



Washington State Migrant Program: Supplemental Health Supports & Services

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Office of Superintendent of Public Instruction



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Migrant Student Eligibility

AGE:

3-21 years of age

SCHOOL COMPLETION:

Has not yet received a high school diploma or equivalent

MOVE:

Moved to obtain work in the agricultural or fishing industries
(by themselves or with their family)

ACROSS DISTRICT BOUNDARIES:

Crossed school district boundaries

TIME:

Within the last 36 months



Washington State MEP at a Glance

The 2nd highest number of migrant students in the United States.

Top agricultural industry in the nation, including a diverse fishing industry.



~30,200
Migrant
students



Migrant
graduation
rate 75.5%



13.6% Migrant
dropout rate.





Migrant Student Health

- Migrant families are **one of the most underserved and poorest groups** in the United States¹;
- Estimated **300,000 to 500,000 children under the age of 18** laboring in U.S. agricultural fields²;
- Students with poor health have a higher probability of school failure, grade retention, and dropout¹- necessitating the need for supplemental intervention.

1 http://www.ncfh.org/uploads/3/8/6/8/38685499/maternal_and_child_health_2017.pdf;

2. <http://afop.org/cif/learn-the-facts/>





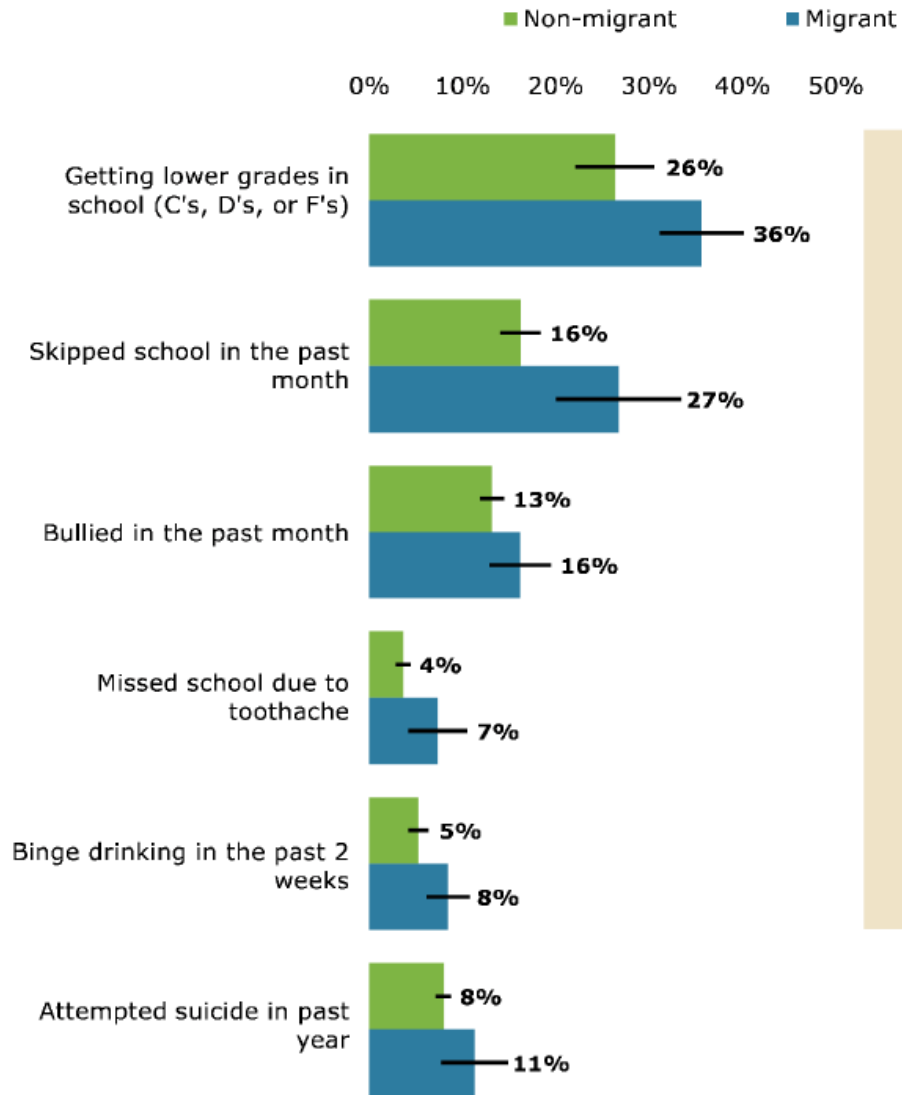
The Need for Supplemental

- Continued expansion of school health requirements leave small and/ or resource limited school districts ill prepared to meet the growing migrant student health needs (2018-2019).
- School RN services are not available equitably across the state;
- In the past 15 years, the number of students with **chronic health conditions has increased by 328%** in WA¹;
- Nursing services provided the WA School Nurse Corps (SNC) have been **reduced by more than 3%** due stagnant funding since 1999¹- (funded 2022);
- Basic educational funding already limited to expand further;
- COVID-19 further proved the need for further investment and intervention to meet MEP needs (2020-present).

¹ https://www.k12.wa.us/sites/default/files/public/legisgov/pubdocs/PL_School%20Nurse%20Corps.pdf.



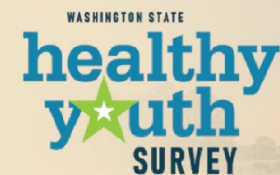
Statewide Relationships between Migrant Status, Grade 10



For 10th grade **migrant** students statewide, are:

- More likely to report getting lower grades in school (mostly C's, D's, or F's)
- More likely to have skipped or "cut" school in the past month
- More likely to have been bullied in the past month
- More likely to have missed school due to a toothache in the past year
- More likely to report binge drinking in the past 2 weeks
- More likely to have made a suicide attempt in the past year

Compared to those with **non-migrant** students.



FACT SHEET

Migratory Students of Washington State

Year: 2021 Grade: 10 Sex: All Number of Students Surveyed: 9,378



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Migrant Education Program (MEP): Provision of Services

Migrant funds may be used to support eligible migratory youth with supplemental health and social services when there is a delay or lack of availability from federal, state, or other local program resources.

Services must:

- Help children to participate academically;
- Not be ongoing or long-term types of services;
- And costs remain necessary, reasonable, and allocable to the MEP



Provision of Health Service

Supplemental health and social services may include, but are not limited to:

- Supplemental screening examination for vision, hearing, physical or dental;
- Connection to community-based health and social services such as immunizations, corrective lenses, dental, nurse, orientation-mobility specialists, occupational therapists, and physical therapists, etc. (confirmed referrals); psychometrist, language pathologists, and audiometrists, and their secretarial, clerical, and other assistants;
- Providing supplemental nutritional support beyond state/federal food programs;
- Interacting with parents regarding unresolved health issues (MDAs).





Washington State MEP Supplemental Health Goals

1. Supplemental bilingual/biliterate health services for migrant students experiencing ongoing and/ or unresolved health problems;
2. Identification and coordination of supplemental health and social services with partnered community-based organizations;
3. Engagement of parents and local resources for the overall improvement in healthy lifestyles, school attendance, grades, and graduation among all migrant youth served, and;
4. Training to other school personnel staff in addressing the unique health needs of migratory students.





Migrant Nurse Case Management Model



Why School Nurse Services?

School Nursing Services play a significant role in addressing the numerous chronic and acute health problems that often go untreated or unresolved. Including¹-

- Direct RN services;
- Coordinated case management;
- Student advocacy;
- Improve academic achievement and decrease absenteeism (reducing barriers to academic success).

¹ https://www.k12.wa.us/sites/default/files/public/legisgov/pubdocs/PL_School%20Nurse%20Corps.pdf.





School Nurse vs Nurse Case Manager

Funds are targeted at a very specific population within k-12- i.e., Migrant.

- School nurse = all students, but not always available;
- Scope defined flexibly meet specific MEP needs beyond school nurse capacity (e.g. home visits, health education, parent engagement, health and social service advocacy, re-engagement of out of school youth, aided support to basic ed nursing. etc.)





Scope and Impact

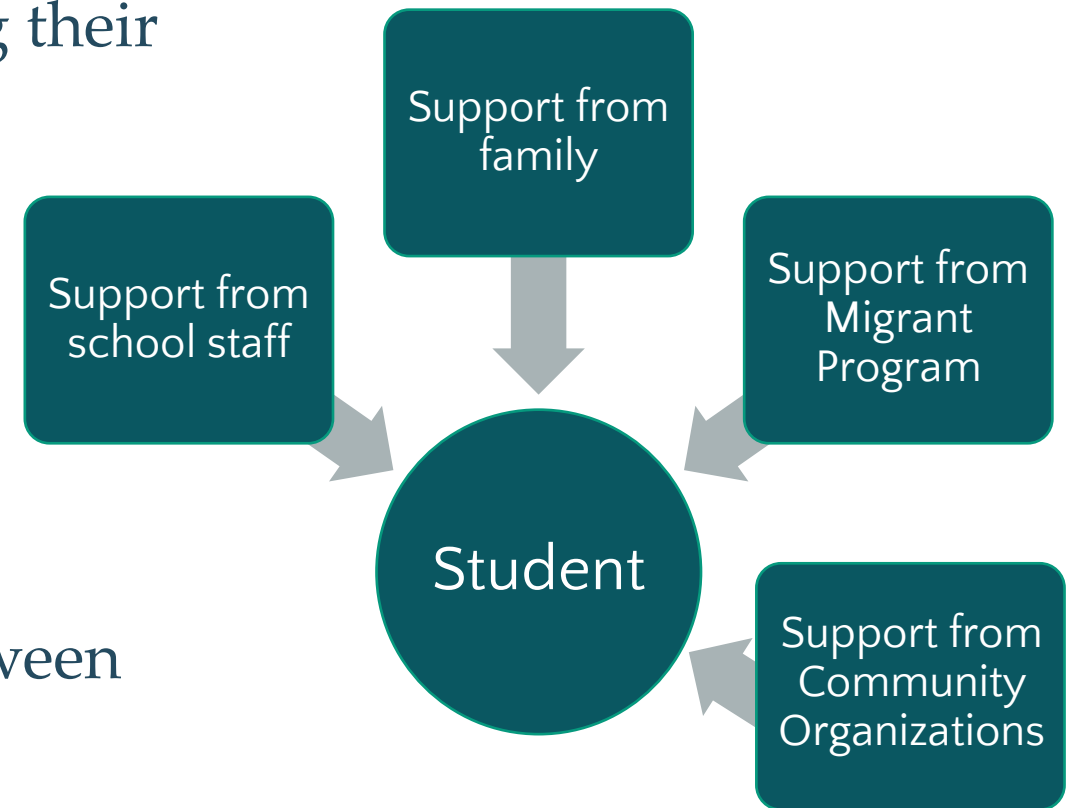
- Foment direct collaboration with local health care providers to expand health and social services available to migrant families;
- Support migrant staff, school nurses, and other district staff with providing wrap-around student support.
- Focus on:
 - Migrant physical exams, MDAs, and other screening services
 - Summer programs
 - Migrant family engagement as it pertains to student health
 - Preventative health education



Methods/Tools

- 1:1 interview with student at their school.
 - Students feel more comfortable sharing their point of view.
- Family/Home visit
 - Assess family needs, strengths.
 - Discuss options, involve the student.
 - Develop a plan.

Family visits are often collaborations between various members of the Education Team





Migrant Nurse Case Manager Initiative

Fund nurse case manager positions in key parts of the state among school district with high migrant school counts through a consortium-style model;

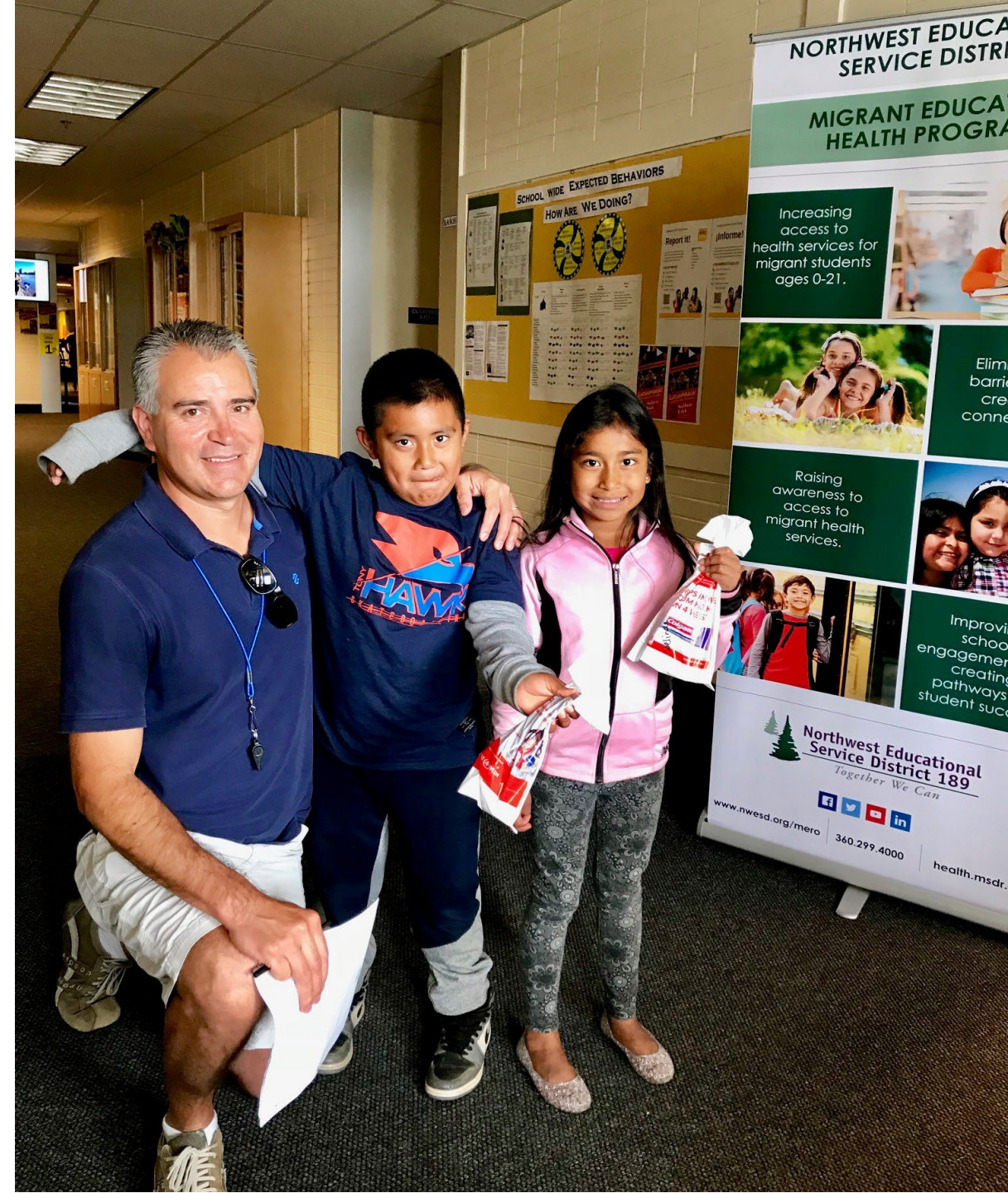
- Bilingual position @ .6 FTE by MEP, shared among local participating districts;
- One fiscal agent, tasked with supervision and hiring;
- Time proportional to total migrant students served in the grant;
- Districts agree to provide support in the school building (MOU);
- Supervision guided by district evaluation form for school building nurses, SNC, and OSPI.



Public Health, FQHCs, & MEP

Braided funded nursing models exist to further streamline health services to youth and families

- Partnership with Family Health Centers in Brewster, WA
 - Dual funded position
- County Public Health & Sea Mar Community Health Centers in Mount Vernon, WA
 - Braided position for nursing and behavioral health
- Columbia Valley Community Health (CVCH) in Wenatchee, WA
 - Braided funded position



Migrant Health Nurse Initiative

- *Nooksack
- *Ferndale
- *Mt. Baker
- *Lynden

Mount Vernon
 Sedro Woolley
 La Conner
 Conway
 Burlington-Edison

NORTH BEACH
 NASELLE-GRAYS RIVER VALLEY
 OCOSTA
 OCEAN BEACH
 ABERDEEN

CENTRALIA
 WINLOCK
 OLYMPIA
 ROCHESTER
 CHEHALIS

Sites:

Yakima SD

Sunnyside

Kennewick

Counties of Washington State

Wenatchee

Eastmont

Brewster
 Bridgeport
 Pateros

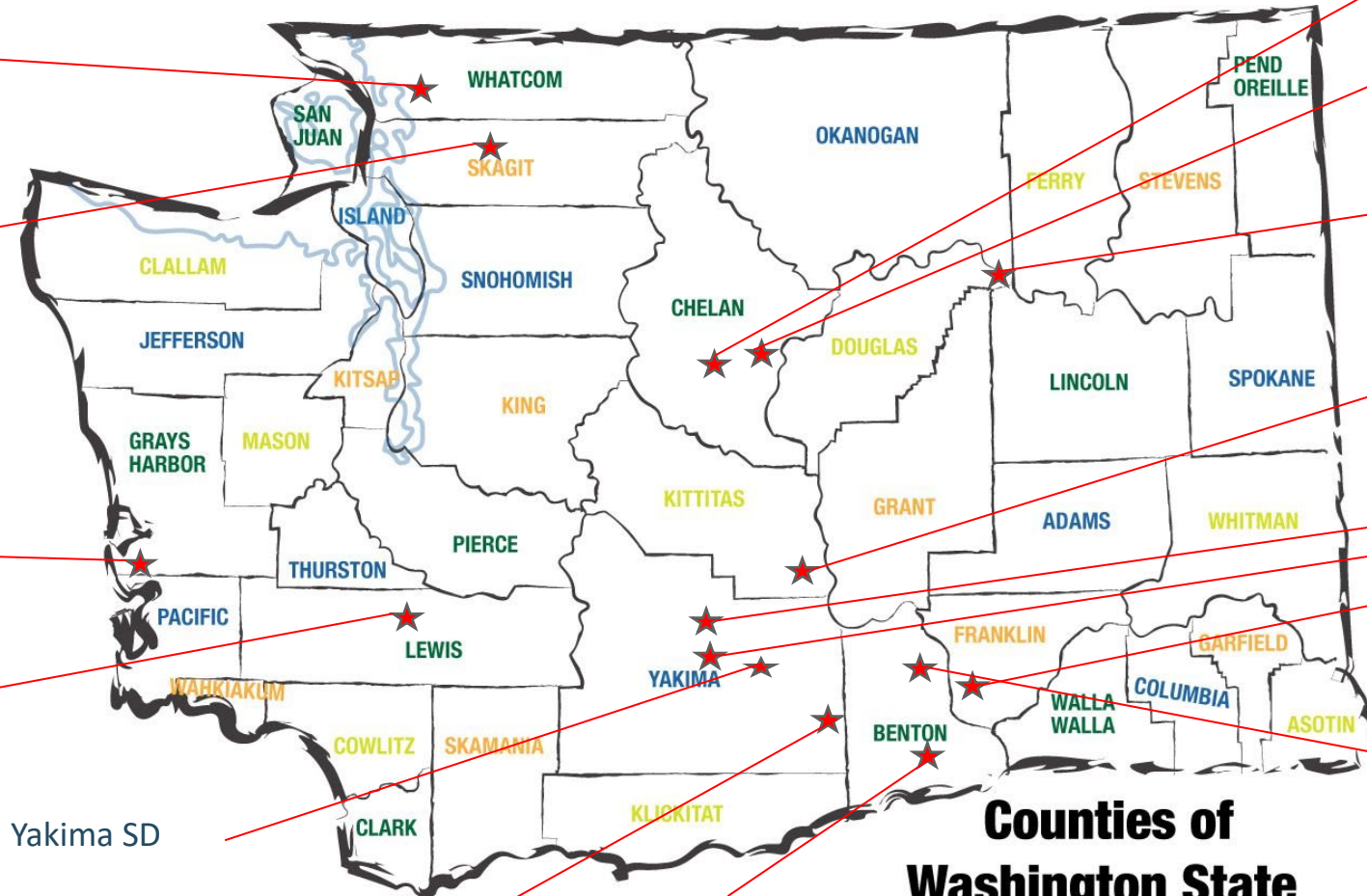
Wahluke
 Royal
 Othello

Pasco

RICHLAND
 FINLEY
 PATERSON

Toppenish
 Granger
 Zillah
 Mabton

Mount Adams
 Wapato
 Highland
 West Valley
 (Yakima)
 Union Gap



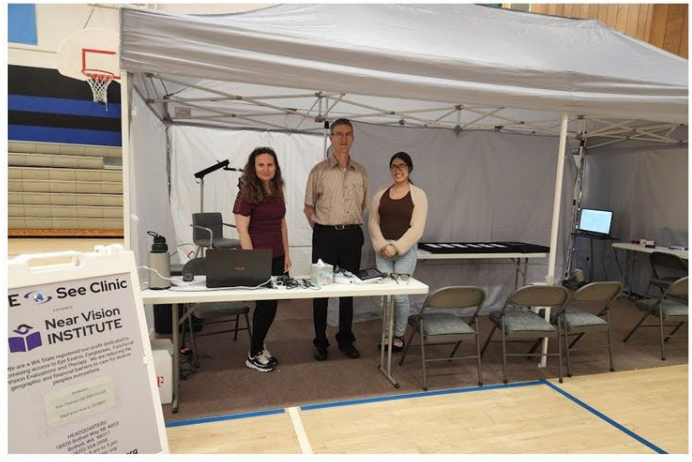
■ Implemented Project

■ Recruiting Position

■ Works in Progress



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Success Stories & Highlights



Services Provided

1. 3-day event during regular school hours;
2. Complete Vision Exam
3. New glasses, up to 2 pairs if eligible
4. No cost to student/family

67 - # of students seen at event

43 - # of Migrant Students

3 - # of McKinney Vento Students

44 - # of new glasses

7 - # of schools that participated



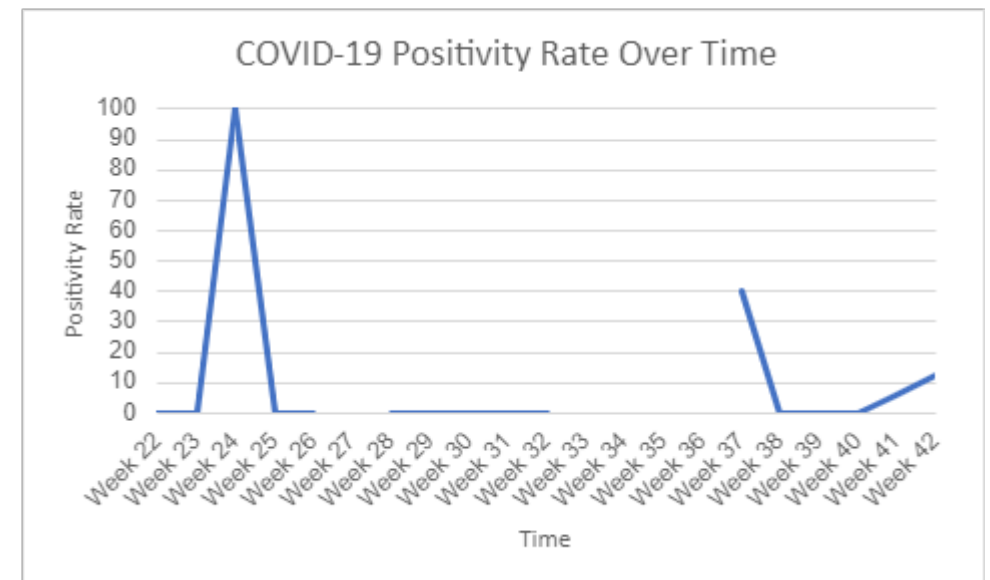
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Covid-19 Response

Reaching those with the highest risk of infection and reducing the chance of outbreaks that impact livelihoods

- Supported local mask distribution efforts with the development of hygiene kits- including family engagement and learning on proper mask use and transmission mitigation;
- Supported drive-thru nutrition program and conducted the delivery of supplemental nutrition during quarantine and home check-ups;
- Year-round testing in collaboration with LHJ/ DOH to access to rapid testing supplies and lab analysis- offering testing at home for MEP families;
- One week showed 100% positivity across the seven individuals tested, while others ranged from 6%-40%.



Covid-19 Response

Pop-up clinic vaccinates 200 Skagit farmworkers

- Coordinated effort between districts, local public health, and community health care providers to increase access to the covid vaccine for early recipients in WA.





Highest Reported Needs

- **Mental Health:**
 - Frequent absences;
 - Behavior problems;
 - Disengagement
- **Vision Referrals:** students with state insurance often have to wait 1-2 months for their eyeglass prescription to be filled.
- **Immunization compliance:** provide education to families about immunizations to avoid school exclusion.
- **COVID-19:** Need for screening, testing, vaccination, and access to community resources during isolation/quarantine.



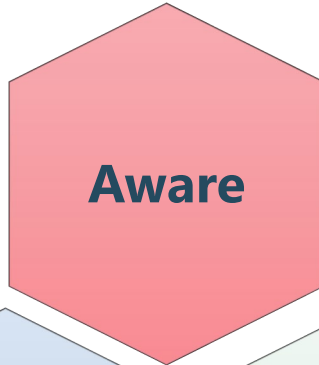
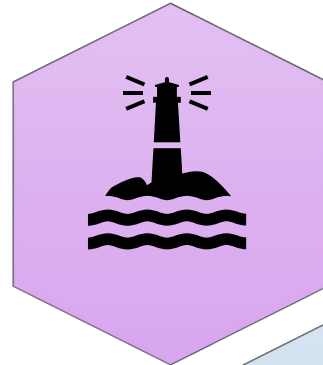


Behavioral Health

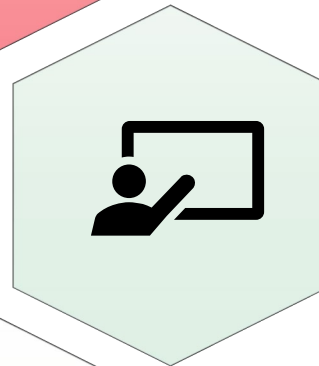
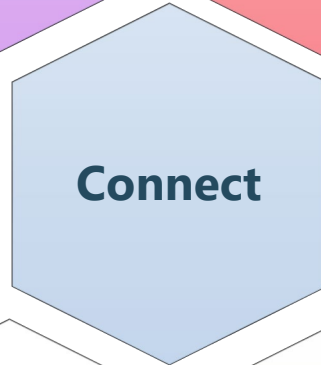
Response to Mental Health Needs

Project Aware

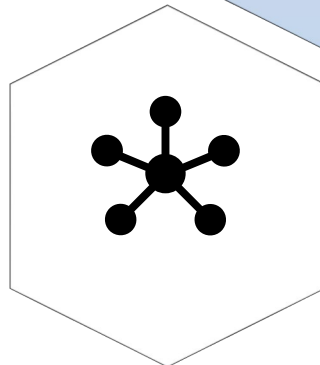
- Sunnyside School District
 - 38% Migrant
- Wahluke School District
 - 51% Migrant
- Yakima School District
 - 9% Migrant



MEP Nurse Case Manager supports to increase awareness of mental health issues by supporting the development, implementation, and sustainability of a comprehensive school-based system of mental health services and supports.



Train school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues.



Connect school-aged youth who have behavioral health issues and their families to needed services.



Behavioral Health Grant Opportunity

Behavioral Health Grant 2023-2024

Eligibility: Participating Title I, Part C school districts with carryover less than \$450,000.00.

Priority will be given to districts based on:

- Proposal feasibility- can be implemented with ease, reasonable, and effective,
- Summer term programming- OSPI is looking to offer more summer services,
- Low carryover allocation- offer opportunity to less funded LEAs, and
- Proposals with braided funding- demonstrating supplemental status.



Behavioral Health Grant Opportunity

- **Behavioral Health Grant 2023-2024**

- Applications will be evaluated by partner ESDs and OSPI to help adjust scope of service if needed. Evaluation will consider:

- **Type of activities proposed,**
- **Allowable and allocable,**
- **PAC consultation feasibility,**
- **Award size requested, and**
- **Budget**
- **Alignment with SDP.**

- Award will be included as a part of your 23-24 program budget and tracked as a part of your expenditure under health (activity #26).

MEP Behavioral Health Grant 2023-2024

DESCRIPTION:

The Washington Migrant Education Program (MEP) is making federal funds available to participating school districts to help migratory children benefit from the introduction or expansion of high-quality behavioral health programs and services. The introduction or expansion of behavioral health programs and services must:

1. Address specific behavioral health needs of local educational agencies' migratory eligible students; and
2. Be supplemental to existing local, state, federal, or other resources;
3. In alignment with the MEP State Service Delivery Plan activities and services.

Funds will be available in five different block grant opportunities depending on the level of need, migratory student count, and program(s)/services proposed.

ELIGIBILITY:

Eligible Applicants: Existing or new local school districts accepting a Title I, Part C. Migrant Education Regular Grant

Additional Information on Eligibility: Participating Title I, Part C school districts with carryover less than \$450,000.00

Priority:

Priority will be given to districts based on the following criteria:

Behavioral Health Grant Opportunity

Applications will be evaluated by partner ESDs and OSPI. For a successful application, consider you're the following:

Quality vs Quantity:

- Proposed Activities- are they meaningful and supported by youth and families?
 - Were activities proposed by PAC, youth, or families?
 - Do they address the identified need?
 - Is the activity addressing a behavioral health need directly or tangentially?
- Budgeting- Is it itemized, clear, necessary, reasonable, and allocable?
 - Purchase of "supplies", leasing vehicles instead of purchase, collective cost in consortia.



Behavioral Health Grant Opportunity

Applications will be evaluated by partner ESDs and OSPI. For a successful application, consider you're the following:

Quality vs Quantity:

- # of proposed activities- can be they implemented and managed effectively?
 - More is not always better, consider consolidating for a targeted intervention
- PAC Consultation- did you submit evidence of consultation? (not just summary)
 - Agendas, pictures, notes, follow-up meetings, etc.

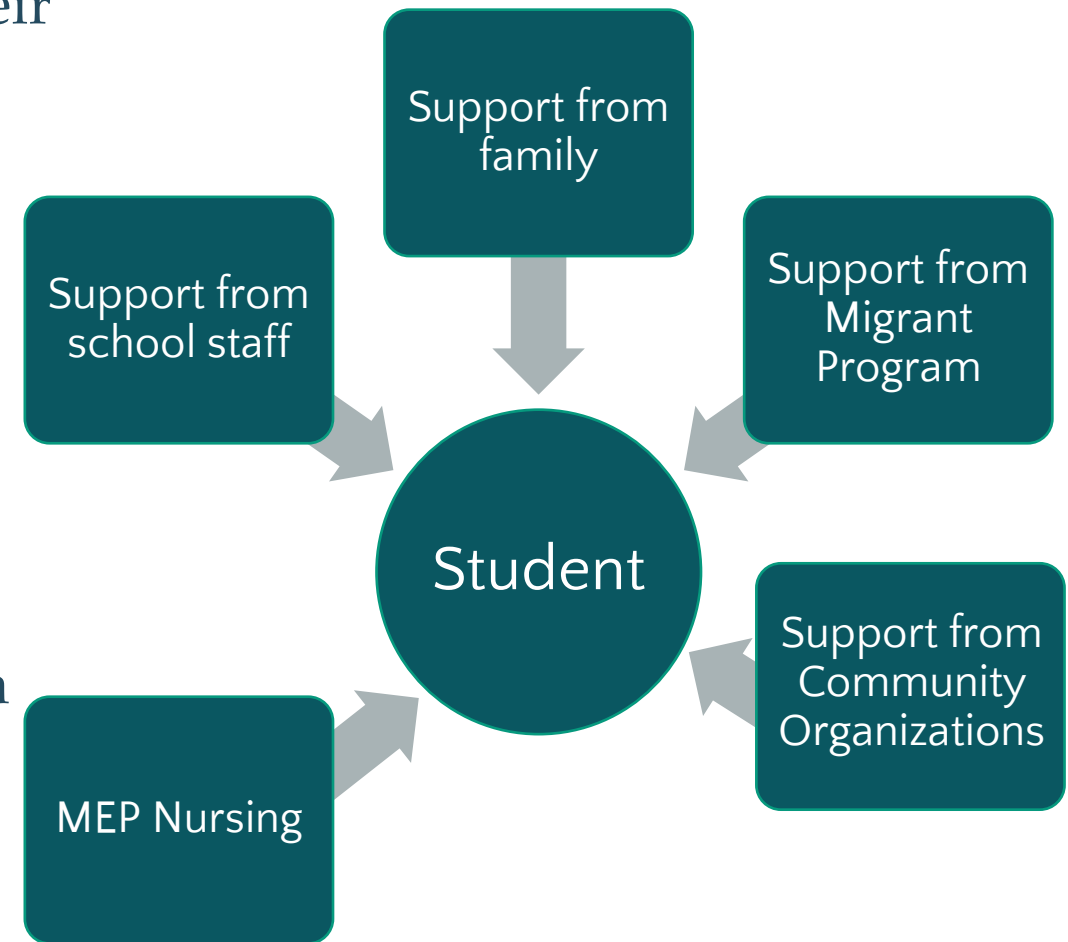
Look out for the grant application Zoom session hosted by the MEP ESD team for all stages of the application process.



Migrant Behavioral Health Therapist

- 1:1 interview with student at their school.
 - Students feel more comfortable sharing their point of view.
- Family/Home visit
 - Assess family needs, strengths.
 - Discuss options, involve the student.
 - Develop a plan.
- Connect to existing BH services

Family visits are often collaborations between various members of the education team



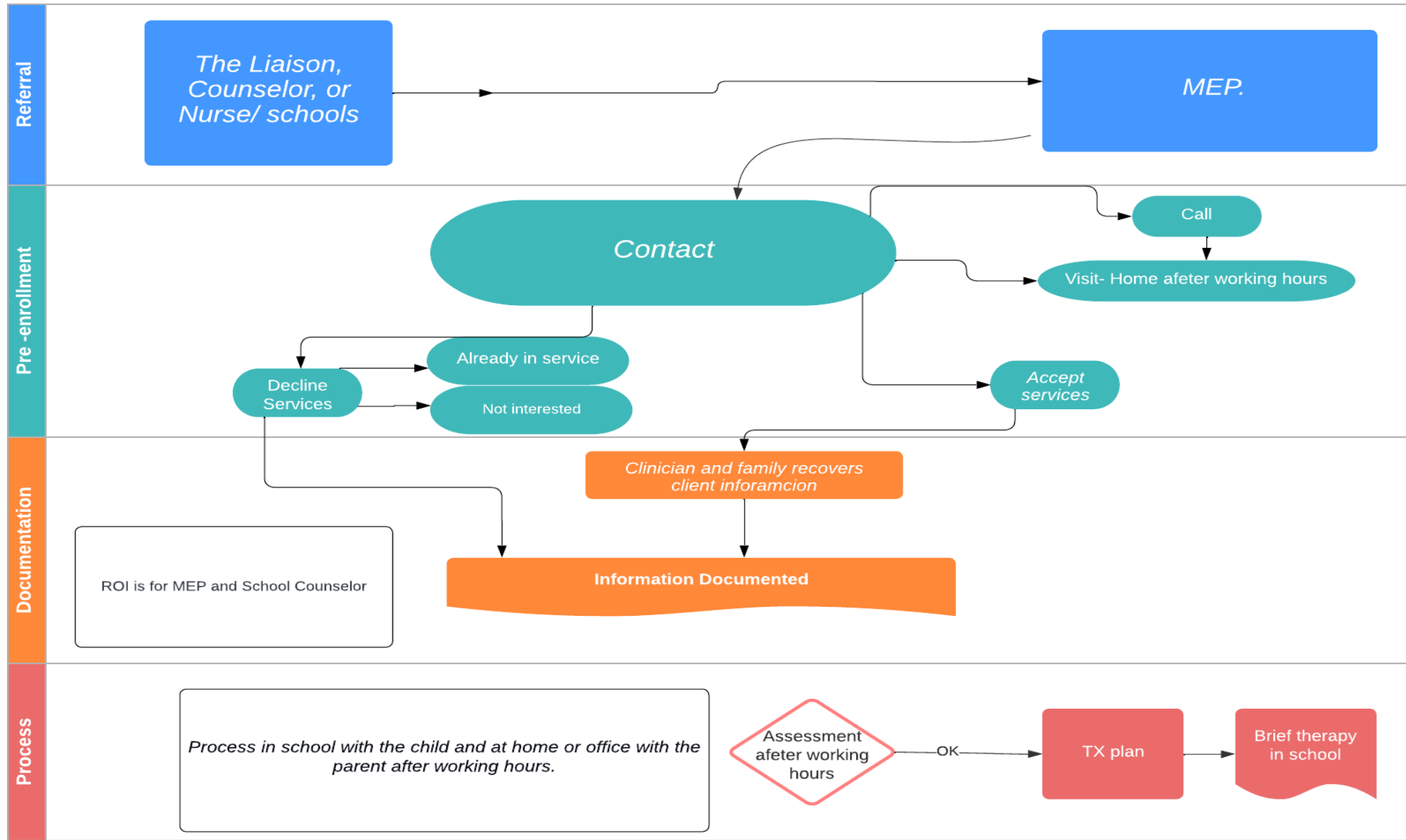


Why direct behavioral health services?

Behavioral Health Services play a significant role in addressing the numerous chronic and acute mental health problems that often go untreated or unresolved. Including¹-

- Unidentified or unmet mental health needs;
- Meets a gap in the existing mental health work force;
- Coordinated case management;
- Student advocacy;
- Improve academic achievement and decrease absenteeism (reducing barriers to academic success).





Wellness / Mental Health Day



- Event was focused on the idea of being mentally healthy in order to be physically healthy.
- **What service did it provide for Migrant? What was the reportable service?**
- We provided coping mechanisms to help with mental health issues. Which was reported as a health service.
 - Meditation yoga
 - Slime station
 - Painting with intent
 - Bubble station
- **How many kids were allowed to attend?**
- 50 registered and attended migrant students.



Wellness / Mental Health Day



- **How are funds used?**
- Funds were used to cover the cost of supplemental meals, equipment, transportation, FTE.
- **What stood out?**
- Awesome feedback on student surveys!
- **Process on how to use health funds for SSD.**
 - Submit a proposal on what type of event is being held.
 - Submit requested budget.
 - Partnerships
 - Cost of motivational speakers
 - Cost of supplies
 - Cost of food



Success Stories & Highlights



Success Stories & Highlights





Successful Coordination

Good morning Armando,

I would like to share a successful case that I have work with this year. It make me cry when I was able to hear the student say “thank you”. Started as a new student enrolling at the school that I am so proud to be part of, our school team, staring with our recruiter at the front desk. She identifies and connects students with services. Our recruiter Aracely Lopez immediately referred student to the ELL/migrant program director Jessica Garcia, the school psychologist and Elvia (me) the Migrant Health Nurse, when she noticed that Johary (student’s name), new student, had no verbal communication, and her father reported that she had one hearing aid that was given in Mexico. Student migrated from Honduras to Mexico where they were for few months working in the agriculture industry, Johary received some assistance as she enrolled in the school in Mexico were they provided limited services for Johary as she was not able to hear anything therefore had no verbal communication, somehow she got one hearing aid from there. They were able to migrate to Illinois where they worked in the agriculture area for 3-4 weeks than migrated again and end up at Brewster, current location. Johary a 9 year old, attempted to communicate through body movements and vocal sounds, somehow she was able to say Papa though, the only somewhat verbal word. We as a team requested records form Mexico, we were lucky to find out that they had some records saved and faxed to us. I immediately started to look for an Audiologist in the area, as a rural area we do have limited services too. Found one at Omak that will come only once a week for half day. Scheduled her for the first open appointment with Dr Megan Carter. Scheduled Johary’s family with the insurance specialist at Family Health Center too. Drove them to the appointment with Dr. Cater, were she had molds for hearing aids done immediately to start the process. I follow up by scheduling appointment with PCP for referral purposes, where she was referred to the ENT specialist at Wenatchee. I arranged transportation for appointments with People to People, transportation program. She was referred to speech therapist too. FM system was added to her benefit as she was qualified for Special program. Currently she has a bilingual one on one Para- Educator from the ELL program with her, when she is in her 3rd grade general education classroom. The family has been through so many struggles, the mother works day shift at the apple warehouse and dad works night shift to be able to take care of Johary and little brother during the day. I was able to connect them to the AHEAD Start program to assist with the younger brother so their father could have a little break in the morning after he takes them to school. I also was able to nominate them for assistance thought the Neighbors Feeding Neighbors Community program to received assistance for the Christmas Holydays. Johary finally was able to received her hearing Aids in October and she is making so much progress; she has developed her bilingual language so fast and she seems so happy. When I first meet her on her very first day of school, I took her to her classroom and she did not want to stay in there, therefore, I had to stay with her until it was time to switched class to the ELL program where she felt more comfortable. Currently she has no issues navigating school; she is a happy, smiley, cheerful girl rooming around the hall ways at the school that every time she sees me says “gracias” or “thank you”. I feel so blessed to be part of this much needed Migrant Health Nursing program that is touching so many families and creating many opportunities for students that otherwise would it be lost in the shuffle or will need to wait until someone could help them.

Thank you so much for your support,

Elvia Martinez, RN

Proud to be call the Migrant Health Nurse



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https://www.goskagit.com/community/pop-up-clinic-vaccinates-200-skagit-farmworkers/article_8db8a2b9-1c96-5adf-97e4-b6e10d22ff24.html

Questions?

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