreach to students who are having academic or behavioral problems.

Elise Chayet asked what type of oral health services are provided in schools. S. Rigel replied that Neighborcare Health has portable equipment to create a dental laboratory. They have a dentist and a hygienist who provide care in schools and they provide restorative care as well. A lot of outreach is provided to students and parents to identify those children who need help in the community, especially to kids who may not otherwise receive care.

E. Chayet asked if they have a way of billing Medicaid. S. Rigel replied yes. Most clinics/providers are billing Medicaid, including Take Charge. Medicaid revenue is a small portion of the funding. Many services are not billable.

E. Chayet asked if clinics are connecting students back to their primary care provider and coordinating care. Yes. Clinics cannot really be the primary medical home since they are not open in the summer. Coordination with family and outside medical providers particularly takes a lot of time in Elementary sites. S. Rigel replied that the provider is funded through the Levy to do the connection and coordination of care with a child's outside providers.

S. Sidorowicz stated that oral health was put into the Levy as a pilot without a specific plan for implementation. It was intended to be our foray of how we can provide oral health as an academic support. The committee that reviewed the oral health RFI asked do we serve younger kids for preventative care, do we serve middle schoolers who fall through the cracks, or do we serve high school students who suffer chronic problems that are affecting their ability to attend school? We decided to serve all three. There is a bit of a pilot and demonstration of what are going to be effective approaches at those different ages. We will discuss what lessons we learned for the 2018 levy.

K. Washington asked if we have a body of knowledge from the pilot for oral health and what are other aspects of the health pieces. S. Rigel replied yes we do.

R. Burke asked if there is an issue with provider turnover due to the contracting cycling and have there been some changes in sponsorship. S. Rigel replied that there hasn't been a lot of turnover in providers during a school levy cycle. There have been changes to providers at sites between Levies.

S. Hamid asked if all the health sites provide the same services. S. Rigel replied that all the middle and high school have the same set of core health services. The elementary schools have a slightly different set of core health services but all still provide comprehensive primary medical care and mental health. S. Sidorowicz also mentioned that Interagency and World School have slightly different models of delivering care because of the students they serve.

L. Gaskill-Gaddis asked what it means that a mental health visit is related to an educational circumstance. Kaetlin Miller replied that there is an educational component of why students are at that visit. In this case, there may be students who are struggling academically and they are meeting with the mental health provider to determine if there is a mental health issue at the root of that problem. A student's chart would be coded that the visit is associated with an educational purposes.

R. Burke asked if they are categorizing multiple reasons for each visit. S. Rigel replied that data is collected on every single visit. Procedure codes and diagnostic codes are recorded for each visit.

E. Chayet asked why there are a lot of routine well-child visits in middle and high schools. S. Rigel replied that it is a visit to get a physical for sports but also a great way to get students plugged into other health services.

K. Washington asked if the inclusion of the school-based health center helps with attendance at Interagency. Sarah Wilhelm replied absolutely, having a school-based health clinic at Interagency supports students' attendance at the school.

S. Hamid asked if S. Rigel could speak about the behavioral risk factors. S. Rigel replied that behavior risk factor screening is used by school nurses to identify students with risk factors that would indicate that students have need. E. Chayet asked whether those screening are done at the clinics. S. Rigel replied that risk assessments are being done by school nurses. Clinics are doing generalized risk assessments.

E. Chayet asked if we are capturing whether those assessments are being done. S. Rigel replied yes - we are collecting data on whether the assessments are being done, but it's a challenging area to collect data and document the screening data and results.

E. Chayet asked if we were going to do a suicide assessment screening. S. Rigel replied that there are no universal tools being implemented at the clinics being done across all the health providers. Mental health and depression systems are included in generalized risk assessments provided to all students. Some suicide risk assessments are conducted within mental health visits. There is also crisis prevention work being implemented.

L. Gaskill-Gaddis asked if there is a big need for trauma informed services at West Seattle Elementary School where there are a lot of immigrants and refugees. S. Wilhelm replied that there is a big need at all schools but Public Health received funding from the Gates Foundation to partner with Dr. Chris Blodgett from WSU at West Seattle Elementary School.

K. Washington asked whether the addition of funds to the elementary schools health services is based on knowing the value and wanting to add to the level of services being provided. S. Wilhelm replied that schools are both seeing the value that the health providers can bring to the table and are trying to find additional resources to expand services. It is also easier to expanded services with a provider already housed in a building versus starting up a new partnership.

K. Washington asked what the message is from the LARC chart slide on the increase in IUDs. S. Rigel replied that Public Health received money from a grant in 2010 to provide education and training to medical providers. We created a systematic way for providers to get up to speed, but now their expertise is greater than most medical providers in the community because of the difficulties in obtaining IUD's in a primary care setting. The American College of Obstetrics and Gynecology and the American Academy of Pediatrics recommends LARC's as the first line and most effective and appropriate contraception for adolescents. All providers need to be trained and they are provided adequate practice and mentoring. There are multiple components and this needs to be provided as a fundamental core service. This is a comprehensive approach as of 2014-15.

E. Chayet asked do we know what the breakdown of clinics that have LARC versus other forms of contraception options. S. Rigel replied that we can try to pull that data but the clinics are using different codes to identify the method of contraception.

E. Chayet asked if we have teen birth rates by zip code to get at regional differences and what is the correlation between the clinics in Seattle and the broader county results.
S. Wilhelm replied yes - we can disaggregate the rates.

E. Chayet asked how we are positioning ourselves to take advantage of Best Start for Kids or Medicaid Match from the state to support the work of the school-based health services.
S. Rigel replied that Public Health sees a real value in trying to leverage other resources of funding to support the work of school-based health clinics and model the work being done in Seattle to spread to other communities in King County.

G. Wong asked what are the new trends that the health clinics are seeing in terms of student needs. S. Rigel replied that mental health is always the top diagnosis, both for acute care and long-term management of mental health needs.

K. Washington asked are there ways you can see what the needs are in sites not funded by the Levy. S. Rigel replied that we use tools like the Healthy Youth Survey to identify needs that could inform Levy ramp-up.

S. Sidorowicz stated one other response to Kevin's question is we are a part of the Best Start's coordinating group between the city and the county and some of the questions from the county are going to be around where are our needs as they start releasing RFIs that are associated with Best Starts. That might be an area of health epidemiology where we can get a better understanding of different population needs around Seattle and some of those could be gaps that can be met by enhancing our strategies or some other strategies that are a part of Best Starts.

S. Rigel thanked the group for the questions and opportunity to speak today.

S. Sidorowicz stated that there is a Levy mid-year 2015-16 summary in LOC member packets. DEEL will go through the mid-year report briefing at the May 10 LOC meeting and will give an update on the Education Summit and Community Conversations.

Meeting was adjourned at 5:30 pm.