DRAFT

City of Seattle

FAMILIES AND EDUCATION LEVY
LEVY OVERSIGHT COMMITTEE
Tuesday, April 8, 2014

MINUTES

MEMBERS PRESENT: Tim Burgess, Elise Chayet, Sandi Everlove, Lucy Gaskill-Gaddis, Mike Fong, Sheeba Jacob, Kevin Washington, Greg Wong

OTHERS PRESENT: Kathryn Aisenberg (OFE), Jerry DeGrieck (Public Health), Ellen Flamiatos (Public Health), Sonja Griffin (OFE), Megan Holmes (Public Health), Ryan Lenea (Youth Commission), Sarah Lober (Youth Commission), Pegi McEvoy (SPS), Holly Miller (OFE), Kaetlin Miller (Public Health), Adam Petkun (OFE), Sara Rigel (Public Health), Sue Rust (OFE), Pat Sander (SPS), Sid Sidorowicz (OFE), Jessica Knaster Wasse (Public Health), Sarah Wilhelm (Public Health)

The meeting was called to order at 4:13 PM by Holly Miller. Introductions were made. The minutes from March 11, 2014 were approved. H. Miller reviewed the agenda.

HEALTH UPDATE

Sara Rigel began the presentation and said she uses the terms "sponsor," "provider" and "partner" interchangeably. Seattle Public Schools (SPS) has a new health services manager, Katie Johnson. PHSKC partners with the School District in a variety of places. H. Miller described the parallel services.

After discussing the Whole School, Whole Community, Whole Child slide, Kevin Washington said, given the services provided in individual buildings are not consistent, he wondered if the goal is to bring more consistent services to all buildings. S. Rigel said there is a model framework where we see pockets to get involved and this is a part of the whole model we're engaged in. The services don't vary a ton in middle school and high school. We provide technical assistance moving toward the same outcomes for kids.

S. Rigel provided clarification on acronyms and terms: QI = quality improvement initiatives; PD = professional development; TA = technical assistance; school health support services = school nurse services.

In the discussion on collaborating with school staff, Greg Wong asked if it works the other way, screening for health factors that may lead to risk. S. Rigel said yes, it is an opportunity for direct referral to get screening.

Unique in Seattle, we have documented that the use of SBHCs is associated with improved attendance.

Health organizations covered 33% minimum of SBHC expenses in the 2012-13 school year. Sponsors leverage funds including patient-generated revenue, grant and foundation funding, and Medicaid Administrative Match. The total cost of providing service exceeds the amount the Levy provides. SPS provides funds and in-kind use of space. Elise Chayet asked if the Medicaid Match is being threatened for this purpose. S. Rigel said it is always being threatened. E. Chayet asked if it doesn't come through, will it cause a hole. S. Rigel responded that it is a fund source for FSP and PHSKC sites but other sponsors do not

rely on it. K. Washington asked who drives the solicitation and management of the collaborators and partners. S. Rigel said they all went through a Request for Investment (RFI) process run by OFE. In 2011 everyone had to provide an investment plan to re-up their intention to provide services. The new strategies had recently run RFI processes. K. Washington asked about trying to develop outside funding sources to support the work of PHSKC. S. Rigel referred back to the previous slide on Partners Leverage Funds. She said there hasn't been a collective effort for Health to get one bucket of funding. K. Washington asked whether she considers that to be a risk to some degree. S. Rigel said it is actually a strength to have diverse funding sources across sponsors rather than depending on one bucket of supplementary funds. S. Rigel said they are thinking about different kinds of structures, as well as advocating from state and nationally. Outside of Seattle, a handful of counties and districts are looking at funding strategies in the absence of local levies. H. Miller said the non-funded portion is stable. We didn't go out with new RFI this Levy; however, we did RFI all of the new investments.

S. Rigel reviewed the Levy Health Investments – School Sites map and explained the symbols. She said there are consistent services in middle schools and high schools. Sandi Everlove asked if one of the sites allows family members to also receive services. S. Rigel said not currently. The Levy funds are to support students. They would need different access points for families. However, the topic is not off the table. At Jane Addams they have built space with external access. H. Miller said we talked about this with World School also.

Regarding School-Based Health Centers, Sid Sidorowicz asked if students play an advisory role. S. Rigel said many schools have advisory committees, some SBHCs have their own advisory committee, and there is a yearly patient survey. The Levy funds 7.6 FTE school nurses who provide critical support. Lucy Gaskill-Gaddis asked if there more nurses that are funded by district. Pat Sander said yes, 48 FTE. L. Gaskill-Gaddis asked if the Levy-funded nurses are primarily in health clinics and S. Rigel said yes.

G. Wong asked if there is any differentiation between providers in terms of outcomes and results. S. Rigel said no, every provider has targets and a shared target, and all are working toward these targets.. G. Wong asked if everyone meets them, and S. Rigel said yes, we raise the bar every year. We're all tracking with real-time data and are fortunate with data sharing from SPS. H. Miller said starting with 2005 was the first time we injected outcomes and there was some pushback and hesitancy to tie health services to academic outcomes. However, after the first year was a success, it has been embraced ever since which has been significant over the last 7-8 years. S. Sidorowicz said in the Seattle Channel health segment, TJ Cosgrove said academic results and health as academics over and over. S. Rigel said it is part of our language. She is a translator between health and education. The common language is to work toward student success.
E. Chayet asked how the users of the health system compare to the district overall, and the rate of use by high school health care users over the rate of population at risk. S. Rigel said demographic data shows that SBHC users over-represent the students of color, ELL, and FRL student s relative to the general school population. From a demographic standpoint, we are reaching the students who need us most.

Jessica Knaster Wasse discussed the Quality Improvement Initiative (QI) on Long Acting Reversible Contraception (LARC) which was recommended by the American College of Obstetrics and Gynecology. Health applied for a grant to improve access to LARCs. J. Knaster Wasse talked about the importance of offering LARC on-site at SBHCs. She said they have great results so far, with 5 schools doing IUD insertions and 8 offering Nexplanon insertions in 2012-13. This year all sites are required to offer LARC.

J. Knaster Wasse discussed the Mental Health Enhancement which has the goal of enhancing the academic impact of all FEL Health Investments by improving the quality of school mental health services. She reviewed the 3 tiers of the Health Pyramid and said when Tier 1 is done really well, there are fewer kids in Tiers 2 and 3.

L. Gaskill-Gaddis asked for clarification regarding trauma-informed discipline policy. J. Knaster Wasse said that discipline policies must take into account kids who have had trauma in their lives. Research evidence tells us that they do not succeed in punitive discipline environments. One thing to note, SBHCs are meant to be Tier 2, but many kids who would be Tier 3 receive services in SBHCs due to a number of barriers that prevent them from completing referrals to community mental health (Tier 3). Seattle Children's Hospital provides consultation and evaluation services to the SBHCs to provide quality care for kids who should see a psychiatrist but can't due to barriers. Consultation also support care for complex patients as well as medication management support, as some SBHCs prescribe psychiatric drugs.

J. Knaster Wasse said the Mental Health Integrated Tracking System (MHITS) is showing promising results. The results are on par with national clinical trials of mental health services integrated into primary care. The first bullet on the slide was corrected to Sept 2013 instead of 2014. E. Chayet asked if the system is used in all high schools and J. Knaster Wasse said yes, in all high schools with SBHCs.

S. Everlove asked if this is what we saw at West Seattle HS. J. Knaster Wasse said yes, they are uniquely using MHITS to coordinate between care between school staff, school-based health center, and community mental health and substance abuse treatment services. Community partners include ACRS, SWYFS, and Navos. S. Everlove asked if everyone is going to be trained to use the system in this and J. Knaster Wasse said yes, but it will take time. S. Everlove asked if it will help during summer to coordinate ongoing health care. J. Knaster Wasse said it could absolutely be used for that purpose, as MHITS includes a shared care plan that can be used to support continuity of care. S. Sidorowicz asked if care in summer would be at a neighborhood/care clinic. J. Knaster Wasse said yes. H. Miller said kids are automatically suspended if they have drug/alcohol use and using MHITS to share data with treatment providers can help prevent that by allowing the school, with the appropriate releases of information in place, to see whether treatment referrals have been completed. J. Knaster Wasse added it could help them get minimum suspension.

S. Sidorowicz asked how Health is paying for that at Cleveland in 2014-15. J. Knaster Wasse said that at the inception of the West Seattle project, they had a really small pot of HSD money given to agencies but that ran out. Everyone is doing this work without additional funding. S. Everlove asked if there are other programs like this in other cities, data sharing. J. Knaster Wasse said there's a lot of work on wraparound services but not any data sharing we know of. S. Rigel said the amount of data received from the district is much more robust than others receive. People are amazed and we give credit to the district. We are grateful to look at outcomes long term and short term.

J. Knaster Wasse reviewed professional development plans for the 2014-15 school year to focus on suicide intervention. The Healthy Youth Survey shows an increase in suicidal ideation in Seattle. She said the data is on PHSKC's website.

Sarah Wilhelm presented on elementary school health services. The goal is to provide, link, or partner to provide health, mental health, and health care access services. Currently services are in Central, SW, and SE Seattle. We are developing the model as we go. We meet and review data and look at emerging trends. L. Gaskill-Gaddis asked if the elementary health going through SBHC closest to an elementary site? S. Wilhelm said it's situated within the elementary school building. L. Gaskill-Gaddis asked who the providers were and S. Wilhelm said Odessa Brown and Neighborcare Health. H. Miller said it is not the "hub" model, although this was considered during 2011 levy planning.

PHSKC has a UW MPH practicum student looking into health education and outreach efforts, activities that are not well tracked via routine data reporting by sponsors.

S. Wilhelm described some of the elementary health challenges. S. Everlove asked about the coordination piece: Is Neighborcare and practitioners in clinics themselves made aware the child is going to a school with Neighborcare clinic? S. Wilhelm said yes, they talk with the family. S. Everlove asked if a protocol is at place in clinics to identify families with access to a school-based health center. S. Wilhelm said she has heard from managers that it happens at both Odessa Brown and Neighborcare. S. Rigel said there is a different way they document where a child goes to school.

K. Washington asked whether or not in the timeframe we've worked with elementary schools, have you developed a good perspective about scope of need. You mentioned limited staffing and limited space. Are you developing a sense of what the true need is? S. Wilhelm said it is building-specific. Sponsors have done parent surveys, staff surveys, and family outreach events. We are monitoring data and look at it by school, by sponsor, by across the board. We are still in the phase of examining that need and how we can adjust the model. K. Washington said it's helpful to be less reactive and more proactive. We've seen results in the middle school and high school piece, and it would be great to drive it down into elementary schools.

S. Wilhelm referred to the map of eight sites. At all eight, there is school-age support. Family Support Workers are at six sites. Four sites have Step Ahead and four schools receive Levy Innovation funds with the social-emotional learning component. SNAP-Ed is a public health-supported nutrition program at two schools, working with our SBHC staff. At two sites UW school psychology practicum students provide Tier 1 services. Beacon Hill International School has the CLEAR program (trauma-informed schools) with Gates Foundation support. Although we are small, we are working to build collaboration and leverage.

S. Wilhelm provided an example of collaborative efforts between SBHC and SNAP-Ed at Van Asselt, which has established a staff wellness committee. The committee led "Healthy Beverage Month" in March, which contributed to a significant voluntary reduction in chocolate milk consumption at lunch, as reported by the food services manager.

S. Wilhelm presented on Interagency Academy (IA). Group Health opened the clinic in fall 2013, and SPS is renovating the Columbia clinic space this summer in Columbia City. IA has more intensive mental health needs. There are two full-time therapists who are in high demand with complex cases. On the medical side, they are seeing a smaller number of students for more intensive/complex care. Because Interagency enrolls throughout the year, new students are introduced to the clinic as part of the school's weekly intake process. Many students are 18 years or older, homeless, living independently, and/or parenting. Many need to establish a medical home, and the SBHC can help them establish referrals. S. Sidorowicz asked, since all students come there from another school, have you been able to establish relationship between providers at different SBHCs S. Wilhelm said there is not an exchange between sponsors. Within Group Health Cooperative, they can share records. J. Knaster Wasse said it does work for mental health due to MHITS. K. Washington asked if there is the potential for piggybacking other records onto MHITS. J. Knaster Wasse said that's a big question. E. Chayet asked where kids go for more complex treatment; are there more complex mental health providers? S. Wilhelm said that's what we've been working on with Group Health; through the community mental health clinic is where that would happen if complex and beyond scope of what clinic can provide. E. Chayet: are kids are insured through managed health care in Medicaid? S. Wilhelm: Clinic does help enroll students if they are not already. S. Everlove asked if they screen kids to look at dental needs at IA even though not provided at that particular health care center. S. Wilhelm said as part of the general enrollment process that is discussed. We have discussed providing mobile dental services at IA.

J. Knaster Wasse discussed the Family Support Program. They are enhancing professional development using evidence-based practices. Pat and Alicia are engaging principals in the evaluation process. Read &

Rise is seeing excellent results. All four new innovation schools chose to buy Family Support Worker services.

S. Rigel discussed the Oral Health investment. Neighborcare Health was selected and began service at 10 schools in September 2013. Citywide and King County data show good results in oral health screening for 3rd grade and 6th grade, then it drops away. They decided to diversify the group of schools, try it out, and see where they could make the most impact. Neighborcare decided to partner with Odessa Brown at two sites. L. Gaskill-Gaddis asked if one of those was Denny Middle School and S. Rigel said yes.

For health screenings, Neighborcare has portable equipment. There is a lot of referral and calling and talking with parents to refer to a community provider; also tracking follow up which is just as important as providing services on site. H. Miller asked if they are able to look at data in terms of results. S. Wilhelm said yes but it's not ready to share. Overall the younger students have a higher level of decay. There are different tiers. Over 21% of students screened have decay; in some schools up to 30%. This is a known rate of concern for oral health.

The 10 schools is a flexible list. ICHS last year was awarded a federal capital grant to buy a mobile van. They are using the van to support non-Levy-funded schools. Very few schools (Garfield, Ballard) are left out. J. DeGrieck said the City of Seattle General Fund is the primary funder of the school-based sealant program. He said he was intrigued by the 175 that report no dental home; it seems like a low number. S. Rigel said for data, we had set what we thought would be most appropriate to report. Next year we will report on a different set of information; more than what we see here. These are highlights. We are developing the data set.

L. Gaskill-Gaddis said the health work is very impressive. Ryan Lenea said at Nathan Hale there is a teen health center and nurse. He said the health center is crowded and the nurse overwhelmed. S. Rigel said we track every single visit by school by counselor at SBHCs. We track monthly and report out, so everyone sees. If something looks askew, S. Rigel calls to see what's going on. What's the role of the school nurse in this situation? Sometimes they have different roles. One thing we're working on with the Levy is to define that across buildings. Last year we did on-site observations of dozens of school nurses: how much time they spent on paperwork, how much on screenings. We want to capture the best use of the SBHCs. S. Everlove said this makes her feel like our investment is going to the way it's supposed to and she wished that more of the public could hear this. How can we get this success story out, maybe in newspaper, speaks to groups working collaboratively, sharing data, did that and seeing actual benefits for kids. You voted for the Levy and your dollars are being well spent. S. Sidorowicz said the SBHCs get the most stories in one way or another. He is constantly running across news media, not just the Seattle Channel show that we did, they did other shows, articles on intervention, SBHC newsletter, never enough but of all the programs we have, they get the most attention. It's been positive for the last 10 years. S. Rigel will send information to Sue Rust on how to sign up for the SBHC newsletter.

E. Chayet asked about Medicaid expansion. S. Rigel said, at the state level, she is a member of the Washington School-Based Health Alliance. The Alliance is working with the State Insurance Commissioner. She is going to Olympia next week and said what they advocate for the State is good for Seattle. There are lots of options. We are also addressing confidentiality and how the Insurance Commissioner can help control or help.

The meeting was adjourned at 5:35 PM.