

## **Steering Committee Meeting March 30, 2010**

**In Attendance:** Mary Grisco, Mary Bell, Nancy Edtl, Dawn Bell, Chris Tofteberg, Gabe Garcia, Jon Lyon, Geran Tarr, Sarah Skeel  
Coordinator: Tari O'Connor

**Next meeting: Tuesday, April 13 from 1-2pm, ASD Room 141, teleconference number 742.4405.**

- **Roles and responsibilities for SBHC partners–**
  - This group has discussed roles and responsibilities of individual partners, but not in relation to one another. The group referred to the attached handout that lists all partners and the parts they will potentially play.
  - Some comments/concerns included
    - Changing the name for the school health advisory council to include the words “health center” to distinguish it from the ASD Medical Advisory Committee, which is focused on broader health issues. This change has been made.
    - Concern that as things stand, individual health care providers will not be able to volunteer unless they have an employer that participates on an institutional level. Nancy and Tari will follow up w/ ASD's lawyers about this.
  
- **School Health Center Advisory Council –**
  - We reviewed the description put together by last summer's Community Engagement Committee. Tari added some changes recently based on input from several sources, including fiscal agent representative (at prospective fiscal agent's request), Anchorage Project Access representative (assuming they decide to participate), Assembly or Mayor's office rep (based on advice from an SBHC expert in Colorado), local business person (same source).
  - We had also considered having the health care providers meeting separately as a medical working group; the suggestion was that these folks won't be able to attend so many meetings, and that it would be better to have a medical director and one other provider represent the group. The description will also be clarified so that it explicitly includes behavioral health providers if/when that service is added.
  - It's important that this group become too large so that it can actually get things done, with 10-12 persons at a meeting being ideal. A membership of no more than 15 would probably accomplish this. Rather than deleting types of representation, we settled on recruiting folks who fill more than one role (e.g. school board member who is also a local business person).
  - This group will not have fiscal or legal responsibility for the SBHC, but rather will be our eyes and ears in the community, helping to advocate, provide rumor control, etc. and will be focused on identifying student needs, which services to provide, and other policy guidance.
  - **Note:** Tari added two more – local church rep and service club rep, on the advice of an SBHC expert.

- **Scope of services**
  - We reviewed the attached service description. Suggestions included: have a concise handout for parents and a more detailed manual for providers who work in the health center, give some examples of things we might refer elsewhere, include a statement that the SBHC won't write prescriptions for conditions that are outside of our scope. We also discussed putting together a referral list for SBHC providers to use.
  - The group felt the existing description of “diagnosis and treatment of minor illness and injury” was sufficient.
  
- **Other updates**
  - **Parent evaluations**
    - Clark principal indicated she would hand them out to parents during parent teacher conferences on 3/24-25. Tari will pick them up and give them to Gabe.
  
  - **Fiscal agent –**
    - Tari and Brian Green (Christian Health Associates Exec Dir) met with Dennis McMillan at the Foraker Group on 3/29 to get his advice on whether and how to proceed with CHA becoming the SBHC fiscal agent. Some takeaways included
      - this project seems well within CHA's mission,
      - CHA has the necessary fiscal capacity to take on the SBHC,
      - once this project becomes more complex, e.g. we expand to another school, we should consider forming our own 501c3,
      - it's advisable not to expand to another school until the project is well established, at least 2 years,
      - reasonable sources of long term sustainable funding for this project will be billing or ongoing government grants; we can only count on foundation grants for the first few years.
  
  - **West/Romig -**
    - Tari has been invited to a West/Romig planning workshop later this week, and will attend a public forum on Thurs as well. The health center is a small part of a larger planning process, so part of attending will be to see how much time she should spend on this piece.

## **HEALTH CENTER ADVISORY COUNCIL (HCAC)**

The HCAC is the bridge between community and ASD; it advises ASD regarding school based health services and related matters. It is not a medical advisory committee but rather a council that links teachers, students, parents and community to work together. It additionally serves as the “eyes and ears” for the SBHC in the community, and helps to share information about the SBHC with community members and organizations.

The HCAC

- Reports to SBHC Coordinator
- Meets quarterly to review policy, planning, funding and other administrative/management matters
- Sets up needed subcommittees to delve into specific task areas
- Links with ASD Medical Advisory Committee (MAC)
- Holds public meetings as needed for listening and promoting various health needs

SHAC membership:

- Principal (or designee) from each school with health services
- Community medical and behavioral health providers – up to one from each group providing personnel to work in the SBHC, including one medical director
- Two parents
- Two youth
- Two teachers
- One school board member
- Up to two school nurses
- Fiscal agent representative (member of fiscal agent's Board of Directors?)
- Anchorage Project Access board representative (assuming they decide to participate)
- Assembly or Mayor's office representative
- Local business person
- Service club reps
- Local church reps

As much as possible, individuals will serve dual roles to keep the size of the SHAC to no more than 15, for example, we could recruit a parent who is also a local business person.

SHAC members ought to serve at least two year terms to help build and share knowledge and build/maintain trust within the school community and neighborhoods. Meeting protocol, record keeping, etc. will follow that of the Anchorage School Board.

(NOTE: MAC will continue to advise Health Services ASD staff on medical /issues matters and may be called upon to give specific medical advice to HCAC)

Discussion:

Those appointed/chosen for this advisory council will have links to other organizations, groups to whom they are expected to report and represent input from. For example, youth chosen will

be in leadership in student organizations; parents chosen will be in leadership in community organizations that support school health services; school board, principal self-explanatory. Some advisory councils also have representation from the partnering organizations who provide health services (Juneau Teen Health Center model).

This council is concerned with policy, funding, evaluation: the 'big' picture. It should be "the" place where community members, partners, students, parents can go to learn, be listened to and feel welcomed within ASD. It helps direct focus for the Coordinator and links to other resources within the community.

ASD staff's preference would be to survey parents and students regularly and have only designated organizational representatives on this council (PTA, Principal, school board). This council is the critical link between school, parents, students and community/neighborhood; to limit its representation may not serve well to build trust and long-term support.

## CLARK SCHOOL HEALTH CENTER

The Clark School Health Center is a program within the Anchorage School District to provide the following free health services to Clark students only:

**Sports physicals** – offered periodically starting Spring 2010

**Medical diagnosis and treatment of minor illness and injury** – will be offered regularly beginning in Fall 2010

Flu and colds disease	Skin problems	Earaches	Communicable
Sore throats	Sprains, cuts, burns	Infections	

**Immunizations** – will be offered regularly beginning in Fall 2010

**Screening and referrals** for more serious health problems – in conjunction with any of the services listed above. For example, if a health care provider during a sports physical suspects your child has asthma, we will refer you to another health care provider in the community for further care for asthma.

Any condition beyond the scope of practice of the Clark School Health Center or problems more appropriately handled by other health or education professionals will be referred to appropriate medical personnel. The Clark School Health Center CANNOT write prescriptions for conditions that are being treated by an outside provider, or are otherwise outside of the scope of practice for the Clark School Health Center. For example, we cannot refill prescriptions related to treatment for diabetes, asthma, or psychiatric conditions.

Parent/guardian consent will be required for students to access services at the Clark School Health Center. By providing consent, parents will make their children eligible to receive any service offered by the health center. Permission will be in effect from the time a parent or guardian submits the form until the child leaves Clark Middle School unless the parent/guardian submits a new form indicating a change in consent.