

Steering Committee Meeting April 13, 2010

In Attendance: Nancy Edtl, Dawn Bell, Chris Tofteberg, Gabe Garcia
Coordinator: Tari O'Connor

Next meeting: Tuesday, April 27 from 1-2pm, ASD Room 141, teleconference number 742.4405.

- **Fiscal agent update -**
 - The Christian Health Associates Board of Directors voted last week to approve CHA's participation in the SBHC project.
 - During the past few weeks, Tari and Brian Green (CHA Exec Dir) have been meeting with various groups including Foraker, Rasmuson, Colorado Association of SBHCs (referred to by NASBHC), and among the feedback they received is that it may be preferable to house all project staff under one organization. ASD can't receive grant funds to operate the health center but would still prefer to house the coordinator.
 - Discussion is still proceeding with Anchorage Project Access on how to collaborate or partner with the SBHC. There is a lot of interest and excitement among the APA board for this project, expressed again at a board retreat on 4/12, but Brian and Tari are still working on the details for a recommendation of how this might work.

- **West/Romig planning process – (health center floor plan follows)**
 - Tari attended a planning workshop and then a public forum recently for West/Romig. Bonds for construction are at present at least 6 years out, so construction is not happening imminently. This is a redesign of the entire West/Romig campus, so is much bigger than the school based health center.
 - The plans do include a health center space; issues: that the space would facilitate delivery of services likely to be there, and that it is flexible enough to accommodate other service delivery models. The health center floor plan looks great, the only concern being that it's pretty far from the Romig and West school nurse's offices. There isn't enough space closer to the Romig nurse but the group agreed that appropriate space is more important.

- **Health reform and SBHCs**
 - The federal health reform legislation includes \$200 million in grants to operate school health centers. This is an emergency appropriation; ongoing funding still needs to be authorized to extend the funding beyond the initial year. Funding will be for school health centers that include mental health treatment.
 - We will need to develop messaging to use to address the need for SBHCs despite health reform, i.e. that health reform does not mean that programs like this are no longer needed.

- **Other updates**

- Clark principal indicated she would hand Parent Feedback Forms out to parents during parent teacher conferences on 3/24-25. Tari will pick them up tomorrow and give them to Gabe.
- 5k run May 1st organized by Clark counselor and teachers, benefiting the Mt View Boys and Girls Club.
<http://www.fasterthanafalcon.info/www.fasterthanafalcon.info/Home.html>
- Tari will be meeting with the Clark principal tomorrow to update her on the status of the SBHC.

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

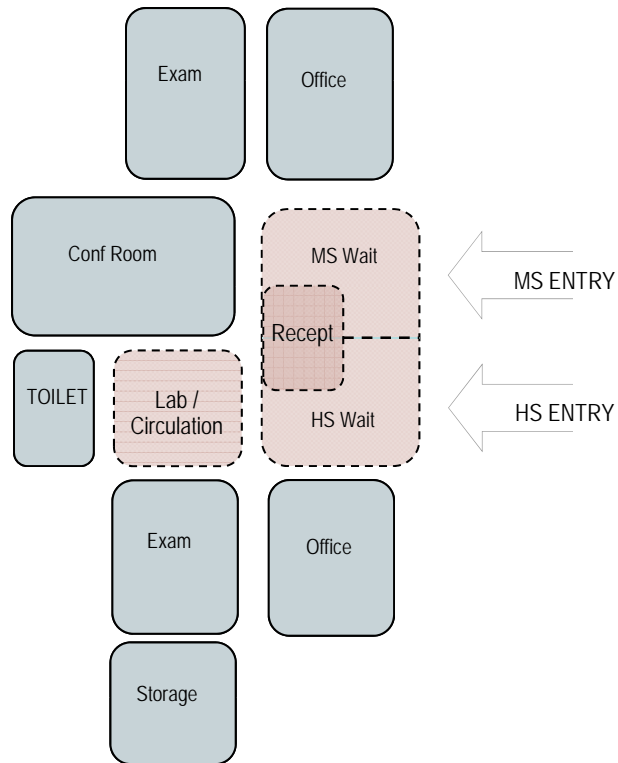
Flu and colds disease	Skin problems	Earaches	Communicable
Sore throats	Sprains, cuts, burns	Infections	

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.



Preliminary Space Program			
	Quantity	Area	Total
Waiting	2	250	500 sf
Reception	1	100	100 sf
Office / Social Worker	2	150	300 sf
Conference Room	1	200	200 sf
Lab	1	150	150 sf
Toilet Room w/ Shower	1	100	100 sf
Exam Room	2	100	200 sf
Storage/Supplies	1	100	100 sf
			1650 sf
Building Area Grossing Factor			1.4
Total Gross Area Requirement			2310 gsf

School Health Clinic
Preliminary Program and Relationship Diagram
2/1/10