

EDMONTON PUBLIC SCHOOLS

November 27, 2001

TO: Board of Trustees

FROM: A. McBeath, Superintendent of Schools

SUBJECT: Edmonton Student Health Initiative Partnership Annual Report 2000-2001

ORIGINATOR: M. de Man, Department Head

RESOURCE
STAFF: Gloria Chalmers, Barbara Morgan McDermid, Brenda Higham

INFORMATION

The purpose of this report is to share with trustees the annual report of the Edmonton Student Health Initiative Partnership (ESHIP) and to provide an update on the initiative. The annual report is provided in Attachment I and reflects the situation as of August 31, 2001. The 43 members of the partnership are listed on page 3 of the attached report.

The first year of the ESHIP project was focused on developing operational models for each of the services, and recruitment of staff, as well as arranging accommodation. The second year of ESHIP saw full staffing but some turnover. Staff were faced with the challenge of overwhelming demand for the services. A record 8,874 referrals for service were received in year two, an increase of 171% over year one. This proved a real test of the operational models, and adjustments were made. With anticipated salary increases but fixed revenues, additional adjustments are likely.

Staffing and Accommodation: ESHIP staff are located at the Belvedere Consulting Services office, the Capital Health Home Care office, the Glenrose and in four school sites. Interdisciplinary service teams from Capital Health and Ma'mowe are in the school sites at the Alberta School for the Deaf, Killarney School, St. Kevin's School and St. Thomas More School. These teams share resources and serve the area communities. Services are typically provided in the schools. Also, we continue to offer the Mental Health Classrooms at Spruce Avenue School.

Demand for Service: A central intake system established at Capital Health to track ESHIP referrals and services has provided simple access to most services. It currently receives 100 referrals per day. The referral is then in the hands of the multiple service providers and confirmation is provided to schools within forty-eight hours.

As was the case last year, the demand is far outstripping the resources available. On a periodic basis, statistics from central intake and reports from service deliverers are being used by the Steering Committee to review priorities for service and to refine principles for service delivery. As well, an Operations Committee, composed of managers from the various service

providers, meets on a monthly basis to examine new and effective ways to integrate service and streamline delivery. The ESHIP coordinator supports both committees.

Reallocation of Funds: The partnership received \$5.2 million for the 2000-2001 school year, and will receive an equivalent amount for the 2001-2002 school year. Because of the time required to identify services, recruit staff and orient them, the partnership was in a surplus position at the end of the first year. This surplus was reallocated to augment high needs areas in both years two and three. For instance, licensed practical nurses supervised by Home Care now provide medical procedures in three schools, two in Edmonton Public and one in Edmonton Catholic, for students with severe disabilities. This allows the teacher assistants to focus on instructional support. Surpluses from year two due to turnover and recruitment challenges, will be used to try to maintain year three level of services in year four.

Collaboration: There is a commitment from the ESHIP partners that the partnership will use the principles, planning process, and increased understanding of the other organizations, that evolved through this initiative, to foster other collaborative endeavors. For instance, Mental Health partnered with the school jurisdictions to provide the Mental Health Classrooms and then ensured that these were aligned with their mental health reorganization. As well, ESHIP staff within Edmonton Public Consulting Services team with other service providers to provide a continuum of services.

Working collaboratively across organizations and agencies poses challenges but over time we are seeing progress that in the long run should be beneficial to the children, youth and families we collectively serve.

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Attachment I - *Edmonton Student Health Initiative Partnership Annual Report 2000-2001*
(Pp. 1 – 11)