

**State of Michigan**

**Social Impact Bonds- Pay for Success Financing**

**Request for Information**

**Oakridge School District, Muskegon, MI**

**Community School Wellness Network**

**October 24, 2013**

**A. What social issues are we proposing to address?**

Oakridge Public Schools and Eagle Alloy proposes to establish the Community School Wellness Network (CSWN) to address the immediate chronic and emerging health issues for PreK- 12<sup>th</sup> grade students and their families in Egelston Township in Muskegon. The CSWN will create a comprehensive and coordinated school-based health center, health education, and resource and referral network. The goal is to improve both health and educational outcomes to achieve gains in school-readiness, test scores, and graduation rates.

Target population:

Oakridge Public Schools has 1,942 students enrolled K-12 and approximately 60 students who participate in a Great State Start Readiness Program for eligible pre-school students. Oakridge Public Schools has 75% of students in grades K-12 eligible for the Federal free/reduced price lunch program.

Demographic Breakdown:

- African American 2.65%
- American Indian 0.88%
- Asian 0.67%
- Hispanic 6.8%
- Native Hawaiian 0.21%
- 2 or more races 1.3%
- Caucasian 87.49%

Annually, the 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders of Oakridge Public Schools participate in the state's *Michigan Profile of Healthy Youth (MiPHY)* Data. The following is a summary of the 11<sup>th</sup> grade data for 2012.

- (20.9%) Percentage of students who are obese (at or above the 95th percentile for BMI by age and sex)
- (63.5%) Percentage of students who saw a doctor or healthcare provider for a check-up or physical exam when they were not sick or injured during the past 12 months
- (71.3%) Percentage of students who were exposed to secondhand smoke during the past 7 days

- (23%) Percentage of students who had ever been told by a doctor or nurse that they had asthma
- (52.6%) Percentage of students who ever had sexual intercourse (lifetime)
- (54.7%) Among students who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse

Over the last decade, the Muskegon, Michigan community has experienced significant change, evidenced by surging rates of poverty, unemployment, and negative health outcomes. While children under the age of 18 account for 24% of the Muskegon County population, they account for 39.9% of people in poverty. Poverty among children eclipses both health and educational development reducing the ability of children to grow into healthy, productive, and successful adults<sup>1</sup>.

According to Kids Count in Michigan, Muskegon County has seen a slight increase in its birth rate to teens age 15-19 from 48.8% in 2006 to 50.3% in 2011. Oakridge Public Schools' 2012 district 4 year graduation rate was 78% including alternative education students (22% did not graduate on time). Muskegon County has 29.4% of students not graduating on time, 35.5% of fourth graders not proficient in reading, and 75.4% of eighth graders not proficient in Math. *Source: Kids Count in Michigan Databook 2012.* Oakridge Public Schools has 34% of fourth graders not proficient in reading and 61% of fourth graders not proficient in math. Oakridge Public Schools has 52% of eighth graders not meeting college/workplace readiness benchmarks in reading and 77% of eighth graders not meeting college/workplace readiness benchmarks in math on the annual ACT Explore Assessment.

Oakridge Public Schools, located in the 49442 zip code is the highest charity care zip code in Mercy Health's emergency room coverage area. 71% of Muskegon County youth graduate. 14% of Muskegon County residents have limited access to healthy foods. *Source: County Health Rankings and Roadmaps, 10/18/13. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)*

Diabetes rates among adults in Muskegon (10.2%) are higher than the state average (9.5%). Two thirds of adults in Muskegon are overweight or obese. All too often these chronic health problems have started in childhood or adolescence. Prevention is critical particularly among the minority community who are disproportionately impacted because of challenges related to social determinants of health such as poverty, lack of access to fresh fruits and vegetables, and physical activity.

According to the Muskegon County Health Community Needs Assessment, the two most common Mental Health Diagnoses are depression - 28% (this number doubled between 2009 and 2012) and Anxiety - 22%.

Across Mercy Health of Michigan ADHD cases have increased 250% between 2010 and 2012 from 1,929 total cases in 2010 to 5,000 cases in 2012. *Source: Muskegon Community Health Project (2012). Community Health Needs Assessment for Muskegon, Oceana and Newaygo Counties. Muskegon, MI: Mercy Health Partners.*

## **B. What is the structure of the proposed intervention?**

The Superintendent of Oakridge Public Schools in Muskegon began convening a stakeholder group in December of 2011 to discuss the growing need for on-site school-based health services in his school

district. This stakeholder group included representatives from the school district, Grand Valley State University Kirkhof College of Nursing (KCON), the Muskegon Community Health Project (MCHP), a local businessman, Mercy Health, the Muskegon County Health Department, the Muskegon County Department of Human Services, the Muskegon County Community Mental Health, the Muskegon County Family Court, Hackley Community Care, Muskegon Youth Services- Juvenile Transition Center, Muskegon County Department of Restorative Justice.

This stakeholder group developed an initiative to address the immediate chronic and emerging health issues (including dental) for students, and to provide a health access point to the community. The project, Community School Wellness Network (CSWN) combines the strengths of three successfully demonstrated models of care and service delivery: the nurse managed health center (NMHC); community health workers (CHWs) and school-based health centers (SBHCs). The CSWN will provide health services; education and health promotion to further preserve and enhance student success, and would bolster the resources available to families as they work to support their children in academic pursuits and growth to a happy and productive adulthood.

The CSWN will include a school-based nurse managed health clinic (SB-NMHC) providing the full scope of primary and preventive care including well-child visits, immunizations, lab work, smoking cessation counseling, oral health assessments, and evidence-based diet and nutrition education, and physical activity programs. The SB-NMHC can serve as the designated health home for children and youth in the community. A team of Advance Practice nurses (NPs), Registered nurses (RNs), and Community Health Workers (CHWs) will coordinate care to manage acute and chronic health conditions such as asthma, diabetes, and ADHD, and develop and implement health promotion activities to promote healthy nutrition and life choices. The integration of mental health services in the health center particularly for children and youth with mild to moderate conditions is a great priority. The school psychologists and social worker will collaborate with an array of community partners including Community Mental Health to assure that children can access the appropriate mental health care they need.

The CHW role is an innovative approach that has received national attention for its effectiveness, efficiency, and sustainability. A CHW is generally someone who is a strong advocate for the community who, after being trained, can help individuals navigate to and acquire health resources; provide social support; and provide health promotion and education.

The CHW will identify and link children and their families to a wide range of community resources. The CHWs will be extensions of and in direct communication with nurses at the SB-NMHC, allowing rapid attention to emerging health issues as well as the capacity to seek and integrate needed resources for the clinic's clients. It is anticipated that this model of care will reduce or eliminate barriers to successful treatment or management of the identified health problems.

The community health worker (CHW) service model is one that has recently been implemented in the Oakridge school district through funding provided by a generous donor and a limited grant from the Alliance for Health. School administrators have already noted that the needs of students far outweigh the capacity of the current CHWs to address them. The CSWN will partner with Muskegon Community College (MCC) to develop a formal academic training and certificate program to prepare new candidates for the CHW roles thereby expanding the local workforce.

*A Logic Model describing the Goals, Objectives, Activities, and Partners is attached to this concept paper.*

### **C. Possible Outcomes**

The SB-NMHC can impact racial, ethnic, and socioeconomic disparities that may serve as a barrier to students' abilities to obtain convenient, affordable, effective care. SB-NMHCs can provide an array of preventative care, address acute health issues, foster health literacy, and provide valuable health advocacy. Added benefits include: reduced need for parental work leave, reduced amount of classroom time missed for health care appointments, health promotion and the use of preventive strategies, improved follow-up and compliance with treatment plans, and equal access to care.

While a SB-NMHC has the potential to dramatically impact specific health challenges, preliminary school data suggests that students could also benefit from additional strategies to mitigate social problems. Truancy, food security, and job insecurity contribute to health and academic success<sup>8</sup>. Preliminary data provided by the Oakridge school district suggest that these and other issues may be reducing the capacity for students to achieve academic success and quality of life.

### **D. Clear and identifiable state budgetary savings**

**The partners in the CSWN estimate that the project will result in state budgetary savings to the Michigan Department of Education School Aid budget in remedial and special education** through the reduction of absenteeism. The Michigan Department of Community Health budget will see reductions in Medicaid expenditures particularly related to decreased use of Emergency Room visits associated with treatment for asthma, diabetes, and injury. **There will be long-term** return on investment to the state in a wide range of outcomes such as educational attainment, health care, employment and lifetime earnings as a result of improvements in graduation rates among Oakridge Public Schools students.

### **E. Scale of recommended initiative**

Oakridge Public Schools estimates that renovations will cost about \$300,000. Equipment, electronic health record, and other startup costs are estimated at \$18,000 - \$20,000. The annual operating budget for the SB-NMHC is approximately \$300,000 annually. Revenue will be generated by billing Medicaid and commercial payers for healthcare services provided. The average billing revenue generated for a school-based health center is approximately \$25,000 annually. The intention is to be a self-sustaining health center within three years. Please refer to section F for additional potential revenue sources.

Timelines:

The Oakridge Public Schools CSWN can be up and running for the 2014-15 school year if awarded this opportunity no later than March 1, 2014 which includes time for renovations to the physical space to create the school-based health center.

## **F. What funding sources are currently available?**

Oakridge Public Schools has assembled a diverse group of potential funding partners from both the public and private sectors that are ready to invest in the CSWN initiative. The school district is providing the space for the health center.

Philanthropic partners engaged in discussions on this project represent organizational and individual donors including the Osteopathic Foundation of Muskegon, Little River Tribe of Ottawa Indians, United Way of the Lakeshore, Muskegon Community Foundation, and the business community. Oakridge Public Schools is expanding the reach to potential donors to establish pledges to support the construction costs of renovating the school space for the health center.

A businessman within Egelston Township is a cofounder of Eagle Alloy and a graduate of Oakridge Public Schools. Eagle Alloy employs over 500 local people. This businessman/community member donated funding to support a 3 year 'grant' to provide Community Health Worker (CHW) services worth \$100,000 that is ongoing currently. Eagle Alloy cofounders are interested in supporting the on-going operations of the new health center as a means of providing access to health care for the families of its employees.

The GVSU-KCON will provide nursing students to perform clinical services in exchange for credits toward their nursing degree. Oakridge Public Schools houses a Family Resource Center (FRC) that Muskegon Department of Human Services (DHS) deploys 3 employees (case worker, eligibility specialist, and success coach) to link community social services to assist students/families. The nurses operating the SB-NMHC will all be employees of GVSU-KCON.

As a fully operational health center, the SB-NMHC will be able to bill both Medicaid and commercial payers for health services rendered. The School-Community Health Alliance of Michigan (SCHA-MI) is the state association of school-based health centers. SCHA-MI operates a billing and practice management unit that will provide training, technical assistance, consulting and direct billing assistance to the Oakridge center. The Oakridge Center will likely be eligible for the state Child and Adolescent Health Center grants available through the Michigan Department of Community Health in FY 2015.

Additional federal grants or enhanced payments will likely be available to support the center because of the safety net services provided through the community health workers and the provision of patient centered medical home care.

Mercy Health as a nonprofit hospital may serve as a financial partner providing in-kind or direct contributions through their community benefit support to the region.

The state of Michigan does have a mechanism in place to provide a 2:1 Medicaid match for the existing general fund appropriation of \$3.5 million for 70 state funded child and adolescent health centers in the Department Of Education Omnibus budget.

Private investors should find this a worthy investment with dividends from the cost savings associated with prevention, primary care, and health education. It is logical that any funding invested by private

donors could also be Medicaid matched to implement the CSWN in Muskegon and scale up additional expansion in other communities where local or private investment is leveraged.

**G. What mechanisms are in place or need to be tracked and outcomes to be evaluated to determine overall success of the initiative?**

Progress will be tracked in two major areas, education and health care. Additionally, extensive demographics will be recorded to track progress within specific sub-sets of the population being served. Much of the system for tracking both sets of outcomes is already in place within the community and school district and enables the compilation of representative baseline data.

Educational outcomes already being tracked by the school include attendance, graduation rates, State mandated standardized test scores, ACT EXPLORE (district elected nationally normed assessment) and cumulative grade point averages. All of the systems are in place to track these outcomes, and will continue to be. Previous year's data, prior to the clinic's opening, will be used as benchmarks for comparison against the years that follow to mark progress.

In addition to the education outcomes, health outcomes will also be closely monitored. Long term trends in data will be tracked by comparing results from the MiPHY (Michigan Profile for Healthy Youth) yearly and the Community Health Needs Assessment for Muskegon, Oceana and Newaygo Counties, conducted by the Health Project every three years, with the next one beginning data collection in 2015. Much the same as the established educational outcome measures, past years of data provides a baseline for comparison in the future. Additionally, for short term trends, diagnosis coding within the clinic will be tracked and analyzed, allowing for the monitoring of local issues trending. Diagnosis billing codes can also be obtained from Mercy Health hospitals in Muskegon for Oakridge Clinic patients to track usage of emergency departments and other urgent care access points. Combining the diagnosis codes from the clinics with the same information from Mercy Health Emergency Department for the patients served out of Oakridge clinic and the referrals generated for those patients out of both outlets, should provide a diverse and comprehensive representation of the outcomes generated from the clinic.

For health education and intervention programming a pre-test/post-test design will be utilized. This design will include both self-reported surveys and interviews with participants for thick, rich data on the effectiveness of the programming and the outcomes achieved. This data can then be matched with diagnostic information for that population subset to provide a better indicator as to the outcomes from the education and intervention programming.

**H. Evidence base indicating that the intervention model is likely to achieve outcome targets**

For 25 years, Michigan's school-based and school-linked health centers have provided physical and mental health care in an efficient and cost-effective manner to nearly 200,000 high risk children/youth annually. State funded centers are required to provide Early, Periodic, Screening, Diagnosis and Treatment (EPSDT). Current research has linked coordinated and co-located care with improved health outcomes, reduced cost, and higher quality care. Fully integrated primary care includes physical,

behavioral health and dental health services across life domains, in one treatment plan much like SB/SLHCs can provide (Doherty, 1995).

In 2013 there are 70 state-funded school-based health centers (SBHC). Located on school grounds, SBHCs are operated by a variety of sponsoring agencies, including county health departments, federally qualified health centers, and health care systems. SBHCs are staffed by multidisciplinary teams of health care providers, including physicians, nurse practitioners, registered nurses, physician assistants and social workers. These providers collaborate with school personnel and service providers in the community to meet the full range of student healthcare needs.

To determine how SBHCs in Michigan have affected the health and school attendance of students in public schools, the Michigan Department of Community Health commissioned a three-year longitudinal study, the Michigan Evaluation of School-based Health (MESH).

The presence of SBHCs in schools was associated with various health and health behavior benefits for the student population in Year 3, including fewer symptoms of physical and emotional discomfort, fewer individual risks and fewer negative peer influences. In addition, use of SBHC services was associated with health and health behavior benefits in Year 3 and over time, such as greater satisfaction with health, engaging in more physical activity and eating more healthy foods. Taken together, these findings suggest that SBHCs are an important component of school environments that support student health, whether students directly use SBHC services or not.

Evidence suggests that SBHC's positively impact academic outcomes. **Education is one of the strongest predictors of health.** Analyses of the relationship between mental health therapy and students' grades, conducted by the SBHCs' social workers in Baton Rouge, LA demonstrate that the grades of just under one-third (30 percent) of students who receive mental health therapy improve by the end of the school year.

The school-wide effects of SBHCs may, in part, be due to the fact that SBHC staff members routinely engaged in health education, promotion and prevention activities that went well beyond the walls of their health centers.

Evaluation of this CSWN initiative can drive future expansion in school-based health services in communities that have experienced failing schools and worsening health outcomes among the school-age population as envisioned in the Governor's Pathways to Potential Initiative.

## REFERENCES

- Allison, M. A., Crane, L. A., Beaty, B. L., Davidson, A. J., Melinkovich, P., & Kempe, A. (2007, October). School-based health centers: Improving access and quality care for low-income adolescents. *Pediatrics*, *120*(4), e887-e894.
- Berti, L. C., Zylbert, S., & Rolnitzky, L. (2001). Comparison of health status of children using a school-based health center for comprehensive care. [Comparative Study]. *Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners*, *15*(5), 244-250. doi: 10.1067/mpn.2001.114836
- Buka, S. L., Stichick, T. L., Birdthistle, I., & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks, and consequences. *American Journal of Orthopsychiatry*, *71*(3), 298-310.
- Cauce, A. M., Domenech-Rodriguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D., et al. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology*, *70*(1), 44-55.
- Crespo, R. D., & Shaler, G. A. (2000). Assessment of school-based health centers in a rural state: The West Virginia experience. *Journal of Adolescent Health*, *26*(3), 187-193.
- Ensminger, M. E., Forrest, C. B., Riley, A. W., Kang, M., Green, B. F., & Starfield, B. (2000). The validity of measures of socioeconomic status of adolescents. *Journal of Adolescent Research*, *15*(3):392-419.
- Geierstanger, S. P., Amaral, G., Mansour, M., & Walters, S. R. (2004). School-based health centers and academic performance: Research, challenges, and recommendations. *Journal of School Health*, *74*(9), 347-352.
- Guo, J. J., Jang, R., Keller, K., McCracken, A., Pan, W., & Cluxton, R. (2005). Impact of school-based health centers on children with asthma. *Journal of Adolescent Health*, *37*(4), 266-274.
- Freudenberg N., Ruglis J. Reframing school dropout as a public health issue. *Prev Chronic Dis* 2007; *4*(4). [http://www.cdc.gov/pcd/issues/2007/oct/07\\_0063.htm](http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm).
- Hansen-Turton, T. (2005). The nurse-managed health center safety net: a policy solution to reducing health disparities. *The Nursing clinics of North America*, *40*(4), 729-738, xi. doi: 10.1016/j.cnur.2005.08.005
- Hansen-Turton, T., Bailey, D. N., & Torres, N. (2010). Nurse-Managed Health Centers. [Feature Article]. *American Journal of Nursing*, *110*(9), 23-26.

Health Foundation of Greater Cincinnati. (2005). *Evaluation of health outcomes of students using school-based health centers*. Retrieved November 17, 2010, from [http://www.healthfoundation.org/hp\\_docs/SBHC%20Study--Health%20Outcomes%20Full%20Report.pdf](http://www.healthfoundation.org/hp_docs/SBHC%20Study--Health%20Outcomes%20Full%20Report.pdf)

Hoberman, H. M. (1992). Ethnic minority status and adolescent mental health services utilization. *Journal of Mental Health Administration, 19*(3), 246-267.

Kaplan, D. W., Brindis, C. D., Phibbs, S. L., Melinkovich, P., Naylor, K., & Ahlstrand, K. (1999). A comparison study of an elementary school-based health center: effects on health care access and use. *Archives of pediatrics & adolescent medicine, 153*(3), 235-243

Kash, B. A., May, M. L., & Tai-Seale, M. (2007). Community health worker training and certification programs in the United States: Findings from a national survey. *Health Policy, 80*(1), 32-42. doi: 10.1016/j.healthpol.2006.02.010

Kisker, E. E., & Brown, R. S. (1996). Do school-based health centers improve adolescents' access to health care, health status, and risk-taking behavior? *Journal of Adolescent Health, 18*(5), 335-343.

Kisker, E. E., Brown, R. S., & Hill, J. (1994). *Healthy caring: Outcomes of the Robert Wood Johnson Foundation's school-based adolescent health care program*. Princeton, NJ: Mathematica Policy Research.

McNall, M., Lichty, L., Mavis, B., & Bates, L. (2010). *Promoting Healthy Futures: The Michigan Evaluation of School-based Health*. Michigan State University.

Pastore, D. R., Murray, P. J., & Juszczak, L. (2001). School-based health center: position paper of the Society for Adolescent Medicine. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 29*(6), 448-450.

Rosenthal, E., Brownstein, J., Rush, C., Hirsch, G., Willaert, A., Scott, J., . . . Fox, D. (2010). Community Health Workers: Part Of The Solution. *Health Affairs, 29*(7), 1338.

Wade, T. J., Mansour, M. E., Line, K., Huentelman, T., & Keller, K. N. (2008). Improvements in Health-Related Quality of Life Among School-Based Health Center Users in Elementary and Middle School. *Ambulatory Pediatrics, 8*(4), 241-249. doi: 10.1016/j.ambp.2008.02.004

Walker, S. C., Kerns, S. E. U., Lyon, A. R., Bruns, E. J., & Cosgrove, T. J. (2010). Impact of School-Based Health Center Use on Academic Outcomes. *Journal of Adolescent Health, 46*(3), 251-257. doi: 10.1016/j.jadohealth.2009.07.002

**CSWN: Community School Wellness Network, Oakridge Public Schools, Muskegon Logic Model**

<b>Assumptions</b>	<b>Inputs</b>	<b>Activities</b>	<b>Objective</b>	<b>Goals</b>
<p>Children &amp; youth with poor health are at risk for physical &amp; behavioral health disorders.</p> <p>CSWN will serve as health home for students, families, community members</p> <p>Providing access to integrated health services improves health outcomes &amp; reduces costs.</p> <p>Providing comprehensive health care will reduce absenteeism and increase school success.</p> <p>Barriers to healthcare access will be reduced.</p>	<p>Children/families</p> <p>Oakridge Public Schools</p> <p>Grand Valley State University</p> <p>Kirkoff College of Nursing</p> <p>Eagle Alloy</p> <p>Muskegon Dept. of Human Services</p> <p>Mercy Health Hospital</p> <p>Muskegon Health Dept.</p> <p>Community Mental Health</p> <p>Muskegon Area Intermediate School District</p> <p>Muskegon Cty. Family Court</p> <p>Vendors</p> <p>Faith-based organizations</p> <p>School-Community Health Alliance of MI</p> <p>Juvenile Transition Center</p> <p>Restorative Justice</p>	<p align="center"><b><u>Goal 1 Activities</u></b></p> <p>Hire a CSWN coordinator.</p> <p>Develop DHS Family Resource Center as a Pathways to Potential designated school.</p> <p>Establish school-based health center to serve as the hub for CSWN.</p> <p>Hire array of service providers to provide assessment, screening, prevention, primary care, treatment &amp; referral services.</p> <p>Health care providers give anticipatory guidance on health/nutrition/exercise.</p> <p>Health educators and classroom teachers trained and provide health education.</p> <p>Create robust Community &amp; Youth Advisory Councils to assist with recruitment, &amp; develop meaningful outreach/education strategies.</p> <p>Youth &amp; Community Advisory Councils design health education &amp; outreach programs reflecting community norms.</p> <p>Families receive health &amp; nutrition education.</p> <p align="center"><b><u>Goal 2 Activities</u></b></p> <p>Each student patient will complete evidence-based health assessments as recommended by the standards of the health professional, ie. Bright Futures, CAFAS.</p> <p>Students will complete the MiPHY survey.</p> <p>Develop network for referrals &amp; integrate physical/dental care.</p> <p>Develop referral policy/related forms &amp; procedures.</p> <p>Assist families to enroll in healthcare insurance if uninsured.</p> <p align="center"><b><u>Goal 3 Activities</u></b></p> <p>Establish Success Coaches and Eligibility Specialist in the school district</p> <p>Establish Health and Wellness Care coordinators</p> <p>Refer child/youth to the appropriate CSWN services.</p> <p align="center"><b><u>Goal 4 Activities</u></b></p> <p>Complete evaluation design employing a participatory action approach.</p> <p>Implement process, outcome &amp; cost evaluations.</p> <p>Develop interfaces of various MIS products when feasible.</p> <p>Monitor attendance and graduation data.</p> <p align="center"><b><u>Goal 5 Activities</u></b></p> <p>Bill for all appropriate medical codes to Medicaid and commercial payers.</p> <p>Create sustainable funding sources.</p>	<p align="center"><b><u>Goal 1 Objectives</u></b></p> <p>Provide integrated primary care services to students in Oakridge Public Schools community.</p> <p>Increase the number of children &amp; youth receiving EPSDT services.</p> <p>Provide health education.</p> <p align="center"><b><u>Goal 2 Objectives</u></b></p> <p>Provide developmentally appropriate assessments of each student.</p> <p>Refer student to appropriate community services.</p> <p align="center"><b><u>Goal 3 Objectives</u></b></p> <p>Serve as a gateway to access of CSWN services.</p> <p>Provide case management and care coordination for each student, family, and community member.</p> <p align="center"><b><u>Goal 4 Objectives</u></b></p> <p>Develop information systems to measure outcomes.</p> <p>Create interfaces between health and education information systems to monitor outcomes.</p> <p>Evaluation results inform continuous quality improvement initiatives in CSWN.</p> <p align="center"><b><u>Goal 5 Objectives</u></b></p> <p>Maximize opportunities for billing, blending and braiding of public and private funding including Medicaid.</p>	<p align="center"><b><u>Goal 1</u></b></p> <p>All students and families are healthy and learning.</p> <p align="center"><b><u>Goal 2</u></b></p> <p>Meet the academic, social, emotional, medical, dental, and physical needs of students and their families.</p> <p align="center"><b><u>Goal 3</u></b></p> <p>Develop an integrated, timely service system of care.</p> <p align="center"><b><u>Goal 4</u></b></p> <p>Disseminate evaluation results to facilitate replication across Michigan.</p> <p align="center"><b><u>Goal 5</u></b></p> <p>Leverage revenue sources</p>

**CSWN: Community School Wellness Network, Oakridge Public Schools, Muskegon Logic Model**