





School-based Health Services Information, Input & Networking Comunity Stakeholder Session

Monday, June 3, 2024, 1-4 PM



The Children's Trust Board & Mission



The Children's Trust partners with the community to plan, advocate for and fund strategic investments that improve the lives of all children and families in Miami-Dade County.



CHILDREN'S TRUST Health Aims

- Address health holistically: physical health, oral health, vision care, mental health, emotional well-being.
- Increase access to preventive services and health education.
- Connect with community care.
- Increase parental awareness of and consent for services.
- Meet state requirements.

School Health Strategic Planning Goals

- Increase reach to more schools and students.
- Explore a menu of more efficient methods of delivery.
- Consider funding sources to meet the needs.



Today's Meeting Goals

- Increase understanding of current services and needs.
- Learn about the strategic planning efforts and inputs.
- Discuss current challenges, with potential opportunities and solutions.
- Understand and provide feedback on the future vision for schoolbased health services.



Today's Agenda

- Welcome & icebreaker
- What is school-based health?
- Current state of school-based health services and funding in Miami-Dade
- Community health indicators of needs
- Discussion 1: Challenges & opportunities for school-based health community needs, enrollment, and resources

- Discussion 2: Challenges & opportunities to professional staffing for nurses, mental health counselors, and social workers
- Strategic planning efforts & inputs
- Vision for future school-based health
- Discussion 3: Thoughts, reactions, suggestions
- Next steps & timeline

lcebreaker

Who is here and why?

On an index card, write 3-5 words on what motivated you to be here today.

Find a person whose name tag has a different color, introduce yourself and share your reason. Two minutes will be given and then form new pairs.

Please leave your index cards on the tables.



Florida Department of Health in Miami- Dade County

School Health Program



Overview

- School Health Background
- Statutory Program Requirements
- School Health Services
- School Health Service Plan
- Charter Schools
- Audits
- Data Collection/Reporting
- Medicaid Billing
- Budget

Program Background

- Prior to 1974, school health services were generally conducted by health departments and school districts based on local priorities, standards, and sources of revenues.
- Services varied from programs providing communicable disease surveillance and immunizations to comprehensive programs utilizing screening technicians, health aides, nurses, physicians, and volunteers.
- The School Health Services Act of 1974 established the first formal school health requirements that included screening and other health services for public school students.

Statutory Program Requirements

School Health Services Act of 1974

Established first formal School Health requirements for Public School Students

Florida Administrative Code Rule 64-F

Provides statutory authority and rules to plan, implement and monitor school health services provided in Florida schools

Florida Administrative Code Rule 64F-6.004

Mandates that persons staffing the school health room and two additional staff members must be currently CPR and first aid certified by a nationally recognized certifying agency. Requires the list to be posted in the gym, cafeteria, health room, school office, and other high-risk areas

Section 381.0056, Florida Statutes

Requires that all 67 counties in the state of Florida provide School-based Health Services to public school children in K through $12^{\rm th}$ grade

Mandates basic school services in Florida public schools and participating nonpublic schools

Provides statutory authority and rules to plan, implement, and monitor school health services provided in Florida schools.

Statutory Program Requirements

Section 1006.062, Florida Statutes

Mandates medication administration. Grants school district personnel ability to administer medication.

Section 1002.20 Florida Statutes

Mandates regarding specific medications in schools (inhalers, epinephrine injectors, diabetic medications, etc.)

Section 1003.25, Florida Statutes

Requires each school principal to maintain a permanent cumulative health record for each student enrolled in a public K-12 Schools.

School Health Program Services

- School-based health services are provided to public school children in grades Kindergarten through Twelfth grade in all 67 Florida counties.
- Services are provided in accordance with a local School Health Services Plan. This plan is developed in conjunction with the county health department, school district, School Health Advisory Committee (SHAC), and public/private partners

School Health Program Services

- The school Health Program services are designed to encourage parental awareness of student's health status; discover and prevent health problems; and encourage utilization of the services provided by physicians, dentists and other community health agencies.
- The services provided by the School Health program are an important component of the public health system and help assure that Florida's students are healthy, in the classroom, and ready to learn.
- The services supplement, rather than replace, parental responsibility and encourage parent attention to student health.

Basic School Health Services

Basic school health services, mandated by the School Health Services Act and other Florida Statutes, are provided to all students in Florida Public schools and participating nonpublic schools.

Basic services include, among other activities:

- Health Appraisal
- Health Records Review
- Nurse Assessment
- Nutrition Assessment
- Preventive Dental Program
- Vision, hearing, scoliosis, and growth and development screening (BMI)

School Health Services Plan

Completed biennially

Pursuant to section 381.0056, Florida Statutes

Created in collaboration with local school district and school health advisory committee (SHAC), as well as public/private partners.

Requirements:

Health appraisal, record review, nurse assessment, preventative dental program, vision screening, hearing screening, scoliosis screening, growth and development screening, health counseling, referral and follow up of suspected or confirmed health problems, meeting emergency needs in each school, medication administration and medical procedures, prevention of communicable diseases, health education curriculum development, referral of students for appropriate attention, and maintenance of student health information.

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Charter Schools

- FDOH in MDC provides services to Charter Schools upon request and based upon staffing.
- Charter schools may request FDOH assistance in performing their Health Screenings
 - Includes all screenings
 - The Charter School is charged for the service
 - School Health Screenings are a service frequently requested by Charter schools.
- Consultations and Guidance
 - FDOH in MDC provides free consultation and guidance to charter schools requesting assistance with school health matters

Audits

- FDOH in Miami-Dade County conducts audits in all MDCPS schools, including those served by The Children's Trust/Community Partners to ensure compliance of Florida statutes that regulate School Health.
- Included in the audit:
 - Review of Cumulative health records
 - Emergency Contact Cards
 - Medication Administration Authorizations
 - Documents necessary to complete Individualized Healthcare Plans
 - Physical medications
 - Health room
 - Level I, II, III trainings
 - Unlicensed Assistive Personnel compliance

Collection/Reporting of Data

- FDOH RNs and HSTs report services directly to the Health Management System (HMS).
 - School Health Administration reviews accuracy of this data frequently

Program Manager receives data and is entered in HMS:

- Reports from NCH, biweekly
- Reports from MDCPS, monthly
- The Children's Trust/Community Partners:
 - Health Screening results: provided Annually December
 - Health Screening Outcomes: Monthly
 - Aggregated Data: Annually in July

Collection/Reporting of Data

- School Health Annual Report is created using data from all previously mentioned entities, including community health partners
 - Includes education classes provided, chronic conditions, number of schools and students in the school district, amount of RNs, LPNs, Supervisors, HSTs, who are providing a service for the School Health Program.
 - Students seen, sent home, and returned to class, as well as referrals

Medicaid Billing

- The FDOH RNs in Miami Dade County bill Medicaid for some services provided to students with Medicaid
- Administration submits billing reports to the FDOH billing department on a quarterly basis.

Budget

BUDGET=\$2,967,314

\$1,000,000 (NCH/FDOH Contract)

\$1,967,314 (FDOH)

MEDICAID REVENUE= \$5,000

CHARTER HEALTH SCREENINGS REVENUE = \$20,000



Miami-Dade County Public Schools





Comprehensive health (nursing, health techs)



Mental health services

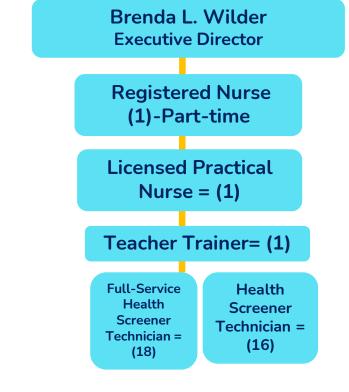


Social work/ESE services

Organizational Chart

Comprehensive Student Health Services

Y







School Health Program - Model



Basic School Health Services

• Includes all 392 schools

Full-Service School-(Hourly health technicians/funded by the District)

- 19 schools
 - Focuses in areas underserved students
 - High risk communities
 - Needing access to medical and social services

District Managed Charter Schools

- Academy for International Education (AIE)
- Academy for International Education Upper for Science Technology
- Downtown Doral Charter ES
- Downtown Doral Charter US
- The SEED School of Miami
- South Florida Autism Charter School (SFACS)

Full-Service Schools (FSS)

- James H. Bright ES
- Gratigny ES
- Norland ES
- Dr. Robert B. Ingram ES
- Frederick Douglass ES
- Charles R. Drew K-8
- Paul L. Dunbar K-8
- L.C. Evans K-8
- David Fairchild ES

- Toussaint L'Ouverture ES
- □ Henry E.S. Reeves K-8
- Poinciana Park ES
- □ Shadowlawn ES
- Phillis Wheatley ES
- Madison MS
- L.C. Saunders ES
- South Miami Heights ES
- Whispering Pines ES

RATIONALE FOR SELECTING FULL-SERVICE SCHOOLS (FSS)

- Located in 67 counties since 1990
- Focuses on underserved students in poor, high risk communities needing access to medical and social services
- Selection of schools is a joint effort between the local DOH and School Districts





Office of Mental Health and Student Services

Miami-Dade County Public Schools

> M-DCPS MENTAL HEALTH SERVICES

ELLB

Department of Mental Health Services

Section 1006.041 Florida Statutes –

Mental Health Assistance

- Established new department in July 2018 to expand school-based mental health services, train educators and other staff in detecting and responding to mental health issues and connect students and families who may experience behavioral health issues with appropriate services.
 - Expanded school-based personnel
 - Enhanced partnerships with community agencies
 - Implemented the National Council on Mental Wellbeing's Youth Mental Health First Aid training for M-DCPS personnel

School and Community-Based Mental Health Professionals









Mental Health Coordinators (MHCs)

School Counselors

School Social Workers

School Psychologists

Trust Counselors

Community Providers

Community-Based Mental Health Providers and Partners

The Children's Trust

- University of Miami
- Community Health of South Florida, Inc.
- Citrus Family Care Network
- Jessie Trice Community Health System
- Borinquen
- Nicklaus Children's Hospital

Thriving Mind of South Florida -Managing Entity for Miami-Dade and Monroe County

Contracted Agencies

- Ayuda, Inc.
- Chrysalis, Health Inc.
- Citrus Health Network, Inc.
- DTT Coaching Services, LLC
- Empowering Youth, Inc.
- Florida International University
- Healthy Connections CMHC, Inc.
- Invo Healthcare Associates, LLC
- Jewish Community Services of S. Florida, Inc.
- Neurohealth Professionals of FL, LLC
- Prosperity Social & Community Development Group, Inc.
- The Village South/West Care

M-DCPS MENTAL HEALTH SERVICES

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Integrating Mental Health into MTSS Framework FLORIDA DEPARTMENT OF EDUCATION fldoe.org

Tier 3 (Individualized/Intensive):

- Individual problem-solving teams
- Coordination of decision—rules and referral and follow-up procedures
- Data and strategy sharing between school and agency staff
- Individualized counseling and intervention, behavior support plans
- Intensive progress monitoring
- Wraparound and crisis prevention and response planning Intensified family partnership and communication
 Link intervention to Tiers 1 and 2

Tier 2 (Supplemental/At-Risk):

- Decision rules for early identification and access
- Evidence-based group social, emotional, and behavioral interventions based on need
- Monitoring of intervention fidelity and student progress
- Link intervention to Tier 1

Tier 1 (Universal/Prevention):

- Universal screening and progress monitoring of student social-emotional health and school climate
- Alignment and prioritization of initiatives informed by needs assessment and resource mapping
- Reduced Risk Factors
 - Create orderly and nurturing classrooms and public space, fair and positive discipline, curtailed bullying
- Increased Protective Factors
 - Social-emotional skills instruction, positive/secure relationships, predictable environment
- Restorative and Trauma-Informed Practices
- Data-based problem-solving leadership teams
 - Including youth serving agency, youth and family representatives
- Schoolwide mental wellness initiatives to increase awareness and reduce stigma
 - Youth Mental Health First Aid (YMHFA) training, Wellness Fairs, Behavioral Health Campaigns
- Monitor and support well-being of educators

Mental Health Services Program Implementation

Professional Development

Threat Management Process

Safe Crisis Management/De-Escalation

Youth Mental Health First Aid

Early Warning Signs/Red Flags

Crisis Response and Intervention

Suicide Prevention



Threats to Self or Others: Preventative Measures

- Youth Suicide Risk Assessment Instruments –F.S. 1012.583 – sharing common assessment with agencies and mobile crisis units
- SAFE-T Protocol with C-SSRs (Columbia Risk and Protective Factors) Lifetime/Recent

Threat Assessments – F.S. 1006.07 all schools have a Threat Assessment Team (administrator, school counselor, instructor, law enforcement) with required training

- Designed to prevent violence and resolve conflict or problems that underlie threatening behavior
- As of January 1, 2024, utilize the FLDOE, New Florida Harm Prevention and Management Model
- Mental Health Assessment
- Safety Plan



RESILIENCY EDUCATION STANDARDS



SCHOOL STAFF TRAINING

80% or more of school staff receive youth mental health awareness training.

MENTAL HEALTH ASSISTANCE

ALLOCATION AND FLORIDA SAFE SCHOOLS ASSESSMENT TOOL

District funding and planning tools to strengthen school safety and support school staff training, services and resources. RESILIENCY TOOLKIT Dynamic resources for students, parents/caregivers, educators and community partners.

FLORIDA SPECIFIC YOUTH SURVEY

Results on students' resiliency and behaviors will inform student instruction, resources, supports, and staff training.

RESILIENCY EDUCATION, CIVIC AND CHARACTER EDUCATION AND LIFE SKILLS EDUCATION

School districts provide 5 hours of data-driven instruction annually to students in grades 6-12 related to resiliency, character development, and mental health.



Why is Resilience Important?

Helps individual get through difficult circumstances

- Empowers growth
- Improves quality of life
 - Protective factor against mental health challenges
- Level of resilience can change through the course of one's life.

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Student Mental Wellness Programs/Initiatives and Partnerships



















THRIVING MIND SOUTH FLORIDA®





Ending the Silence Great Minds-Great Athletes

Teen Mental Health First Aid

Mindfulness Champions

Let Me Show you the Way

Mental Wellness Clubs

Values Matter Miami

Health Information Project



M-DCPS Resources

mentalhealthservices.dadeschools.net studentservices.dadeschools.net parentacademymiami.com

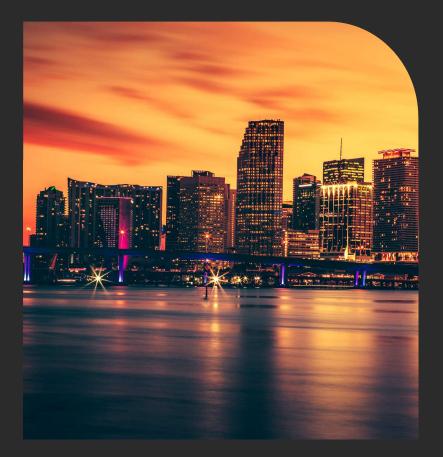
Parent Assistance Line (305) 995-7100



School Social Work Program

MIAMI-DADE COUNTY PUBLIC SCHOOLS

OFFICE OF EDUCATIONAL SERVICES AND EXCEPTIONAL STUDENT EDUCATION





SSW Objectives

- The school social worker (SSW) is a member of the student services team and is responsible for assisting all learners in developing their potential to grow academically, socially and emotionally.
- School social workers operate from an ecological perspective, having specialized knowledge, training and skills in viewing the whole child in their environmental context.
- They serve as the link between the home, school and community, facilitating productive communication.
- School social workers encourage and support students' academic and social success by reducing barriers interfering with learning and promoting wellness.
- They act as advocates for the school, student and family.
- School social workers provide assessment, intervention, and prevention services.
- They work collaboratively with school team members to promote the mental and physical health and well-being of all students.



Meet Our Leadership Team

Exceptional Student Education (ESE) School Social Work Program





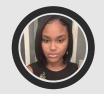
Kelli Hunter-Sheppard Administrative Director



Daniel R. Oré District Chairperson



Rocio de la Grana District Co-chairperson



Oyinlola Oyegunle North ESE Chairperson



Elore Ellington Central ESE Chairperson



Patricia Negrin South ESE Chairperson

About the School Social Work Program



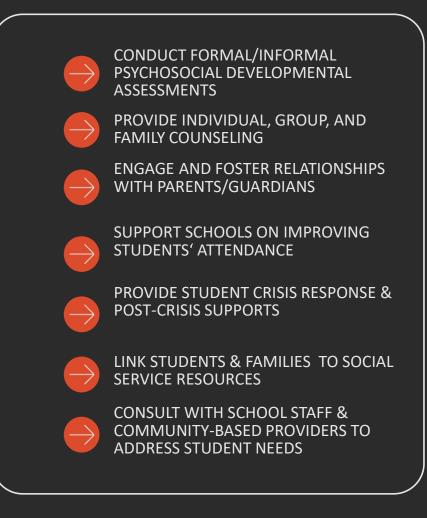


The school social work program's priorities include:

- Ensure the use of best practices for providing evidence-based education, behavior, and mental health student services
- Implement a school social worker service practice framework that focuses on understanding and advocating for students and families
- Analyze social worker current service data
- Monitor school social work referral and data reporting procedures
- Monitor school social worker educational, work experience, certification, hiring requirements
- Provide a school social worker model for professional development and continued education
- Implement state procedures for clinical field instruction and social work internships
- Facilitate the mentoring, progress monitoring, and evaluation of performance expectations and service effectiveness

School Social Workers Focus on Students







How do HCiOS School Social Workers align with M-DCPS school social work model?

- All HCiOS school social workers meet the hiring requirements for M-DCPS
- All follow the M-DCPS school social worker job description
- All follow M-DCPS school social worker policies, procedures, and best-practices
- All participate in M-DCPS school social work professional development, staff meetings, and correspondence

In 2006, The Children's Trust partnered with community stakeholders to develop HealthConnect in Our Schools. These stakeholders included M-DCPS, the Miami-Dade Health Department, and numerous community mental and medical health providers. HCiOS was developed to address the health needs of school age children in the 330 plus Miami-Dade County Public Schools.

Since the advent of HCiOS, 17 school social worker positions funded by the Children's Trust complement those M-DCPS school social worker positions to service all PK-12 schools.

School Social Worker Credentialing





All school social workers must possess a:

- Master of Social Work (MSW); AND
- Certification by the Florida Department of Education (FLDOE) in School Social Work (PK-12)

SSW E-Referrals

All M-DCPS schools submit student referrals via the SSW E-Referral



By submitting this request for school social worker support services, I understand and agree that this referral is subject to all federal and state laws as well as school board policies related to confidentiality of student information. All parties further agree to comply with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 5 1232g, as may be amended. Parties shall regard all student information as confidential and will not redisclose student information to any additional third party.

Hi, DANIEL. When you submit this form, the owner will see your name and email address. * Required

1. Last name of person submitting referral *

Enter your answer

North

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	School Social Worker	
	E-Referral (Central)	Į.
	By submitting this request for school social worker support services, I understand and agree that this referral is subject to all federal and state laws as well as school board policies related to confidentiality of student information. All parties further agree to comply with the family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, as may be amended. Parties shall regard all student information as confidential and	
	will not redisclose student information to any additional	

* Required

third party.

1. Last name of person submitting referral *

Central

Enter your answer



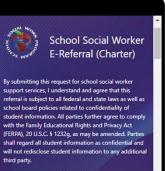
support services, i understand and agree that this referral is subject to all federal and state laws as well as school board policies related to confidentiality of student information. All parties further agree to comply with the family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 5 1232g, as may be amended. Parties shall regard all student information as confidential and will not redisciose student information to any additional third party.

Hi, DANIEL. When you submit this form, the owner will see your name and email address.

1. Last name of person submitting referral *

Enter your answer

South





Charter



School Social Work Services include:

- Initial Student Screenings
- Comprehensive psychosocial assessments *
- Behavioral adaptive assessments (Vineland 3) *
- Crisis response / intervention support
- Conflict mediation
- Attendance interventions
- Behavioral and Emotional Screening (BESS)
- Small group therapy/counseling
- Individual counseling
- Multi-disciplinary intervention planning
- Positive behavior interventions and supports (FBA/SEBIP)
- Social, mental/medical health, service referrals
- Resiliency skills trainings

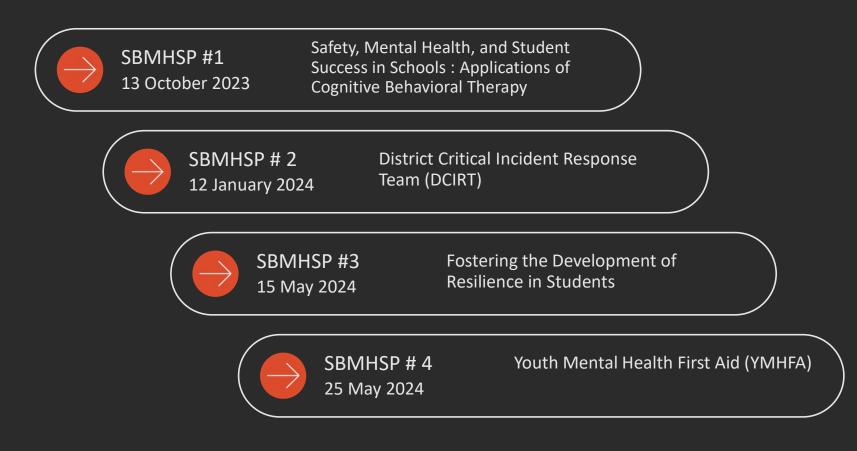


* These services are provided to private schools as well as PK-12 schools

Professional Development



Specialized SSW Trainings



To learn more about School Social Work, contact us at

dore@dadeschools.net

rociodelagrana@dadeschools.net



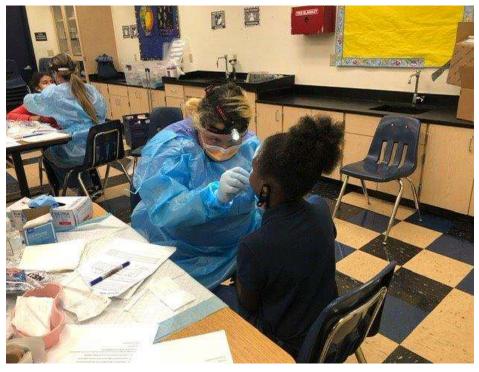




HealthConnect School-based Health Initiative

The Children's Trust Investments in School-Based Health Services

- 140 school sites
- Nursing, social work, mental health services, vision and dental screening
- Annual funding
 - Past 6 years, 2018-2024: \$16,250,000/year
 - Next year, 2024-2025: \$20,094,846



HealthConnect

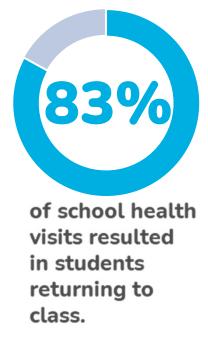




2022-23 School-based Health Services

Service	Visits	Prep/ Follow-up	Students Served*	# Staff Funded
Nursing	157,142	18,480	53,155	200
Mental Health & Social Work	12,032	13,862	5,078	57
BMI, Vision & Dental Screenings	64,429	5,213	37,855	Nursing staff conducts screenings.
Annual Total	233,603	37,555	71,140	257

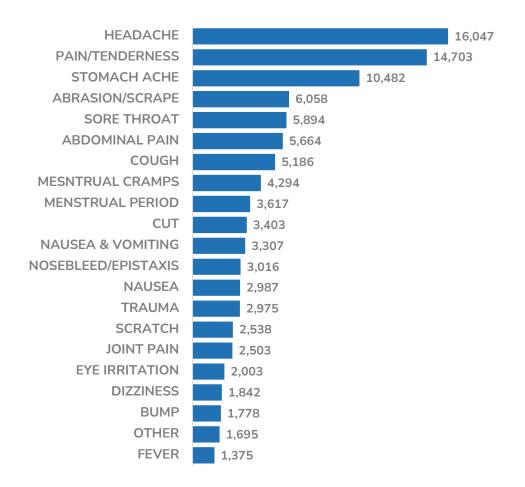
*Some students received more than one service, so these numbers cannot be added across services.



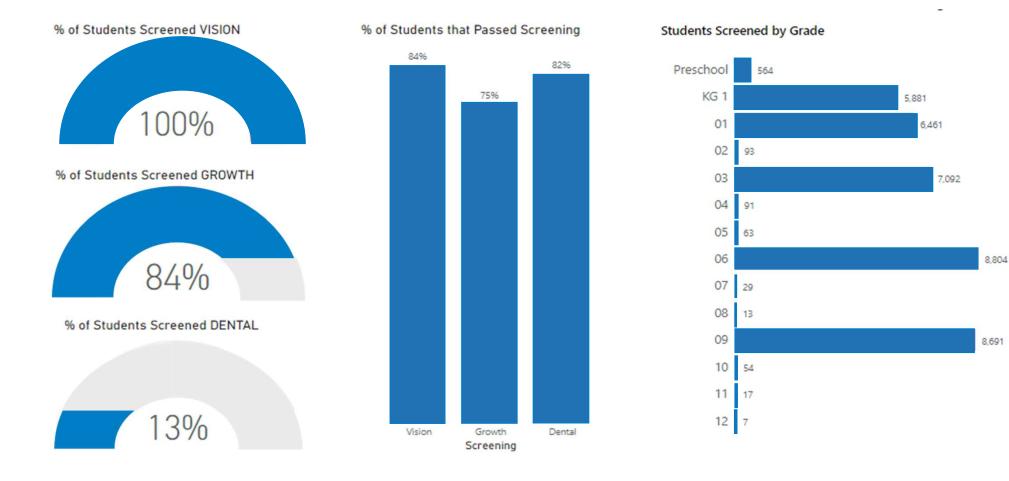


2022-23 Top Reasons for Nursing Visits



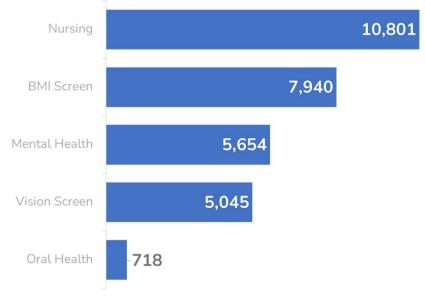


School HealthIn 22-23, more than 64,000 screenings assessedScreeningsstudents' vision, growth, and dental health.





More than 30,000 school health referrals were made for community follow-up services related to:



18% of 28,082 students screened for vision needed follow-up services, which provided:

5,259 comprehensive eye exams, with 3,005

eyeglasses for students who lack vision care.





Community-based Oral Health Prevention Services



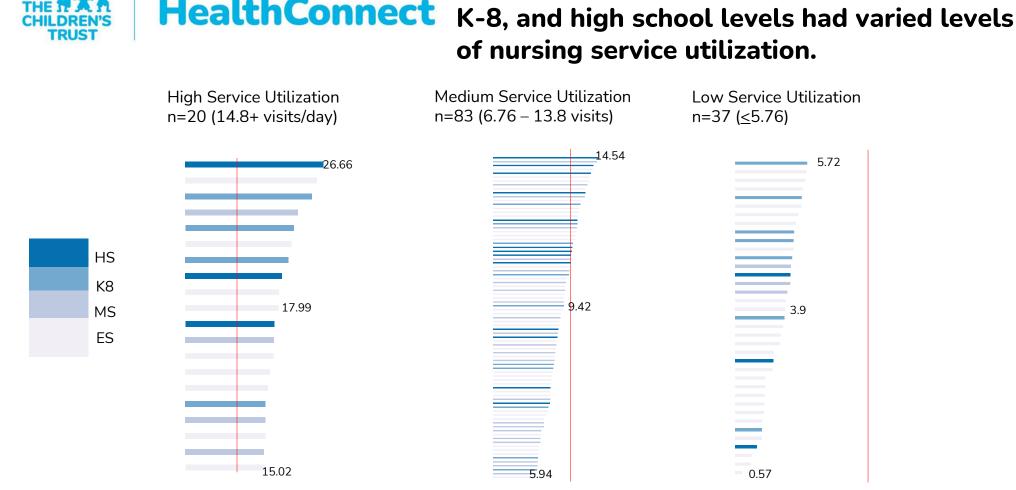
1 in 6 of 4,134 students screened for oral health needed follow-up services.

3,349 children received oral health services, including fluoride varnish and 930 sealants for 345 children.



Although the overall M-DCPS student enrollment declined by 4% from 18-19 to 23-24, the student population	October 350,040	October 337,172
in HealthConnect schools declined by 10% in the same period.	October 121,190	October 109,404

18-19	19-20	20-21	21-22	22-23	23-24



HealthConnect

In 22-23, schools at the elementary, middle,

Red line indicates the average number of visits per day overall, which is 10.8 visits.

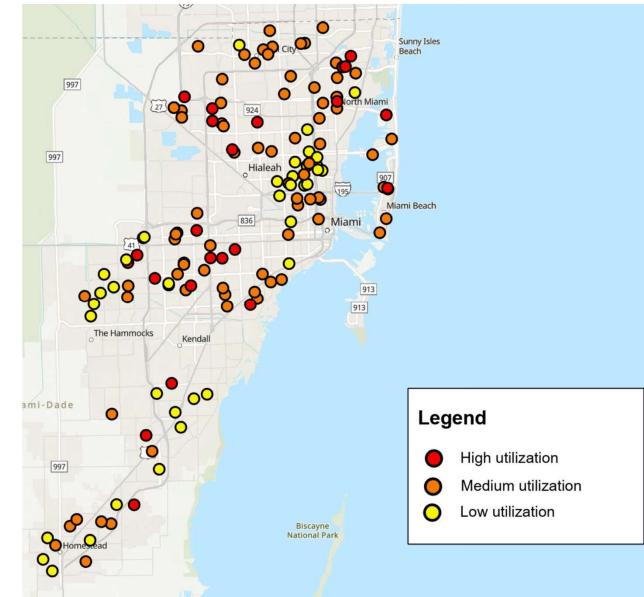


In 22-23, K-8 schools had the highest percentage of schools producing high and medium nursing service utilization levels.





In 22-23, nursing service utilization levels showed some variation by geography.

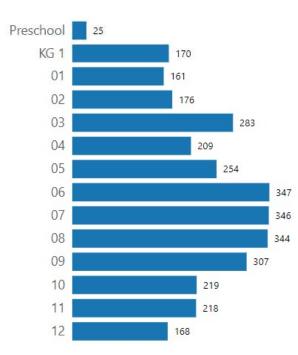


Mental Health and Social Work

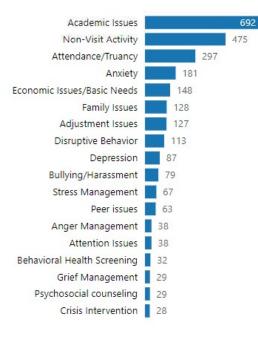
Mental Health (40 Trust- funded staff)

Students Seen

3,220



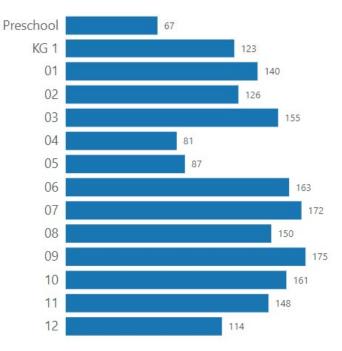
Student Psychosocial Problems



Social Work (17 Trust-funded staff)

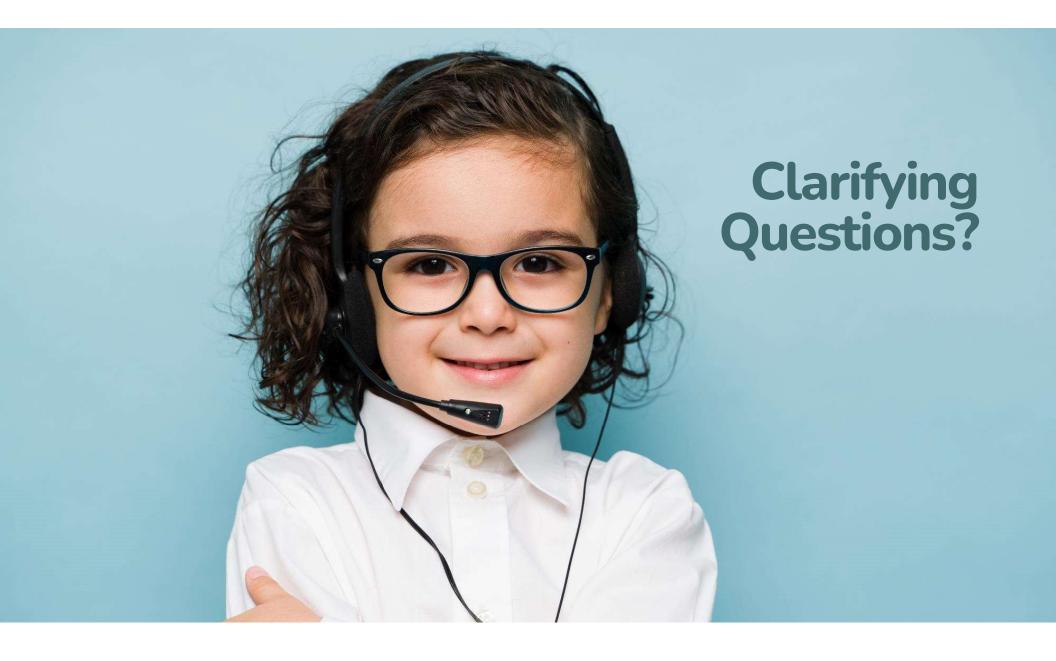
Students Seen

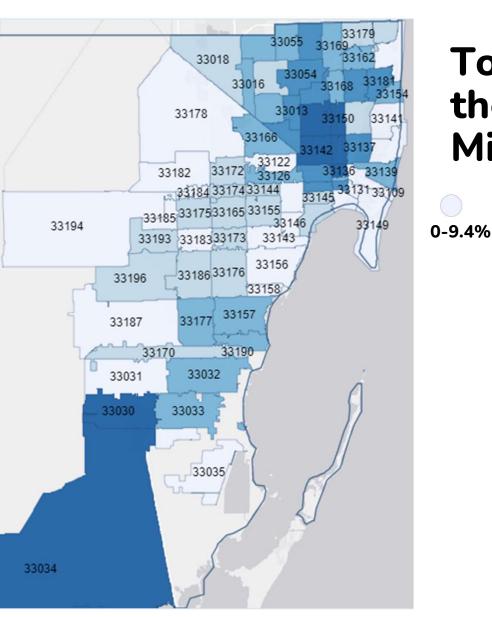
1,858



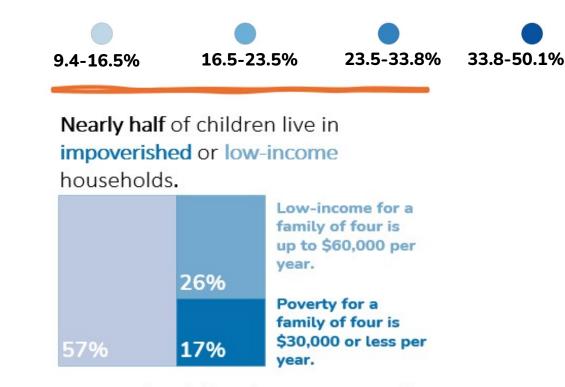


Pediatric Mobile Clinic Services



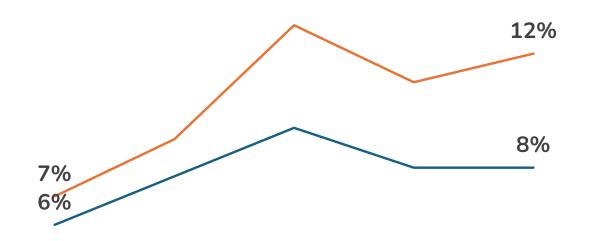


Too many children live below the federal poverty level in Miami-Dade County.



Low-income households are between 100%-200% of the Federal Poverty Level.

Although school absentee rates have lowered since their peak in 20-21, high school absentee rates increased last year compared with all students.



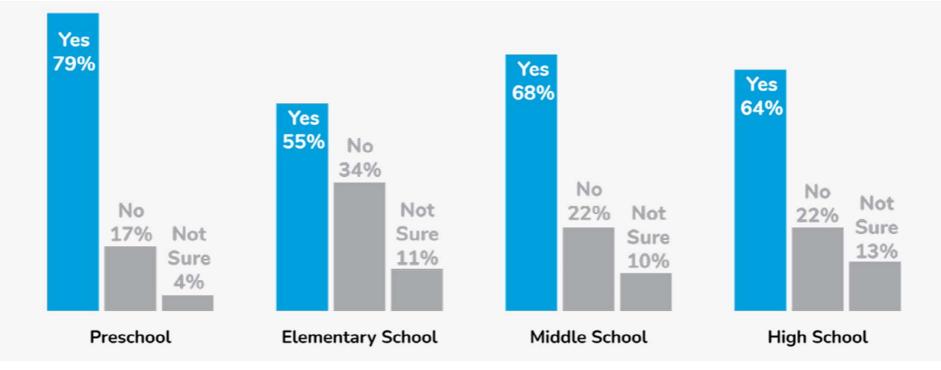


Access to comprehensive health care for children is limited, especially mental health services.

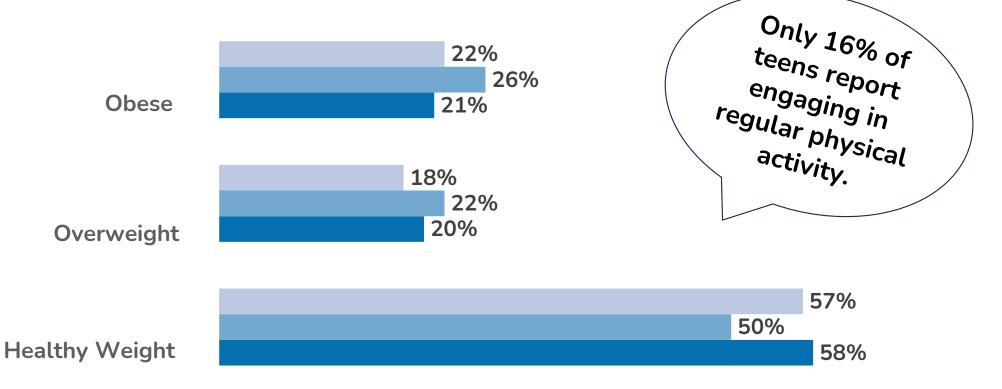
Children entering 7 th grade with the required immunizations ¹	94%
Children with health insurance ¹	91%
Children who have visited a doctor in the last year ¹	66%
Children who visited a dentist in the last year ¹	65%
Children in need who received consiste mental health services ²	ent 26%

¹ Miami-Dade County ² State of Florida

The percentage of parents who reported that their child had a personal doctor or nurse drops significantly at school entry.

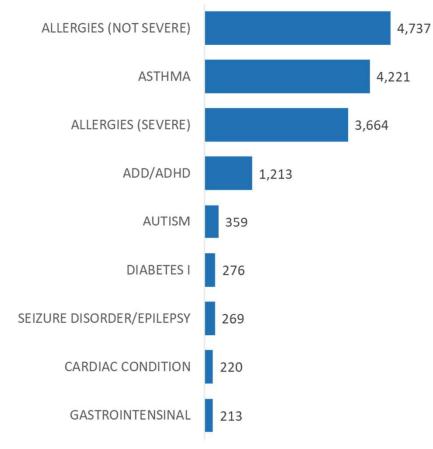


2022-2023 BMI screening results show a slightly higher proportion of overweight and obese children in middle school than elementary and high school.





2022-2023 Chronic Health Conditions





Discussion 1: Challenges & Opportunities for Community Needs, Enrollment, & Resources

Services to Meet Diverse Community Needs

• Knowing the needs of Miami-Dade students likely exceed the available resources, how can we modify or adjust the school-based health offerings to increase utilization and impact?

Low Enrollment Schools

• For schools with low enrollment, what alternative service delivery models could be effective in reaching all students more efficiently?

Technology Integration

- How can technology be leveraged to overcome barriers and reach students across the county?
- What are the potential challenges, benefits, and considerations for integrating technology?

Community Partnerships

- How can we explore stronger partnerships with local health providers, community clinics, and mental health agencies, as well as with other funding sources to share resources and expand the support network for students?
- What are some successful models or examples of such collaborations, and what steps can we take to replicate or adapt them in our community?



HealthConnect clinical staffing vacancy rates indicate significant shortages that impact service access.





Discussion 2: Challenges & Opportunities for Professional Staffing

Access to Health Services

 Given that it is not possible to have a nurse in every school, what innovative strategies can we implement to ensure all students have equitable access to health services?

Professional/Educational Training Partnerships

- What community and educational or training partnerships might play a role in addressing school health staffing needs?
- Are there existing professional pipeline initiatives that we can learn from in school health?

Workforce Solutions

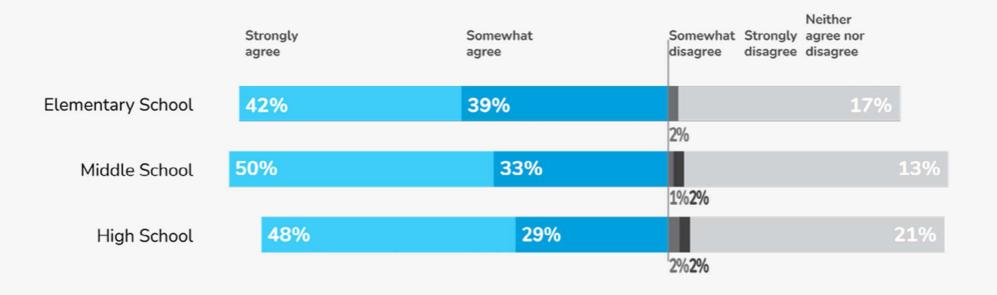
- How do we ensure that service models are designed to utilize each health professional at the highest level of their license scope and capacity?
- What creative, out-of-the box solutions should we explore to address professional staffing needs and shortages in school-based health?

Strategic Planning Efforts & Inputs

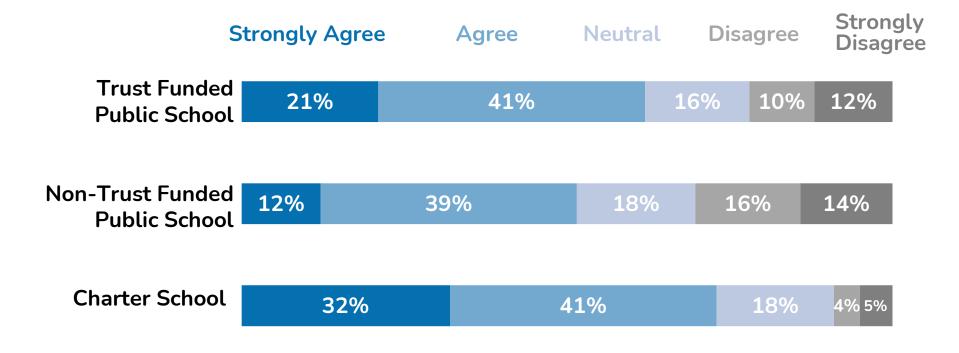
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- Community parent survey health results
- Parent, youth & staff focus groups
- Systems partner interviews
- Principal survey
- National scan
- Today's meeting!

Most parents whose child had used school-based health services 'strongly agreed' or 'somewhat agreed' that they were satisfied with the services.



Half to three-quarters of principals surveyed strongly agreed or agreed that their current school-based health services meet students' needs.



Highest Rated "Must Have" School Health Services Endorsed by Parents and Principals First aid care for minor injuries at school

Medical evaluation for illness to determine if students need to go home

Supports for children with disabilities and chronic health conditions

Emotional, behavioral, and mental health screenings and counseling if needed



Pro Bono Consulting Engagement Informs School-based Health Strategic Planning

Health industry expertise and market research

• Leading global provider of healthcare consulting services to the public sector

National scan for market comparison of schoolbased health services

- Review of other large school districts and counties across Florida and the nation
- Interviews with key leaders to understand trends

Interviews with local stakeholders

 The Children's Trust, Department of Health in Miami-Dade, Miami-Dade County Public Schools, local health care providers and hospitals

Review of local documents and data

• From Miami-Dade school health documents, Trust solicitations/contracts, budget documents, interviews, surveys, focus groups



Consider Alternative Care Models

- Leverage technology & available local healthcare teams/partnerships to wrap services around schools without having a nurse in each one.
- Utilize health professionals at the highest levels of their license scope & capacity; consider more extensive use of health techs.
- Expand use of mobile care teams for mandated screenings & services.
- Develop telehealth services that can tie schools to centralized health resources.
- Develop improved, automated processes for parent notification & consent.



Increase Flexibility in Service Models to Improve the Economics & Engage Additional Public & Private Partnerships

- Increase access to healthcare services in school-based settings.
- Develop more advanced service offerings & connect students with community health systems.

Create Relationships with Additional Funding Sources & Payers

- Billing to insurance & Medicaid; many students & some school-based health services are covered.
- Increase connections for student/family enrollment in Medicaid/KidCare.
- Financial feasibility analysis to assess billing & collections costs.
- Consider private funders with shared goals & interests.



Any Questions?

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Overview of Future Vision

- Implement a multi-tiered Schoolbased Health Model
- Create a Strategic Staffing Plan
- Empower Every School With Telehealth
- Supplement Services with Mobile Units
- Explore the feasibility of Expanding Services to Additional Sites
- Implement a Comprehensive Evaluation Plan



Multi-tiered School-based Health Model

- **Tier One**: Low utilization and low enrollment
- **Tier Two**: Medium to high utilization
- **Tier Three**: Medium to high utilization rates and exceptionally large student populations



Strategic Staffing Plan

The strategic staffing for the tiered model is designed to ensure that resources are optimally allocated, and every student receives appropriate and effective health services based on the following:

- School Utilization & Enrollment
- School Type
- Student Needs
- High-Need Schools

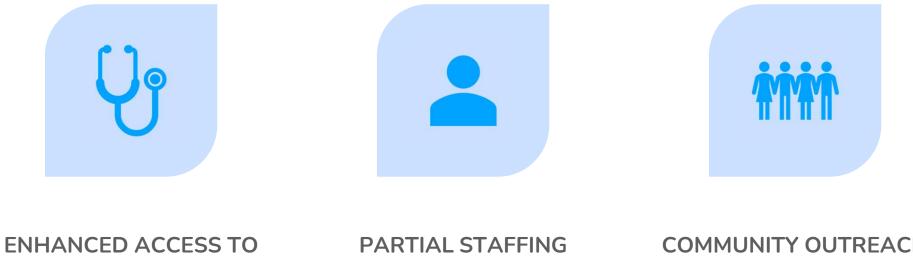


Empower Every School With Telehealth

- Equitable Access to Healthcare
- Enhanced Service Delivery
- Cost-Effective Healthcare Solutions



Supplement Services with Mobile Units



CARE

PARTIAL STAFFING SUPPORT COMMUNITY OUTREACH AND EDUCATION

Explore the Feasibility of Expanding to Additional Sites



Implement a Comprehensive Evaluation Plan



Regular data collection and analysis to monitor key performance indicators



Surveys and feedback from students, parents, and staff



Periodic audits of staffing patterns and budget allocations



Review of the collaboration between The Children's Trust, M-DCPS, Florida Department of Health Miami-Dade County and other partners

Discussion 3: Future Vision Feedback

General Reactions

- Given the challenges and opportunities previously discussed, what are your initial thoughts and reactions to our proposed future vision?
- What do you like? What do you dislike?

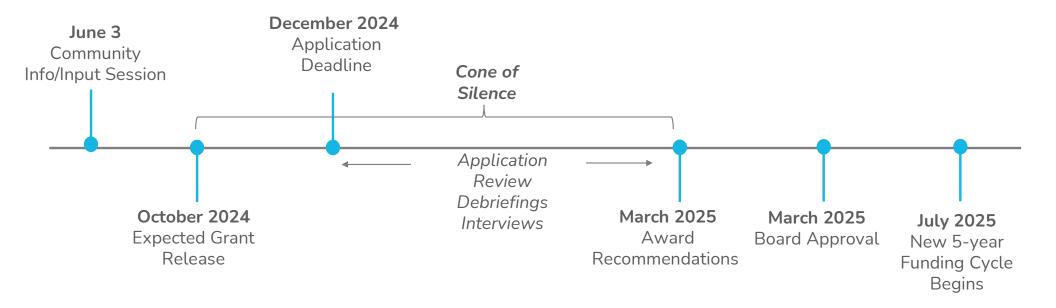
What's Missing?

• What else can be added to strengthen the future vision?

Unintended Consequences

• Are there any considerations in the future vision plan that may have negative consequences that have not been anticipated?











Thank you!

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