

SYSTEM CHANGE INITIATIVE: School Based Health Centers

“Despite the perception across the nation, we have 40 million families without access to health care. Anything schools can be doing to facilitate basic services, we need to step up.” Dan Jamison, Superintendent, Sherwood School District

“It’s the right thing to do. But it’s the kind of thing where there is not a lot of funding, and it is going to take a lot of collaboration.” Dick Stenson, President Tuality Healthcare

The Washington County Commission on Children and Families surveyed all schools in the county in 2006, as part of its Community Schools Initiative, which had emerged as a community priority in the 2002 Comprehensive Community Plan for Children and Families.

The survey gathered information about building level community school services and supports available and needs to help students be successful in school and to address the out-of-school time needs of their families’.

The data was used to develop action plans to increase community and school supports for community schools. 110 principals or their designees out of 116 principals completed the survey (a 95% return rate!) from all seven school districts. The 110 schools represented an overall enrollment of nearly 77,000 students, and included elementary, middle and high schools as well as alternative schools.

In June of 2006, members of the Commission on Children and Families presented preliminary findings from the survey to Su-



School Based Health Centers

perintendents at their regular bi-monthly meeting. Among the gaps that emerged from the survey was a lack of access to health and mental health care for students in need. Many of the schools expressed interest in seeing strategies implemented to provide school-based health and mental health services.

Following the presentation, one of the Superintendents said that since the need for school based health and mental health services was so prevalent, he would like to work to establish a school based health center every high school in his district. Discussion followed amongst the Superintendents, and the Commission on Children and Families was asked to convene a cross district team to meet with representatives from County Health and Mental Health to explore the possibility building a collaboration which would establish school based health centers in Washington County. Subsequently a countywide School Based Health Center Initiative collaborative was launched to develop and implement a five year plan establishing school based health centers to provide access for students from all seven districts.

The collaborative involves representatives from more than 20 school districts and community organizations, including: all seven school districts and the Northwest Regional ESD, County Mental Health, County Health, Virginia Garcia Memorial Health Center, LifeWorks NW, Providence Health Systems, Tuality HealthCare, Legacy Health Systems, OHSU and Pacific University, Vision Action Network, the Commission on Children and Families and other community organizations and advocates.

The collaborative's first task was to gather additional information to assess the need for school based health services, finding:

- In 2006, 11% of children or over 15,000 children and youth in Washington County have no health insurance with a higher percentage of uninsured among the county's 74,000 Hispanic residents.

School Based Health Centers

- Uninsured children are 30% less likely to receive medical attention when injured, less likely to use preventive services and more likely to use expensive emergency services for primary care needs.

- The 2006 Oregon Healthy Teens Survey found that 54% of county eighth graders reported they had not had a medical exam in the prior year, 30% had not had a dental exam, 16% were at high risk for depression and 13% had considered suicide.

The nurse to student ratio in county schools is 1:4,444.



Only one, limited service, school based health center exists in the county at present, established to serve pregnant and parenting teens, which is accessible to some 450 of the county's more than 80,000 students.

The School Based Health Center Initiative has been developing an innovative, robust and financially sustainable model of care in mainstream schools; a model that achieves community and student acceptance, has positive outcomes and offers a prototype that can be replicated throughout the county. The goals and measures of success of the model are to increase health and mental health care access, provide needed services, minimize duplication, ensure continuity of care with students' primary care providers and improve the health of at-risk youth.

School based health centers are an effective and proven model to increase access to health and mental health services, to reduce the loss of class time and to improve the physical and emotional health of children and youth. Statewide experience demonstrates that 60% of students who access a school based health center are otherwise unlikely to receive care, and 67% of users report better

School Based Health Centers

health as a result of accessing care.

As a result of the collaborative planning process, Sherwood School District was able to establish a partnership with Providence Health Systems for school-linked services to provide improved access to health care services in the Sherwood community through the Providence clinic located there. This partnership was formalized in the fall of 2007.

The Tigard-Tualatin School District voted unanimously in September 2007 to enter into an agreement with Virginia Garcia Memorial Health Center to open a school based health center on the Tigard High School Campus in early 2008. Virginia Garcia will be the medical provider for the center and will contract with LifeWorks NW to provide mental health services through the school based health center. The center is now on track to open in March 2008, and will be the first full service school based health center in Washington County. It is expected that more than half of the 1,900 students at Tigard High School will visit the clinic each year.

In addition, the Forest Grove School Board voted unanimously to authorize the district administration to begin a community planning process for development of a school based health center to serve students from Forest Grove, Banks and Gaston School Districts, ideally at Forest Grove High School in 2008-09.



To support the planning, development and first year of operations for the Tigard center, and to explore the feasibility of establishing centers in other school districts, the collaboration has worked hard to secure funds from a variety of sources, with staff

School Based Health Centers

from the Commission on Children and Families taking the lead in grant writing. As of the end of December 2007, almost \$700,000 in public and private funds has been secured to support the development and first year of operations of the Tigard school based health center, planning to determine the feasibility of opening a center in Forest Grove School District during the 2008-09 school year, and to support initial exploration of establishing centers in the Hillsboro and Beaverton School Districts in subsequent years. Major contributors to the school based health center start up funding include: Kaiser Permanente Community Fund, Providence Health Systems, Pacific Source, United Way of the Columbia-Willamette, Northwest Health Foundation, the Oregon Department of Human Services, County Mental Health and County Health and the Commission on Children and Families.

“The purpose of the health center is to provide easier access to health care for students. Healthy kids learn better.” Susan Stark Haydon, Public Information Officer, Tigard Tualatin School District.

System Based Initiative Early Childhood Mental Health

“Wow, so many things! First of all, I was relieved to get some tools with which to help the child.”

The 2002 Community Comprehensive Plan for Children and Families identified early childhood mental health as a major area of unmet need in Washington County. Gaps were noted in capacity of the mental health system both in terms of a lack of practitioners with early childhood expertise, and a lack of specialized early childhood interventions and treatment approaches. Additionally there were gaps identified related to parents, child care providers and other early childhood program staff having knowledge of young children’s social emotional development , how to recognize and identify children with emergent mental health issues, and how to enhance interactions and structure environments to promote positive social emotional development.

Since the 2002 plan, several initiatives in Washington County have resulted in significant improvements in community capacity to recognize and address these mental health issues in early childhood, as well as improvements in young children’s behavioral health outcomes. The initiatives grew out of successful resource development achieved through community partnerships convened by the Washington County Commission on Children and Families.



In 2003, the Commission on Children and Families in partnership with the Beaverton, Hillsboro and Tigard-Tualatin School Districts was awarded grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the First Steps to Success model. This evidence based program model out of the University

Early Childhood Mental Health

of Oregon provides a classroom support program and a home based parent education component designed to improve anti-social and challenging behaviors among kindergartners and first graders. The three year grant for First Steps to Success was successfully implemented in each of the three districts over the grant period.



More than 200 children with high risk behaviors and their classmates were served over the grant period, with more than 90% of children demonstrating a reduction in problem behaviors and an increase in on-task classroom behavior. More than 500 teachers and early childhood professionals in the three districts received training in classroom management techniques through the initiative. In 2006 funding responsibility for the First Steps to Success program was assumed by the three school districts, with assistance of bridge funding from the Northwest Health Foundation. This grant also enabled the program to be expanded to the Forest Grove School District, and Forest Grove assumed funding responsibility for the program in the 2007-08 school year. Of particular note the program evaluation found that one of the most significant outcomes was to the classroom management skills of participating teachers, so that **all** children in the classroom benefited from the program not just the student with identified behavioral concerns.

In 2004 the Childhood Care and Education Advisory Committee

Early Childhood Mental Health

(which serves as the Early Childhood Team for the county) worked with the Commission on Children and Families to secure funding from the State Addictions and Mental Health Division office for an Oregon Children's Plan grant to implement a second initiative, an Early Childhood Mental Health Consultation model in Washington County. The Commission on Children and Families contracted with Morrison Child and Family Services to provide Early Childhood Mental Health Consultation to professionals working with young children and families in a variety of community settings, including: child care, both family and center based; Head Start and other pre-school settings; home visitation programs such as Healthy Start or Babies First!; Early Intervention and Early Childhood Special Education; child welfare and foster care; health clinics; and other community settings. At least one consultant has been bilingual (Spanish / English) throughout the project's history. Among early childhood professionals who have received consultation services:

95% reported their knowledge of early childhood mental health has increased;

92% reported their ability to support children's positive social and emotional development has increased; and

88% reported their confidence in managing children's challenging behaviors has increased.

"Her evaluation of what we are doing was helpful. The perspective on the child's behavior and how to best meet his needs."

Parents who receive individualized consultation in evaluations also reported gains in their capacities to support their children's social emotional development and manage their challenging behaviors:

98% reported they think they are more able to help their child to grow, learn and develop; and

95% reported they are confident they can manage child behavior problems on their own.

Early Childhood Mental Health

More than 150 individual children and more than 500 parents and early childhood professionals are served each year by this program, which has quickly become an essential component of the County's early childhood service infrastructure. Since 2005-06 County Mental Health funds have contributed to the program's operation, with the majority of funds provided by Oregon Children's Plan funding from the Addictions and Mental Health Division. Currently, efforts are underway to identify local funding options for this program as the county was notified in July, 2007 that the Addictions and Mental Health Division was going to transition Oregon Children's Plan funding to support a specific evidence based program, Parent-Child Interaction Therapy.

A third significant system improvement initiative in the early childhood mental health arena also emerged from the Childhood Care and Education Advisory Committee, the Commission on Children and Families and County Mental Health. The CCF and County Mental Health successfully partnered to secure a State Incentive Grant pilot project for Early Childhood Behavioral Health System Improvement in 2004. This grant provided almost two years of funding to support an initiative to increase the early childhood and mental health systems' capacity to address behavioral health concerns among the county's growing Latino population. While Latinos represent more than 12% of the population, they have been significantly under-served in the mental health system, with less than a 3% penetration rate.



The following key elements/results? were achieved from the initiative:

Systems Change: A System Design Work Group was established to

Early Childhood Mental Health

guide the project. The work group identified system barriers that deter families from accessing behavioral health services or that restrict treatment providers from providing services in familiar settings for families in culturally appropriate and relevant ways, and implemented strategies to address barriers identified. What was the result or success of this?

Staff Training and Development: staff training focused on addressing the lack of bilingual-bicultural early childhood staff and behavioral health staff and clinicians. A key strategy was hiring two paraprofessional mental health promotoras and investing extensively in their training and professional development and supporting their access to higher education and career advancement in the behavioral health field. Through the initiative, a number of community trainings were offered for early childhood program staff and behavioral health professionals to increase community capacity to address emergent behavioral health concerns in young children.



Mental Health Promotoras: Mental health promotoras to provide health education, screening and support to Latino families to increase access to essential health services were an essential component of the SIG initiative. Mental health promotoras for this project were hired by LifeWorks NW, a community behavioral health provider, and served as bridges between cultures and languages and between the early childhood field and behavioral health; and helped prepare families for participation in parent-

Early Childhood Mental Health

ing education and treatment services.

Parent Education: Participation in parenting classes provided initial access to the promotoras and the behavioral health system in a non-stigmatizing way that recognized and built on their strengths. Capacity to offer evidence-based parenting classes in settings where families were already engaged in programming and services such as Head Start centers and migrant health center sites was expanded. Promotoras and staff from these partner agencies were cross-trained in the Incredible Years curriculum, to assure that capacity to offer classes would be retained upon conclusion of grant funding. Once the project was under-way, the project also took advantage of an opportunity to have promotoras trained in another curriculum: Make Parenting A Pleasure. All parenting education classes were offered in Spanish.

The County contracted with LifeWorks NW to hire and supervise the promotoras involved in the project. The State Incentive Grant demonstrated some promising results. 300 children and families received individual and family support through the Promotora initiative in the grant period. Several key local findings included:

All families surveyed reported that services were accessible and effective in resolving their concerns in a culturally sensitive way. 66% of children assessed, demonstrated improved social-emotional functioning.

In more than 50% of families served, a child and/or parent was referred to and accessed community mental health services.

Because of the effectiveness of the promotora approach in reaching at risk Latino families, and engaging more than 50% in mental health treatment services, the Mental Health Division of the County Department of Health and Human Services picked up funding for the two promotora positions hired in the initial grant and added an additional promotora position to make the services available countywide.

Representatives of the early childhood system who have participated

SYSTEM CHANGE INITIATIVE: Summer Food Program Expansion

in community planning meetings subsequent to the 2002 plan, have consistently identified as a major accomplishment the progress made in building infrastructure supports to enhance parents and early childhood professionals' capacity to support young children's social emotional development and address behavioral challenges.

"That she provided more than one way to deal with and respond to discipline issues. It was great that she gave mom ideas and suggestions while inquiring about what she is already doing."

"During the school year, school meals are often all they'll eat all day. In the summer they may not have anything."

In 2003, the Oregon Legislature passed SB 287 which asked local Commissions on Children and Families to convene meetings of school districts and other community partners to explore strategies to increase the number of children and youth who benefit from the summer food program.



In 2004 the Washington County Commission on Children and Families (CCF) sponsored several meetings of local school district personnel, representatives from the Oregon Food Bank, Family Resource Centers, OSU Extension Service and other community advocates to strategize how to increase the number of summer food program sites. On average, some 12% of eligible children had been served in the summer food program between 2003 and 2005, while close to 30% of students participated in the free and reduced lunch program during the school year..

Planning for the 2006 summer food program began in January 2006, with the Washington County CCF convening monthly community

Summer Food Program Expansion

planning meetings. The primary goal of these partnerships was to grow program participation through strategies based on research that showed when additional activities or programs are offered at food sites, children's attendance is more consistent. The partners developed educational and physical activity programs to be integrated into many sites. Other additions included hosting a pilot site where parents could also eat lunch along side their children as well as expanded outreach and advertising.

The 2006 summer food program saw more than 3,500 meals being served each day to children and youth at 38 sites, ranging from apartment complexes to city parks to schools. Almost 150,000 meals were served, a 63% increase over the number of meals served in 2005. A variety of unique partnerships between youth serving organizations, faith organizations, the Extension Service and local parks and recreation districts saw a diverse range of activities offered at sites throughout the county which helped increase participation.

This broad based, multi-organizational collaborative effort involving Beaverton, Hillsboro and Forest Grove School Districts, Oregon Food Bank, OSU Extension Service, local Parks and Recreation Districts, area youth activity programs and many churches resulted in almost 150,000 meals being served at 38 sites in the 2006 summer, and an increase to 16% of eligible children and youth participating, compared to an average of 12% in earlier years. Sites included school based sites, local parks, and area housing developments.



The collaboration was strengthened when a tri-county partnership between the Multnomah, Clackamas and Washington County Commissions on Children and Families, resulted in a three year grant award from United Way of the Columbia Willamette to increase

Summer Food Program Expansion

participation in the summer food program was awarded in late spring of 2006. A portion of these funds supported outreach efforts for the 2006 summer programs.

United Way funds also supported a nutrition education program, *Smart Start*, taught by summer interns hired through the grant. Training for intern teams in the *Smart Start* curriculum was provided by the OSU Extension Service. A bilingual team was assigned to locations where large concentrations of Spanish speaking children were in attendance. Eleven sites in Washington County had the two week *Smart Start* curriculum offered.

The United Way grant also provided the funding to under-write the pilot sites where parents were able to eat meals with their children. Two pilot sites were operated in Washington County, one in the Beaverton School District and one at the Hillsboro Family Resource Center to help facilitate access to other services offered through the center.

Shute Park was one of the most successful sites in Washington County in 2006, through public-private partnerships involving the CCF, Hillsboro Parks and Recreation, Camp Fire USA, Tuality HealthCare, Sonrise Church, and Intel. Through these partnerships the Hillsboro Parks and Recreation was able to organize and offer a summer activity day camp, *The Outpost at Shute Park*, providing a range of recreational and arts activities each day. Sonrise Church partnered with a variety of organizations to bring additional activities, and provided an Italian Soda to every adult volunteer who assisted at the site on a given day. The Shute Park program served an average of 135 children each day. More than 245 volunteers, recruited primarily by Sonrise Church, assisted at the site over the course of the summer.

OSU Extension Service offered *Snack Attack* classes at a number of summer food sites. *Snack Attack* provided nutrition education and cooking classes free of charge to children who participated at some 12 sites.

Summer Food Program Expansion

Partnership also took the form of the Tualatin Hills Parks and Recreation District Rec Mobile which traveled to two of four pilot sites in the Beaverton area each day. The Rec Mobile was outfitted with sports equipment and art supplies. More than 1,500 children participated in activities offered through the Rec Mobile.

Final numbers for the 2007 summer food program are not yet available. Preliminary numbers suggest there may have been a slight decline in the number of meals served, but still well over the 2005 numbers. Services were expanded in the Forest Grove area to include a city park site that was sponsored by a coalition of area churches, and two summer food sites were also offered in the Tigard-Tualatin area through partnerships with several apartment complexes and the Beaverton School District Nutrition Program. The Shute Park *Outpost* program, the traveling Rec Mobile from Tualatin Hills Parks and Rec, *Smart Start* and *Snack Attack* nutrition education activities all were continued in 2007 to continue to promote participation in the summer food program.

Planning for summer of 2008 is scheduled to begin in January, with efforts targeted to maintaining current sites and continuing to work to increase participation levels at existing sites.



“Last summer we served over 120,000 meals in the county and expect this to grow. Yet we reached only a fraction of the kids who were qualified...”