Board Summary: Community Linkage Meeting  
Connecting with Health Care Practitioners  
December 9, 2015

The Bellingham School Board and Superintendent Greg Baker welcomed audience members, invited guests, and district staff to a linkage meeting with local health care practitioners. The purpose of the meeting was for the School Board to engage in a discussion about how The Bellingham Promise resonates with our medical community and how Bellingham Public Schools can strengthen its relationship with this segment of the community. The discussion focused on the following questions:

- What rings true in The Bellingham Promise?
- What is missing in the goals of The Bellingham Promise?
- How do the interactions that you and your staff have with Bellingham Public Schools advance or impede attainment of The Bellingham Promise?

During the discussion, attendees shared insights and thoughts on the guiding questions.

Highlights of discussion:

- While attendees said they fully embrace The Bellingham Promise, some said they would like to see the district explore further how we can reach students who are not achieving the goals of The Promise. Increased community awareness and involvement, more mentoring programs, and enhanced communications between schools, families, and medical care providers were cited as ways that might help to improve the lives of the district’s most marginalized students.
- Attendees stressed the need for a district representative who could act as a liaison to enhance communications between staff, families, and the medical community.
- Community resources and district programs, initiatives, and committee/task force work that connect to The Promise were discussed.

Meeting minutes are attached.
Official Meeting Minutes: Community Linkage Meeting
Connecting with Health Care Practitioners
Shuksan Middle School Library – 7 a.m.
December 9, 2015

Linkage Attendees:
- Health Care Practitioners: Ione Adams, Sea Mar Community Health Centers; Julie Cheek, Interfaith Community Health Center (ICH); Kristin Ely, ICHC; Peter Filuk, PeaceHealth; Faisa Iram, Sea Mar; Deborah Roessler, Family Care Network (FCN); Greg Thompson, PeaceHealth; Rachel Westerfield, PeaceHealth
- Directors Kelly Bashaw, Kenneth Gass, Douglas Benjamin, Camille Diaz Hackler, Steven Smith
- Superintendent of Schools Greg Baker
- District Leadership/Staff: Executive Director Nora Klewiada; Assistant Superintendent Bob Kuehl; Executive Director Kurt Gazow; Executive Administrator Rob McElroy; Executive Director Isabel Meaker; Assistant Superintendent Simone Sangster; Executive Secretary and Recorder Ruth Rasmussen
- Audience: Quenby Peterson

1. Opening Items
   Call to Order/Welcome and Introductions
   Kelly Bashaw, School Board President, called the meeting to order at 7:00 a.m. She welcomed the group and introduced Dr. Baker. Following Dr. Baker’s welcome and opening comments, the invited guests, board members and district staff introduced themselves and described their connections to the school district.

2. Meeting Purpose – Explanation of Community Linkage:
   Dr. Gass thanked attendees for participating in this meeting. He explained that the school board views community linkages as an opportunity to strengthen connections with its customers. These meetings allow board members to listen and connect with the community. More specifically, the board is seeking input on the goals set for students through board policies expressed in The Bellingham Promise.
3. **Large-Group Discussion with School Board**
Meeting facilitator Rob McElroy invited attendees to take a few minutes to review The Bellingham Promise. He said the following guiding questions would serve as a framework for this morning’s discussion:

- *What rings true in *The Bellingham Promise*?
- *What is missing in the goals of *The Bellingham Promise*?
- *How do the interactions that you and your staff have with Bellingham Public Schools advance or impede attainment of *The Bellingham Promise*?

**Summary of comments:**

- **What rings true?**
  - From a parent’s perspective, the goals [within The Promise] are awesome. It’s hard to find fault with the document.
  - Speaking as the parent of two elementary girls, I couldn’t be more delighted with what they’ve gained outside their academic experience. As a physician, I see it as well. When I see what kids are doing in the district, I’m simply blown away in terms of how much more this generation is doing.
  - Some of the kids I’m seeing are not achieving the goals cited in The Promise. I treat a lot of kids who suffer from depression. They describe bullying, for example. Resiliency training might be a good thing to add to The Promise. Some students come from significantly impaired families. These are certainly great goals, but the kids I see are not achieving them.
  - I worry about those students who don’t have a passion that draws them outside of academics. I don’t know that I have any solutions, but it would be great to see more of those kids engaged in sports, or music – whatever is important to them.
  - I was surprised to hear about our graduation rate. That’s another issue for those kids who don’t fit the traditional mold. How do we, as a community, address that? If you drop out of high school in today’s world, your options are very limited. I know the school board is concerned about this.
  - To put together a plan – in terms of how the community can get involved – is difficult. I don’t know the best way to approach it.
  - In the community where I worked previously, and in other communities, school is seen by some as a burden you have to get through. Often, there is just one teacher, or one counselor who makes a difference. Somebody is noticing. Lots of kids get noticed, but a lot of kids don’t.

- **Dr. Smith:** Are we waiting too long by not addressing these issues until a child starts school?
  - I don’t think it’s too late. I see a lot of the issues starting in middle school, in terms of psychological issues, such as self-esteem. Elementary school seems like a positive place for many.
  - Are there more resources on-site that help in handling these problems? For example, group sessions with training on how to handle basic stress. Many students don’t have a parent to go to for that. Maybe an on-site mentor is needed; one that could pull students in.
The outcome regarding development of multi-lingual readers and speakers resonates. I am pleased that Shuksan Middle School has a Spanish class for students who are native speakers. A student I know said that was exciting for her.

**What is missing in the goals of The Bellingham Promise?**

- There are families that engage well with the schools and others who have a lot of struggles communicating with schools; particularly those with children who are emotionally challenged or more typically, have ADHD, for example. The ability to have families and schools trust and communicate well so we can move forward successfully is critical.
- I think we need to identify a pathway for kids who are struggling academically and we have to make sure they have a good advocate.
- Families/parents need to interact with the school. I don’t see anything within The Promise about how the parents can be motivated to participate.

**How do the interactions that you and your staff have with Bellingham Public Schools advance or impede attainment of The Bellingham Promise?**

- There is no argument with the mission, vision, core beliefs, but when it comes down to actually working in the schools, people obviously have a lot on their plates and competing priorities. Where does this fall as a priority for staff and families? If it’s not happening, it’s a partnership on paper. It may work great in some schools, but we are aware that in others schools, there is a higher need, and we are not reaching students.
- **Dr. Baker:** We communicate to stakeholders in multiple ways. For example, our Priorities for Progress is distributed annually. This document takes our five key strategies and identifies the work being done. We send this home to all of our families.
- It would be helpful to have a clearer definition or outline of what’s available in terms of resources at the school. I don’t know what’s available. Something that says, “This is what we do and this is what’s in place,” so I can push it from my end.
- When you do need to contact someone in the school, it feels restrictive to figure out who to reach and who is the right person. Where do you start? Occasionally, I’ve had someone in the school contact me, but that’s rare. It’s cumbersome to figure out where to start.
- It would be great to have a liaison that is the go-between, someone who could take almost any question and figure it out.
- Where do you start? Our schedules don’t mesh with staff. If I am treating a child I have concerns about, is there a person in the school who is a case manager or a liaison who can help navigate? A parent might say, “My child has dyslexia; what do I do?” Who can I contact for more information?
- **Dr. Gass:** One resource that helps parents connect with services is available through the Opportunity Council, which offers the SEAS (Single Entry Access System) as part of the Birth to Three Program.
• Often the parents of children who are most behaviorally or emotionally challenged have their own struggles. I’ve seen instances where the schools think they are communicating one thing, but the parents are hearing something very different. A liaison would be great.

• **Mr. McElroy:** What other thoughts do you have about how you or your staff can work with schools on either delivering The Promise or how we can remove barriers in implementing it effectively?
  o We have never-ending question in this community about vaccinations.
  o I rarely get any notes from the school psychologist, or from nurses concerning the health of my students. For example, if my student has an IEP, parents sometimes don’t know the details. It is an unwieldy document. A letter with a synopsis would be extremely useful.
  o It would be helpful to know if a child even has an IEP. We are monitoring the child’s growth and development, and there are issues in the report that will impact that. It would be helpful to receive a notice that says “This student has an IEP and this is what we have identified.”
  o Often the parents of children who are most behaviorally or emotionally challenged have their own struggles. I’ve seen instances where the schools think they are communicating one thing, but the parents are hearing something very different. A liaison would be great.
  o **Dr. Baker** summarized various district initiatives that are relevant to this discussion:
    - Our Wellness Director, Jessica Sankey, was hired earlier this year to focus on the overall wellness of students and staff. She could be the person who helps build capacity for better communication between schools and the medical community.
    - Dr. Gass is involved in organizations that have structures that integrate schools and the community; for example, [Whatcom Taking Action](#) and the [Whatcom Early Learning Alliance](#).
    - Additionally, we have a number of committees and task forces that are actively engaged in the district’s work priorities.
    - As a district we are also focusing on the American Pediatric Association’s recommendations on adolescent sleep in connection with school start and end times.
    - Our [Family Resource Centers](#) at Carl Cozier Elementary School and Shuksan Middle School link local resources and human services with families.
    - The district’s [GRADS](#) program (Graduation, Reality, and Dual-Role Skills) for pregnant teens and young parents is the only one offered north of Everett. The program is housed at Squalicum and Sehome High Schools and a third is planned for Options High School.
    - The district partners with Woodring College of Education to provide mentoring to 5th – 12th graders through the [Compass 2 Campus](#) program.
Project-Free Education helps reduce costs for school supplies, fees, enrichment and field trips to help eliminate barriers that prevent children from accessing programs.

Our Food Services Advisory Group is currently working on a vision that will guide the district’s food services program and the design of a central kitchen facility.

- Mr. Benjamin: I really appreciate hearing the questions about how depression, self-esteem, autism, ADHD, get in the way of learning. What community services address these challenges, and how do we create a coherent plan for tying these services together? Perhaps on-site clinics are a solution. I hope as a board we start to think more specifically about this coordination, from a visioning level.

- Dr. Gass: The Whatcom alliance for Health Advancement (WAHA) works to promote access to health care services for our community. We as a community need to be focused on supporting families in distress. The investment in services that support families and young children with mental health problems is critical. This is a challenge that has a huge impact on education and our future citizens. We can’t accept the status quo.

4. Closing and Wrap-Up

- Dr. Baker thanked attendees for their participation. His summary of the key points, comments, and questions that emerged from this morning’s discussion included the following:
  - Several in the group expressed appreciation for the well-rounded approach of The Bellingham Promise. Its focus is clearly broader than just academics and test scores.
  - Different interventions are required for different students, and we need to continue to figure out how to meet that challenge effectively.
  - While a One Schoolhouse Approach is a key strategy, differentiation of resources is often required.
  - The first core belief within The Promise is that all children should be loved. Today’s discussion highlighted how important it is that every child has someone in their lives who will make a difference.
  - The district will continue to explore ways to communicate effectively with our community’s medical providers. We need to think of better ways to bring this group to the table when working with students and families and determine who would be the best liaison/navigator.
  - We will continue to explore establishment of a health clinic or health-care provider on site in schools.
  - The board and district leaders will work together to ensure this conversation will continue.

- Dr. Gass thanked participants on behalf of the school board.

The meeting adjourned at 8:07 a.m.
Kelly Bashaw
School Board President

Attest:

Greg Baker, Secretary to the Board

Minutes approved: 1/14/16