

Families and Education Levy Oversight Committee

AGENDA

Tuesday, April 8, 2014

4:00 – 5:30 p.m.

7th Floor, City Hall

Welcome and Introductions	Council Member Tim Burgess
Review and Approve Minutes from March 11, 2014	Tim Burgess
Review Agenda	Holly Miller
Health Update	Sara Rigel, Jessica Knaster Wasse Sarah Wilhelm, Kaetlin Miller
Thank You and Adjourn	Tim Burgess, All

Attachments

Draft Minutes from 3/11/14

Health Presentation

Next Meeting

May 13, 2014



DRAFT



**FAMILIES AND EDUCATION LEVY
LEVY OVERSIGHT COMMITTEE
Tuesday, March 11, 2014**

MINUTES

MEMBERS PRESENT: Tim Burgess, Elise Chayet, Sandi Everlove, Lucy Gaskill-Gaddis, Cristina Gonzalez, Hyeok Kim, Charles Knutson, Kevin Washington, Greg Wong

OTHERS PRESENT: Kathryn Aisenberg (OFE), Jessica de Barros (PSESD), Leilani Dela Cruz (HSD), Sonja Griffin (OFE), Erica Johnson (OFE), Patricia Lee (Council Central Staff), Ryan Lenea (Youth Commission), Sarah Lober (Youth Commission), Forrest Longman (Budget Office), Holly Miller (OFE), Alex Pedersen (Council staff), Adam Petkun (OFE), Isabel Muñoz-Colón, (OFE) Sara Rigel (Public Health), Sue Rust (OFE), Rachel Schulkin (OFE), Sid Sidorowicz (OFE), Kristi Skanderup (Middle School Consultant), Michael Tolley (SPS), Christa Valles (Council Central Staff), Sarah Wilhelm (Public Health), Charles Wright, Jr. (SPS)

The meeting was called to order at 4:04 PM by Council member Tim Burgess. Introductions were made. Two members of the Youth Commission, Ryan Lenea and Sarah Lober, have joined the LOC as advisors. T. Burgess explained that when the Youth Commission was established, two positions were designated to be advisors to the LOC.

The minutes from January 14, 2014 were approved. H. Miller reviewed the agenda. She said Jessica de Barros will give an overview of Race to the Top, talk about the Seattle project awards, and how they may or may not coordinate with Levy investments.

SEATTLE CHANNEL SHOWS

Sid Sidorowicz said the Seattle Channel shows on the Levy are available. He said they can be streamed at any time and everyone should feel free to embed them on their websites. The videos were mentioned in the Mayor's blog and update. The National League of Cities education policy advisors network also mentioned the series.

ROAD MAP AWARD FOR SEEC

S. Sidorowicz talked about the Road Map award received by the Seattle Early Education Collaborative. He said SEEC is a combination of early learning providers, including Head Start ECEAP and Step Ahead providers. SEEC was formed by Sonja Griffin and Carla Bryant to bring everyone to a common agenda of assessments, professional development, and training institutes. It provided a foundation for the Preschool for All effort. S. Sidorowicz attended the Road Map Project's first award ceremony on behalf of SEEC. SEEC was a finalist and received one of eight special awards given out to programs making a difference in the road map area. He gave congratulations to all. H. Miller also offered her congratulations. She said we wouldn't be where we're at with Preschool for All without this work and that it's a well-deserved award.

FUNDING UPDATE

Kathryn Aisenberg said there will be a new middle school in NE Seattle, Jane Addams that will pull some students from Eckstein. We released an RFI for Jane Addams to secure Levy funding and worked with the Jane Addams principal to apply. The RFI is due March 24 with an accelerated timeline to render a decision by April 8. We will report on the results at the April 8 LOC meeting. Greg Wong asked whether there was concern that it's not a competitive process. K. Aisenberg said the Levy has done this before and there will be other policy decisions this summer. H. Miller said they will have to prepare a plan that will be vetted, so it's the same rigorous process that other schools went through. K. Aisenberg said all but three of the K-8s are being funded by the Levy. Kevin Washington asked if the population will remain the same. K. Aisenberg said Jane Addams K-8 will continue to operate. The new school is Jane Addams Middle School. Jane Addams K-8 will have a new name eventually.

PRESCHOOL FOR ALL UPDATE

Erica Johnson said the Preschool for All initiative process is up and running. In January the Office for Education contracted with BERK Consultants to develop an Action Plan and interactive financial model. BERK put together a team of local and national experts, including Dr. Ellen Frede, Dr. John Bancroft, and Tracey Yee. Currently various workgroups, made up of people in the early learning field, are meeting 3-4 times between February and April to provide information on local context and feedback on different aspects of the Plan. Outreach Manager Rachel Schulkin is reaching out to agencies and community-based organizations and is communicating their feedback to BERK. R. Schulkin said we are hosting four large-scale community outreach events for families to attend to learn about the PFA initiative and to gather their feedback. The first one is on Thursday at Neighborhood House High Point and there will be child care, food, and interpretation. There will be eight stations on different topics such as preschool quality, teacher training, and more. There will be an interactive feature at each station and attendees will end with a dot-mocracy exercise where they can indicate their top priorities, such as teacher pay, better facilities, etc. Cristina Gonzalez asked what languages are available for interpretation and R. Schulkin said Amharic, Chinese, Oromo, Somali, and Spanish.

E. Johnson said BERK is gathering input and talking to experts locally and nationally. Their draft recommendations are due in a couple of weeks and they will be vetted with groups. In mid-April the recommendations are due to City Council's Education and Governance Committee. It has been a group effort that is going well. People are interested and want to be involved. We are talking to people with concerns and questions and starting conversations. We look forward to updating you.

E. Johnson reviewed the materials provided. She discussed our outreach strategy and the Parent-Guardian Survey. K. Washington asked whether, in putting this together, is there anything special in Seattle that can be used as a program model. There are good models out there. R. Schulkin said most universal preK models are based in the public school system. This has changed a lot of our consideration. Capacity building will be needed with existing programs and providers we have. E. Johnson said we hope SPS is a strong partner. We are also relying on community providers. We have some strong community-based providers. This is a great opportunity for us. It doesn't allow picking up the New Jersey plan and putting it in Seattle. If we require a degree, how can we help our current workforce achieve that? These are some type of issues we are considering. Can we create some type of center in South Seattle

where we could have resources? G. Wong said one issue is much heavier reliance on partnerships with community-based organizations. What is the engagement process around working with providers if they are already receiving government funding, along with some private pay. How are we engaging them? R. Schulkin said this is a primary source of outreach: private pay, subsidy pay, head start, ECEAP. They are interested in bettering their quality with support. She is asking them: what are your strengths, barriers and areas of need. E. Johnson said one of their greatest area of concern is “you want this, are you going to help me get there?” so OFE is investigating how best to provide capacity-building resources. She said there will be providers who aren’t interested and it’s voluntary for providers and participants.

Elise Chayet asked if we are connecting with community colleges for the work force development piece. R. Schulkin said one of the workgroups has community college professors from Highline and Skagit Valley. They are weighing in and are very vocal. E. Johnson said conversations are continuing and this is one of many conversations in process. Sandi Everlove asked if there is targeted outreach to providers and if we are looking at community clinics. R. Schulkin said we haven’t met with any yet but have passed out flyers at neighborhood health centers. C. Gonzalez said cultural competency is a need. PFA needs to provide additional resources to the most marginalized families. R. Schulkin said there is consideration in the plan around language supports and class size – are the teachers bilingual and able to facilitate class in two languages? PFA will build on the State Quality Improvement System. Ongoing courses and professional development will be available to ensure our program is inclusive of all families. S. Griffin said we will use a race and social justice equity lens as we look at the recommendations. R. Schulkin said we reached out to OneAmerica and we are using the Road Map English Language Learner tool kit to provide to consulting as tools.

PRESCHOOL FOR ALL EAST COAST TRIP

T. Burgess said there were 41 attendees on the East Coast trip made up of educators, union representatives, colleagues, business folks, and child care providers. The group went to Boston first and visited schools where they have a pre-k program, and one community-based provider. Boston started doing this in 2005 so it has been around long enough to have an evaluation and results. Next stop was Jersey City where universal preschool was mandated by the New Jersey Supreme Court in the late ‘90s. Theirs is a different situation. PFA has been instituted in 31 of their school districts. We were able to meet with people who have been there from the beginning. In Washington, D.C. we met with the Department of Education undersecretary of early learning, the Health and Human Services Director of Head Start, Senators Maria Cantwell and Patty Murray and Congress Representatives Jim McDermott and Adam Smith. The side conversations were important. Scholarship money was available from the Bezos Foundation and Gates Foundation and the Seattle Chamber of Commerce handled the logistics. It was a very worthwhile trip. L. Gaskill-Gaddis condensed her trip takeaways to a few comments. She said seeing in action what you’ve learned from research is phenomenal as well as watching the interaction between teachers and kids. These were well established programs so implementation issues have all been addressed. She has a better understanding of how complex the implementation is going to be. To reiterate what T. Burgess said, she said the feds need us as much as we need them. G. Wong said it was amazing to see high-quality curriculum and a high-quality workforce in place. The level of ongoing support that teachers got (such as coaching, and feedback) was extensive and cost a lot.

In these sites there was a centralized control. We won't have the same level of centralized control. In both Boston and New Jersey there are district-run preschools and community-based organization preschools. We need to make sure we're meeting a high standard. T. Burgess said we haven't given up on SPS. We had great conversations with Superintendent Banda, and Cashel Toner was on the trip. Flip Herndon had good ideas and SPS will have a role in planning and execution. Charles Wright said SPS is interested in playing a role and supporting the vision. L. Gaskill-Gaddis said the other component is the State. The State wants to create a vast preschool system and it will be interesting to see how it will all fit together. Leilani Dela Cruz said she was grateful to see child care providers on the trip, thanks to scholarship funding from Gates and Bezos. The provider community was engaged and it was great to see them on the trip asking questions. They found it very valuable. In Jersey City we observed a classroom that was implementing a dual-language Arabic-English program for 3-year-olds.

S. Griffin said she felt affirmed that the Seattle early learning community has come a long way. We have wonderful examples of Seattle-based providers doing great work. We have high expectations and we will be a model for the nation. G. Wong said the kids were having a lot of fun. We were playing with the kids and it was a great environment. T. Burgess said we've heard some criticisms. One came from parents who said they want their 3- and 4-year-olds to be normal kids at preschool, not sitting at a desk taking tests. The federal meetings were important – they will be granting \$250 million for preschool soon. We will make application with the Department of Early Learning.

RACE TO THE TOP

H. Miller said we were part of the early formulation of the Road Map Project with cohort studies and milestones that predicted dropout. These were built into the Road Map Project being administered by the Community Center for Education Results for the benefit of Seattle and South King County (Auburn, Federal Way, Highline, Kent, Renton, Seattle and Tukwila). The Consortium of school districts applied for and received a \$40 million federal Race to the Top District grant in 2012. The region's application received among the highest number of points in the pool of applicants, and J. de Barros was hired to administer the program. It is very complex with seven school districts. J. de Barros began her presentation. G. Wong asked if the target is adjusted when there's a big gap between the target and actual. J. de Barros said our strategy is to course correct. They are federal targets, and she would expect these numbers to improve. L. Gaskill-Gaddis asked, when talking about schools, since all Seattle is in Race to the Top, are all of these in high-needs schools? J. de Barros said all Seattle schools are included in the grant; however, there is a subset of high-needs schools which receive more services, based on criteria including student poverty levels.

J. de Barros showed the trajectory of implementation. L. Gaskill-Gaddis asked if the data she's giving is basically a baseline of where we're at today and J. de Barros said it is.

J. de Barros discussed a common kindergarten registration date, the order of investment funds, and the proposals that the districts wrote. K. Washington asked if the funds are applied for by districts individually and J. de Barros said they can apply individually or collaboratively. K. Washington said, ideally you would take all the funding you have and leverage it in the districts. He asked what happens when 2 or 3 of the applications don't meet your expectations. J. de Barros said there are a couple of different scenarios. In general, the highest-quality applications receive funding. Another situation happened where all districts applied

and we had enough funding but some didn't meet the standard. We went back and asked them to strengthen their applications before they were awarded funds.

S. Sidorowicz asked who were the partners with Emerson Elementary School and J. de Barros said Communities in Schools, Arts Impact, and Arts Corps.

Hyeok Kim asked about the creation of the regional data portal and whether there were discrepancies in terms of the technology infrastructure of the different school districts. J. de Barros said yes. Each district has a team of technology folks in their district. We created a vision of what a data portal would look like. We're figuring out what each district needs: training, licensing, hardware, etc., since they don't all use same system. It is also extremely important to protect the privacy of student data. Every district has different needs.

E. Chayet said in a future meeting it would be interesting to overlap the Road Map and Race to the Top investments. L. Gaskill-Gaddis said a lot of the same schools are involved. S. Everlove said they need to look at sustainability. After the grants run out, how are you using that lens so when the funds go away, everything doesn't fall apart. J. de Barros said sustainability is used in scoring investment fund proposals. They receive more points, and we're investing with a high degree of confidence their work will continue. She gave an example where Kent has parent engagement and Renton wants to do the same.

H. Kim said in a collective impact model, you do leg work with the community and with political and civic leaders in the area to identify common outcomes. Thinking about the different models the early learning study mission went on last week, there are differences between jurisdictions. Local municipal governments are separate from bodies that oversee their school district. What were the contributions from the local municipalities such as Renton or Tukwila? J. de Barros said, anecdotally, the elected officials and others were a large source of support for us getting the Race to the Top grant. It puts a spotlight for districts to show it's important. H. Kim asked whether implementing Race to the Top necessitated realigning some municipal services or how local governments are funding human services. J. de Barros gave an example of the Renton Housing Authority. RHA asked the community-based organizations how they could help them work with the district, and they are now partnering with the district through an investment fund. H. Miller said we've had several inquiries about the Families and Education Levy. J. de Barros said there is a strong connection with Seattle.

H. Miller said we will follow up by doing an overlay with Road Map, Race to the Top, and STEM investments, etc. and get back to the LOC.

The meeting was adjourned at 5:24 PM.



FAMILIES AND EDUCATION LEVY STUDENT HEALTH INVESTMENTS

2013 - 2014 Update

Levy Oversight Committee Meeting

April 8, 2014

PUBLIC HEALTH SEATTLE & KING COUNTY

Community and School Based Partnerships Staff

- Sara Rigel, MPH
- Jessica Knaster-Wasse, MPH
- Sarah Wilhelm, MPH
- Kaetlin Miller, MPH
- Diana Vinh, RN



OVERVIEW

- Role of Public Health
- Partners
- Outcomes and Indicators
- Quality Improvement
- Mental Health
- Elementary Health
- Interagency
- Family Support
- Oral Health
- Early Learning



PHSKC LEADS STUDENT HEALTH INVESTMENT

Coordinate partnership between SPS and sponsor organizations

- Data sharing agreements/SOURCE access
- Lease agreements
- Implementation support for new sites
- Monthly SBHC manager meeting



PHSKC LEADS STUDENT HEALTH INVESTMENT

Partner with SPS to support a Whole School, Whole Community, Whole Child (WSCC) model to improve students' health and learning

- Positive Discipline Advisory Committee
- School Wellness Task Force
- Hiring committees



WHOLE SCHOOL, **WHOLE COMMUNITY**, WHOLE CHILD



PHSKC LEADS STUDENT HEALTH INVESTMENT

- Monitor outcomes and productivity, troubleshoot issues with programs
 - QI initiatives
- Provide training and TA for SBHC providers, school nurses, and family support workers
 - Monthly trainings for medical providers & nurses
 - Monthly PD for FSWs
 - Bi-monthly clinical consultation for MH providers
 - Annual full-day retreat with training on cross-disciplinary approaches to issues in adolescent health



STUDENT HEALTH INVESTMENTS SUPPORT ACADEMIC ACHIEVEMENT

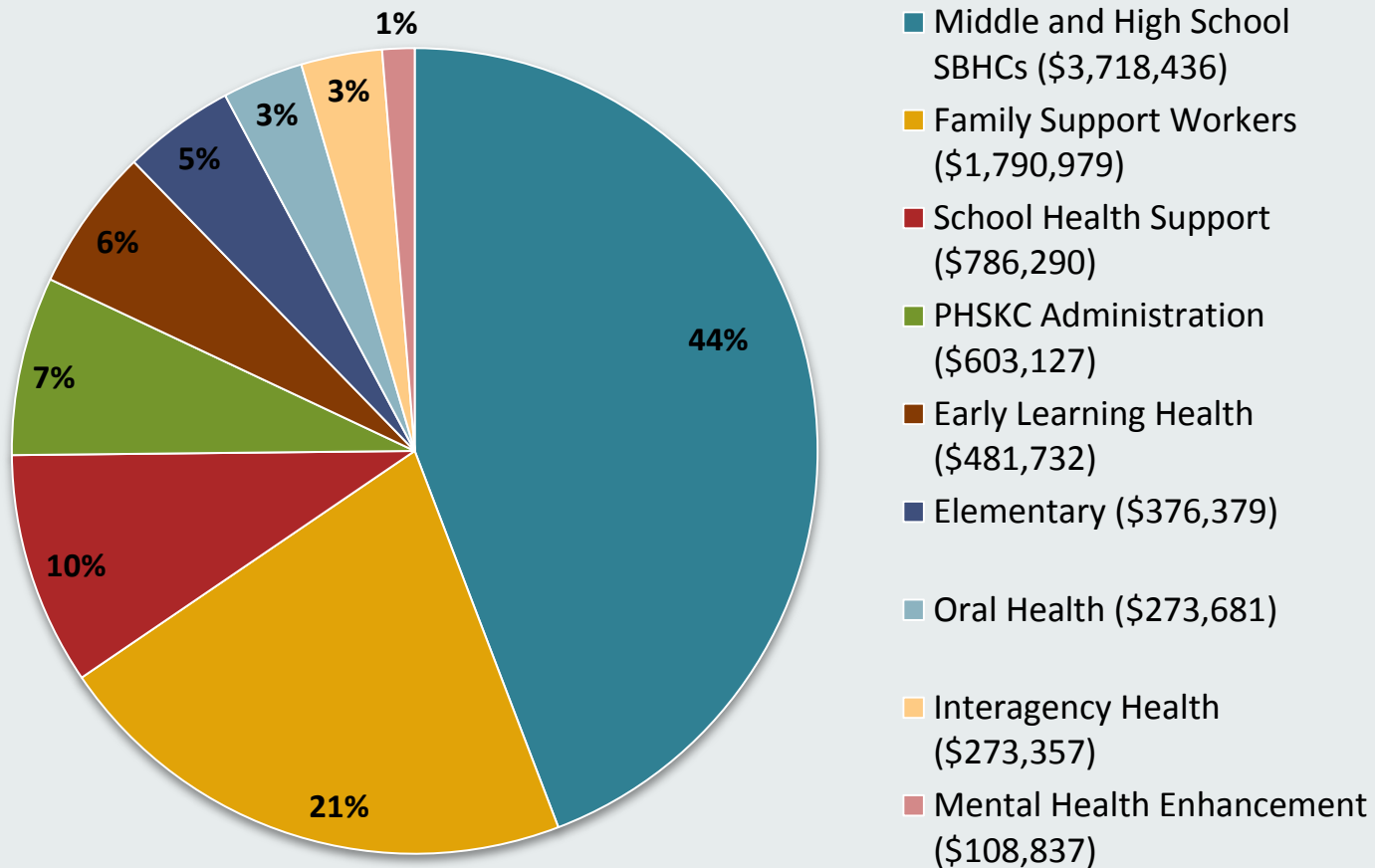
SBHCs and school health support services:

- Assess for academic risk
- Provide intensive interventions and/or referrals to support academic success
- Monitor academic progress
- Collaborate with school staff

Seattle SBHC use is associated with improved attendance and increased grade point average



2013-2014 FEL STUDENT HEALTH INVESTMENT



PARTNERS LEVERAGE FUNDS

Health organizations covered 33% of 2012-2013 SBHC expenses

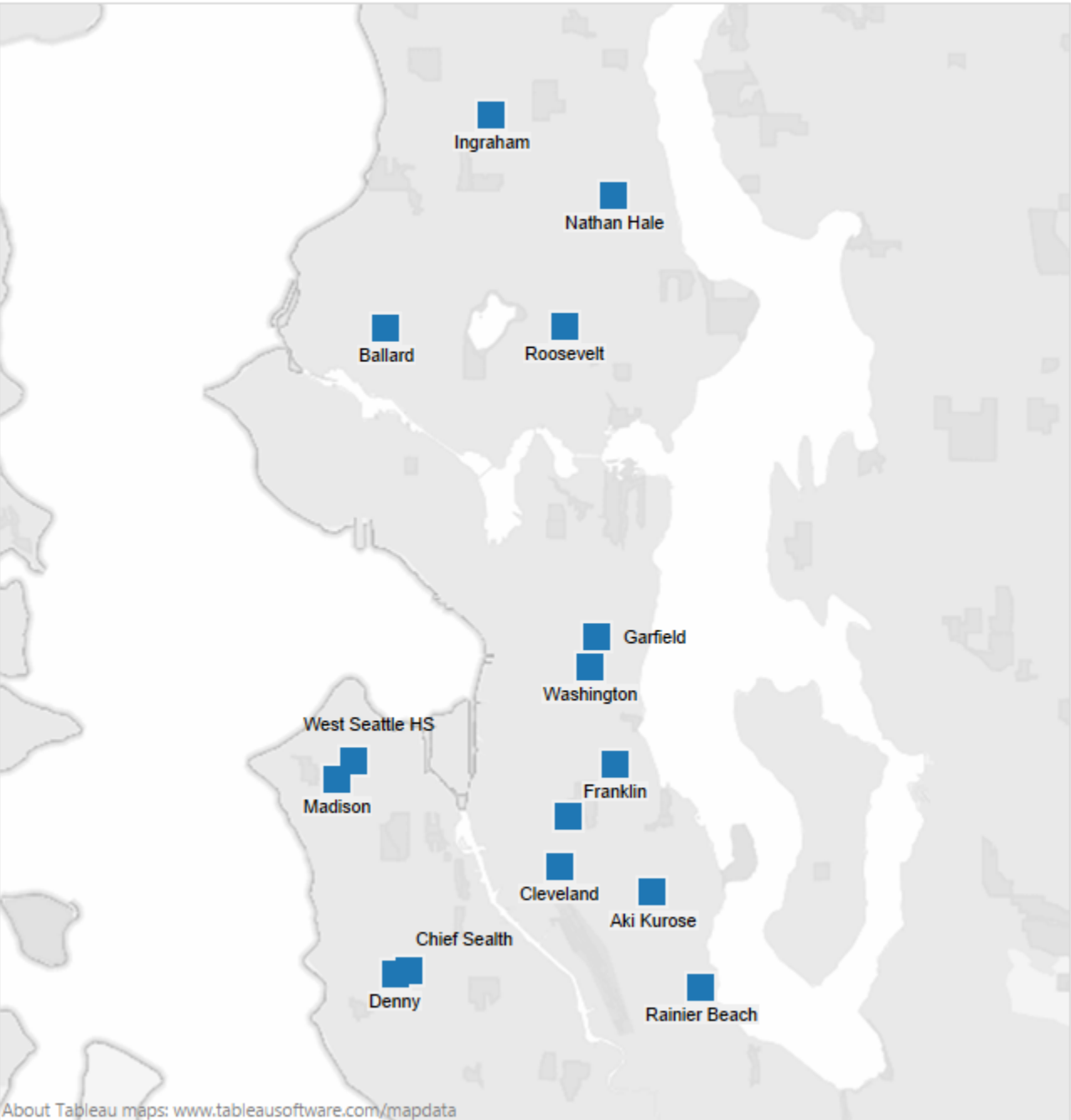
- Medicaid/FQHC and other patient-generated revenue
- Sponsor contributions and in-kind
- PHSKC – Medicaid Administrative Match revenue
- Other revenue (e.g., grants)

SPS

- School district funds and in-kind (space, etc.)
- Medicaid Administrative Match revenue

Levy Health Investments - School Sites

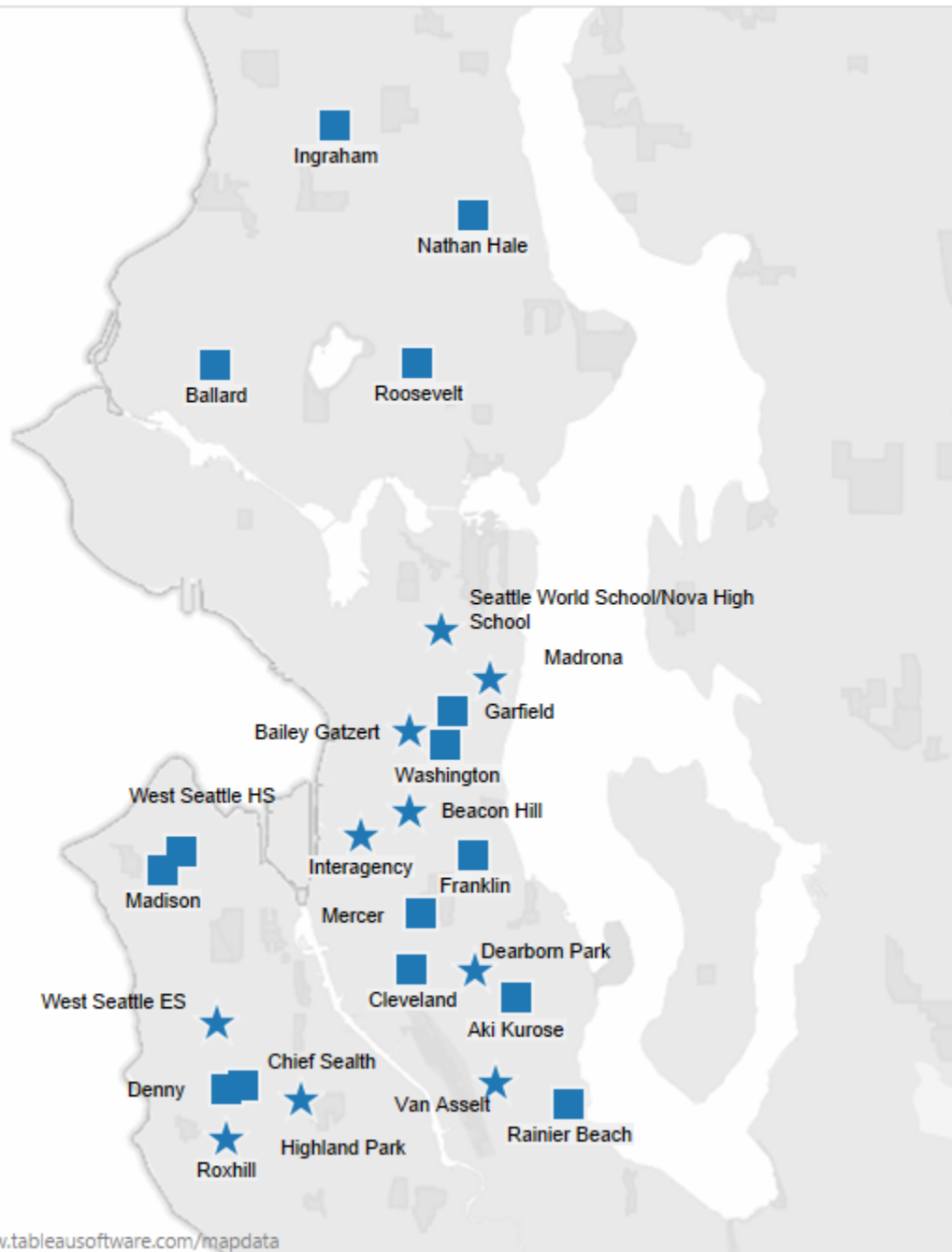
■ Continuing Health Services



Levy Health Investments - School Sites

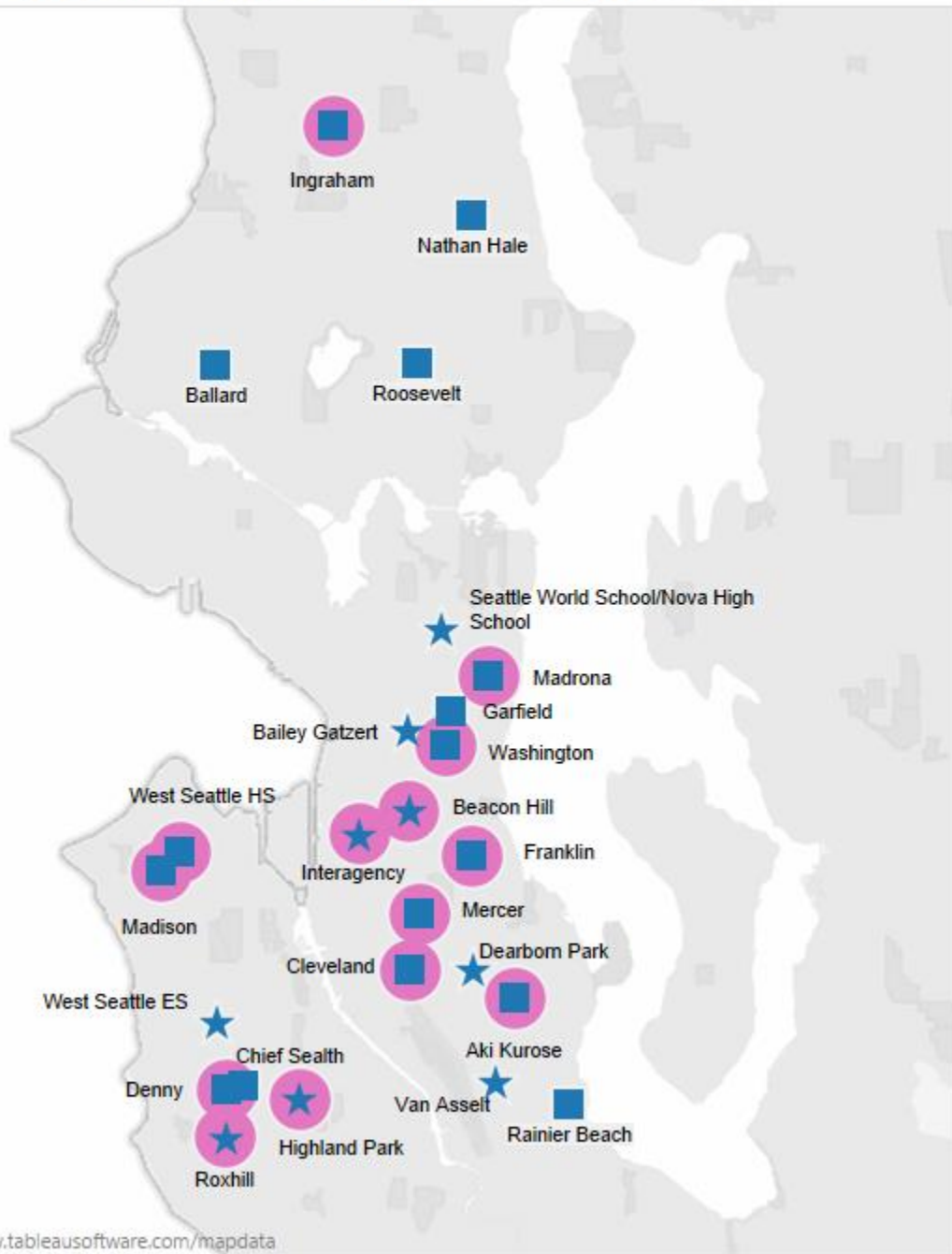
■ Continuing Health Services

★ New Health Services Under 2011 Levy



Levy Health Investments - School Sites

- Continuing Health Services
- ★ New Health Services Under 2011 Levy
- School Sites Receiving Innovation/Linkage Funds



SPONSORS/PARTNERS

Sponsors	Sites	
Swedish Medical Center	Ballard High School	
Odessa Brown Children's Clinic	Garfield High School Beacon Hill International School Madrona K-8 School	
Group Health Cooperative	Aki Kurose Middle School Franklin High School Interagency Academy	Nathan Hale High School Washington Middle School
Public Health - Seattle & King County	Cleveland High School Ingraham High School Rainier Beach High School	
Neighborcare Health	Bailey Gatzert Elementary Dearborn Park Elementary Highland Park Elementary Roxhill Elementary Van Asselt Elementary West Seattle Elementary	Denny International School Madison Middle School Mercer Middle School Roosevelt High School Chief Sealth High School West Seattle High School
International Community Health Services	Seattle World School, Nova	

MIDDLE AND HIGH SCHOOL SBHC AND SCHOOL HEALTH SUPPORT SERVICES

- Preventive, primary, and acute health care
- Reproductive health care
- Mental health services
- Health education and health promotion
- Care coordination for drug/alcohol services
- Dental care
- Clinical support for students managing chronic and mental health conditions



SBHCS PARTNER WITH SCHOOL HEALTH SUPPORT SERVICES

School nurses and SBHC providers work together to:

- Assess and refer students to SBHCs and other services
- Increase immunization compliance
- Manage chronic conditions
- Screen students for behavioral risk factors

Funding supports 7.6 FTE school nurses

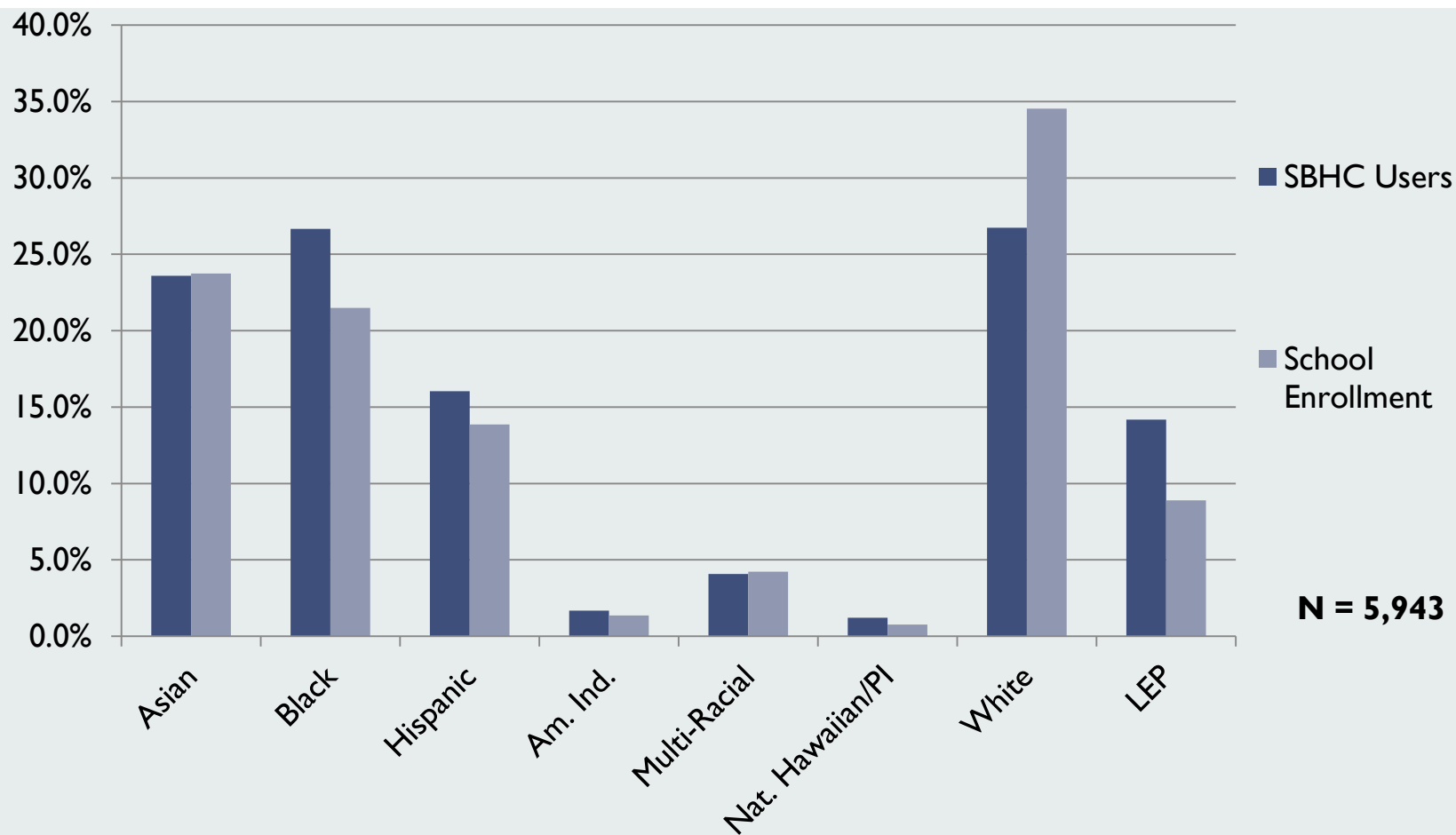


2012 - 2013

OUTCOMES AND INDICATORS

Outcomes		Results	
SBHCs & Health Support Services	Percent of users passing all classes	MS: 85%	HS: 73%
Elementary Health	Percent of users meeting/exceeding MAP/MSP standards	MAP: 25%	MSP: 41%
Indicators		Results	
SBHCs & Elementary Health	Number of students who receive: <ul style="list-style-type: none"> • Primary medical and mental health services • Intensive SBHC interventions that support academic achievement 	Elem: 112	MS: 1,442
		HS: 4,344	HS: 880
Health Support Services & Elementary Health	Number of students: <ul style="list-style-type: none"> • Brought into immunization compliance • Screened for behavioral risk factors 	Elem: 5	MS: 249
		MS: 9,909	HS: 1,384 (SBHC)
SBHCs, Health Support Services, & Elementary Health	Percent of users with fewer than 10 absences per year	HS: 1198 (School RN)	HS: 880
SBHCs, Health Support Services, & Elementary Health	Percent of users with fewer than 10 absences per year	Elem: 71%	MS: 62%
		MS: 62%	HS: 47%

2012-2013 SBHC USERS



QUALITY IMPROVEMENT INITIATIVE : LONG ACTING REVERSIBLE CONTRACEPTION

Rationale: ACOG recommends IUDs/LARC as first choice contraceptive for adolescents, yet use in U.S. is very low (5.6%)

2010-2011 Grant from the National Campaign to Prevent Teen and Unplanned Pregnancy

Goal: Improve clinical access and providers' capacity through training and clinical mentorship.



LARC ACTIVITIES

Trainings

- Discussing IUDs with teens
- Counseling, placement and follow-up
- IUD insertion
- Nexplanon insertion

Mentorship (IUD and Nexplanon)

- Observations with PHSKC senior family planning provider
- Site visits to consult re: set up and supplies



LARC RESULTS

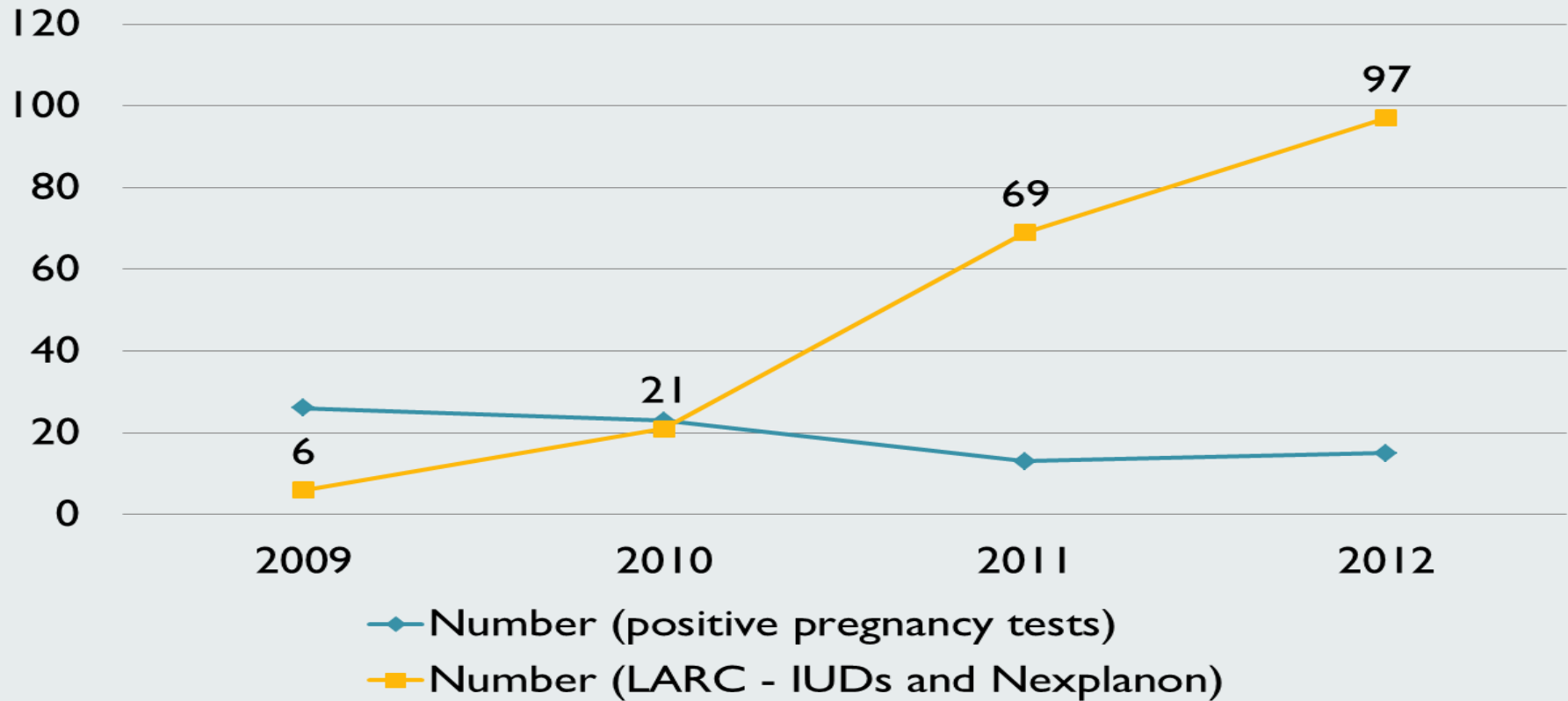
- 5 sites began offering on-site IUD insertions, sites 2011
- 8 sites began offering on-site Nexplanon 2011
- 54% referral success rate for off-site referrals
 - Barriers reported:
 - scheduling difficulties (two appointments, after-school appointment times)
 - transportation to an off-site location
 - not wanting to miss school
 - fear of off-site appointment being found out by parents

These barriers all point to the importance of offering insertions on-site at SBHCs.



LARC RESULTS

Positive Pregnancy Tests and LARC, 2009-2012



LARC SYSTEM CHANGES

- 2013-2014 contracts require the on-site provision of LARC (IUD and/or Nexplanon)
- Neighborcare developed LARC/IUD manual for SBHCs, shared with all sites
- Patient counseling that emphasizes the most effective methods
- Ongoing mentorship/training to support system-wide implementation

MENTAL HEALTH ENHANCEMENT

Goal: Enhance the academic impact of all FEL Health Investments by improving the quality of school mental health services

Increase use of evidence-based practice, with focus on standardized assessment and outcome monitoring

- Provider training & supports
- Web-based monitoring & feedback system (MHITS)



SCHOOL MENTAL HEALTH PYRAMID

Tier 3: Intensive Interventions:
Community Mental Health Services

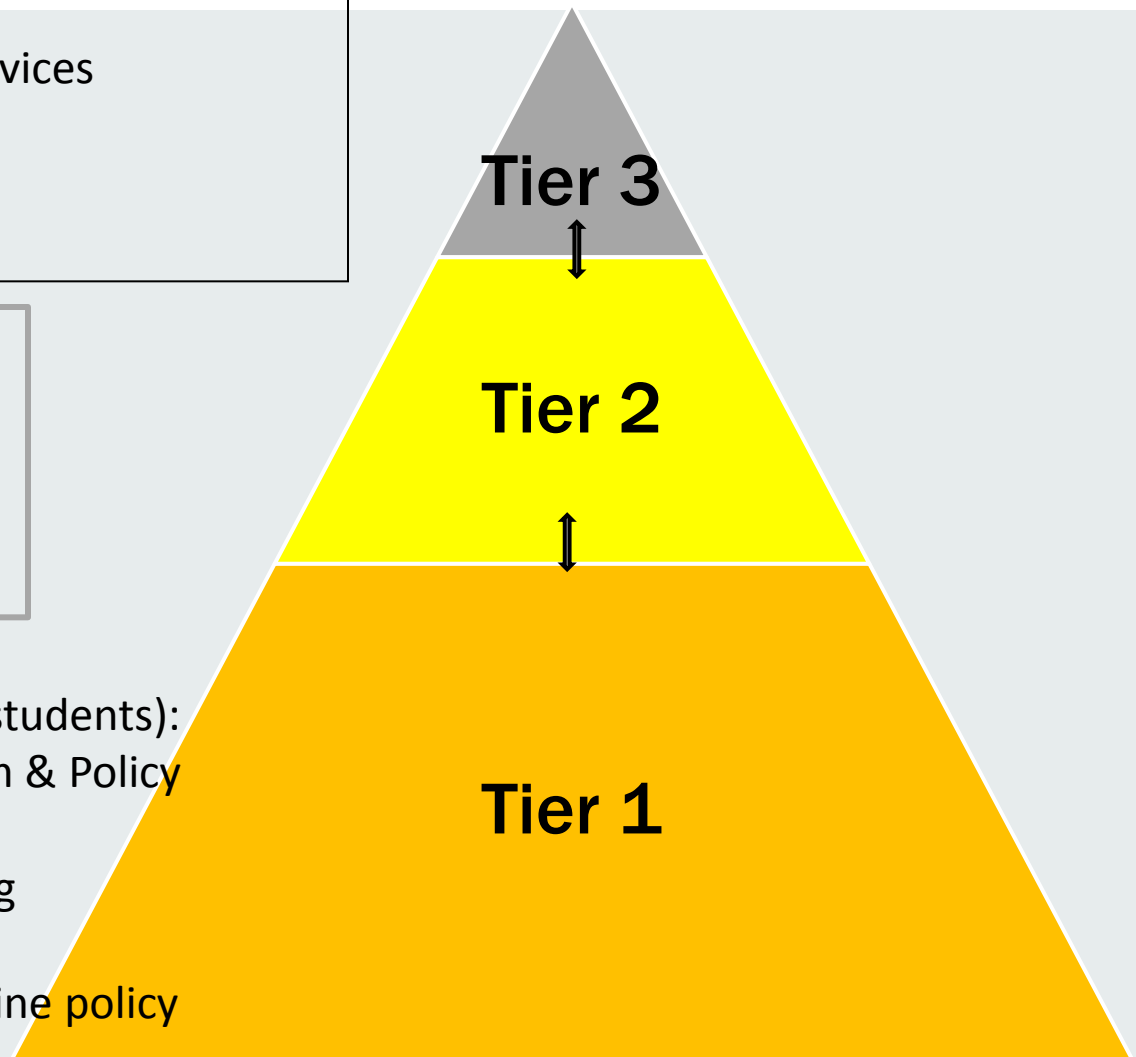
- Individual/ Family
- Higher intensity
- Longer duration

Tier 2: Targeted Interventions:
School-Based Mental Health

- Group or individual
- Moderate intensity
- Shorter term

Tier 1: Core Interventions (all students):
District/Building-Level Program & Policy

- Prevention-oriented
 - social/emotional learning
 - bullying prevention
 - Trauma-informed discipline policy



MENTAL HEALTH ENHANCEMENT

Clinical Consultation- Seattle Children's Hospital- started January 2014

- 1 hour per month group psychiatrist
- 1 hour per month individual with psychologist
- Telepsychiatry for evaluations
- Support care for complex patients
- Boost skills and capacity
- Medication support



MENTAL HEALTH ENHANCEMENT

MHITS- Mental Health Integrated Tracking System

- Go-live with middle and high school SBHC providers Sept 2014
- 1,635 students enrolled YTD
- 32% (177/557) students in tx 10+ weeks 50% or better improvement in depression (PHQ9)
- 27% (153/557) students in tx 10+ weeks 50% or better improvement anxiety (GAD)
- Incorporate academic data to treat to academic targets- testing in June 2014



Report for :
Report Created on : Monday, October 1, 2012, 2:41PM

CURRENT PATIENTS

FLAGS	MHITS ID	NAME	POPULATION	ENROLLMENT DATE	STATUS	CLINICAL ASSESSMENT			# OF SESS - IONS	WKS IN Tx	LAST FOLLOW UP CONTACT						CONTINUED CARE PLAN	PSYCH. NOTE	PSYCH EVAL
						DATE	PHQ -9	GAD -7			DATE	PHQ -9	DEP IMPR	GAD -7	ANX IMPR	MED			
	000217	Anderson, Frank	U	5/1/2012	L1	5/1/2012			19	21	9/7/2012	10*		11*		✓		9/27/2012	
	000014	Contrary, Mary	MT	12/15/2008	L1	12/15/2008			6	198	7/26/2012	18*				✓			
	000047	Delay, Tom	U	12/14/2009	L1	12/14/2009	25		2	146	8/3/2012					✓			
	000228	Devito, Danny	G	4/20/2012	L1	5/25/2012	15		1	18									
	000012	Doe, Jenna	UVO	11/25/2008	L1	3/3/2008			1	239									
	000095	Doe, John	UVFMO	5/12/2010	UA				0	0									
	000049	Duke, Daisy	M	1/4/2010	UA				0	0									
	000036	Guitierrez, Mario	O	8/12/2009	L1	8/12/2009	21		1	163									
	000026	Joe, Baby	C	4/24/2009	L1	1/26/2010			2	139	2/1/2010					✓			
	000027	Joe, Baby	C	4/24/2009	L1	7/20/2012			1	10									
	000029	John, Doe	V	4/30/2009	L1	4/30/2009			1	178									
	000024	Mccain, John	V	4/17/2009	L1	2/9/2012			1	33									
	000035	Mctest, Testy	U	5/16/2009	L1	5/17/2009		17	1	176									
	000207	McTest, Testy	S	3/1/2012	UA				0	0									
	000051	Monroe, Marilyn	M	1/5/2010	L1	1/5/2010	24		2	142	1/1/2010					✓			
	000025	Palin, Bristol	U	4/20/2009	UA				0	0									
	000046	Palin, Todd	V	11/23/2009	L1	11/23/2009			1	149								2/17/2	
	000286	Romney,	U	8/10/2012	L1	8/10/2012			2	7	8/10/2012								

MENTAL HEALTH ENHANCEMENT

WSHS Care Coordination Pilot Y2

- Coordinate referrals/services between school staff, SBHC, and community mental health agencies
 - School can see when drug/alcohol referrals have been completed, reducing the need for out of school suspension
- School protocol for behavioral health referrals and follow-up/SIT integration
- Evaluation of outcomes to commence summer 2014
- Apply learnings to develop guidelines for replication at other sites- Cleveland is next 2014-2015



MENTAL HEALTH ENHANCEMENT 2014-2015

- HYS shows SPS 2010-2012 increase and higher than county in suicidal ideation
- 2 new laws going into effect that require suicide prevention/intervention training for school staff & for licensed mental health providers
- Convening team including local experts and SBHC staff to plan approach for year
 - Cross-disciplinary, evidence-based approach to suicide prevention, intervention, and treatment
 - Health education, groups, peer-led interventions, school staff training and support, etc.



ELEMENTARY SCHOOL HEALTH SERVICES

- Four sites started in 2012-2013; 4 added in 2013-2014
- Provide, link, or partner to provide health, mental health, and health care access services
- School-specific models
- Family-centered
- Healthy school environment



ELEMENTARY SCHOOL HEALTH: MODEL DEVELOPMENT

- Parents involved in all care
- Different health needs among younger students
- Funding/staffing much more limited than middle/high

ELEMENTARY HEALTH: MODEL DEVELOPMENT

Tracking academic and health data to identify emerging trends, challenges, successes

- Initial performance targets focused on attendance, MSP/MAP scores
- Establishing baseline productivity

UW MPH practicum student project: exploring health education & outreach efforts at elementary sites



ELEMENTARY HEALTH: CHALLENGES

Limited staffing

- Integration into buildings more challenging
- Caseloads limited by provider time

Diverse school settings

- Student demographics and health needs
- Coordinated school health staffing & services

Coordination with medical home

- School clinic as a supplement to child's medical home; way to reduce time away from school for appts
- School clinic as extension of medical home for some (e.g. Odessa Brown families)



ELEMENTARY HEALTH: SUCCESSES

- Seen over 300 students for primary care and mental health visits at eight sites through February this year
- Working to maximize impact by establishing strong collaboration with schools and other partners



Levy and/or PHSKC supported programs by elementary health site

- Program
- School age care
 - Family Support
 - Step Ahead
 - Levy Innovation
 - SNAP-Ed
 - UW School Psych practice
 - CLEAR Project



Levy and/or PHSKC supported programs by elementary health site

- Program
- School age care
 - Family Support
 - Step Ahead
 - Levy Innovation
 - SNAP-Ed
 - UW School Psych practice
 - CLEAR Project



Levy and/or PHSKC Supported Programs by Elementary Health Site

- Program
- School age care
 - Family Support
 - Step Ahead
 - Levy Innovation
 - SNAP-Ed
 - UW School Psych practice
 - CLEAR Project



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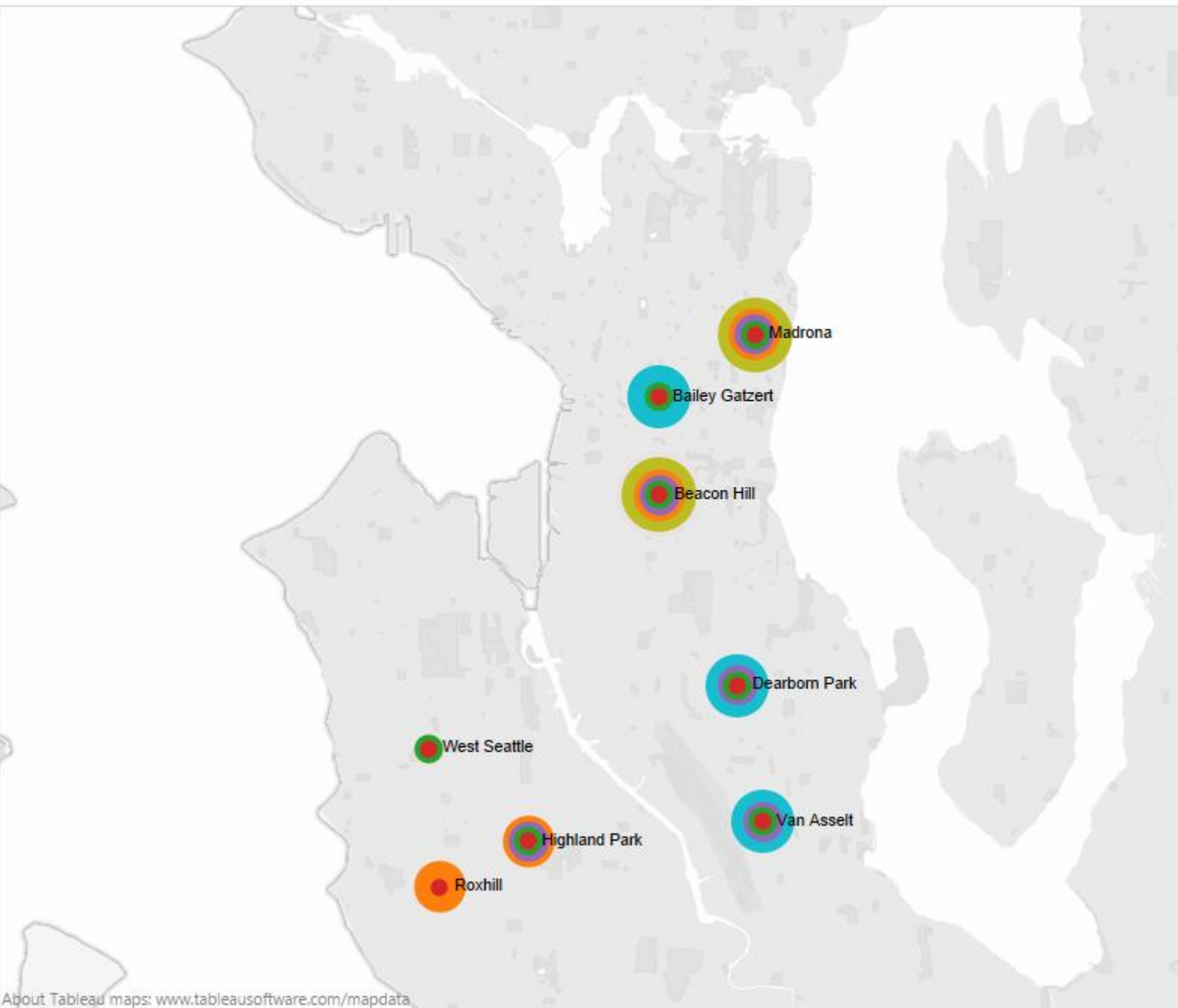
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COLLABORATION: VAN ASSELT WELLNESS COMMITTEE

- School Wellness Committee initiated at Van Asselt Elementary.
 - Example activity: Support for staff wellness
 - Committee collected staff strategies for keeping their hearts healthy posted responses on a display board at school for Valentine's Day.
- “Having passionate representation from a school nurse, public health educator, food service manager, **school-based health center** and teaching staff is unprecedented and exciting.” – *SNAP-Ed Program Manager, PHSKC*



COLLABORATION: UW SCHOOL PSYCHOLOGY PRACTICUM STUDENTS

- Practicum students supervised by Odessa Brown mental health therapist at Madrona and Beacon Hill
- Extra help from trained masters level students allows for universal screening/tier 1-2 support, while OBCC staff focus on tier 2-3 students
- Collaboration expanding at Beacon Hill to include alignment with CLEAR Project



INTERAGENCY ACADEMY

- Group Health started clinic fall 2013
 - Main clinic site at Columbia School (main intake site)
 - Medical services provided at Columbia School, mental health provided at each of 10 sites
 - SPS to renovate Columbia clinic space this summer
- Staffing similar to comprehensive high schools, with more intensive MH
- Initial performance target on attendance, aligned with Interagency's innovation targets
- Collecting baseline data to inform potential health related targets



INTERAGENCY ACADEMY: EMERGING TRENDS

- Intensive mental health services
 - High demand – caseloads filled quickly
 - Complex cases – complex trauma, psychosis, suicidal ideation
- Medical seeing smaller number of students for more intensive/complex care
- Establishing collaboration and referral relationships with PHSKC primary care and community mental health clinics



FAMILY SUPPORT PROGRAM

- 2012-2013 @ PHSKC - support transition
- Professional development
- Evaluation rubric
- Principal engagement in evaluation process
- Read & Rise 4 sites
- Innovation schools +4 more
- Native American FSW
- New database- SPS



FSP PROFESSIONAL DEVELOPMENT

- Check & Connect (Tier 2)
- Family engagement in literacy
- Motivational interviewing to support parent behavior change
- Health care enrollment - Obamacare
- Working with students exposed to trauma



ORAL HEALTH

- New investment in 2011 Levy
- Neighborcare Health awarded funding and began service in Sept. 2013

Denny HS	Highland Park
Madison Middle School	Mercer Middle School
Roxhill Elementary	Sealth HS
Van Asselt	West Seattle Elementary
Beacon Hill	Madrona



ORAL HEALTH

- Over 1200 oral health screenings (Sept-March)
- 175 reported no dental home
- 130 follow up appointments with portable equipment at school at Neighborcare dental clinic or other community provider



EARLY LEARNING HEALTH

- New for 2011 Levy
- Serving all Step Ahead sites and more than 450 preschoolers
- Public Health – Seattle & King County Child Care Health program
 - Public Health Nurse
 - MSW/Psychologist
 - Nutrition via SNAC program
- Tracking attendance and TSG score



EARLY LEARNING HEALTH

- **Developmental Screening**
- **Health Screening**
- **Classroom and teacher consultation on health and safety, behavior management, child development, social-emotional growth**
- **Nutrition Education via hands-on, interactive classroom lessons**



**ALL CHILDREN
WILL GRADUATE
FROM SCHOOL
COLLEGE/CAREER
READY.**

**Working
together with
SPS, OFE,
school staff,
students,
families,
community
partners and
stakeholders,
health
investments
are integral
to reaching
this goal.**