Innovation Report

Washington Association for Community Health

ICHS International Community HEALTH SERVICES

Seattle World School School-based Health Center: Integrating Case Management

The Case Management Specialist helps students and families meet basic needs, access resources, and navigate complex healthcare, social, and educational systems.

Background

Deeply rooted in the Asian Pacific Islander community, International Community Health Services (ICHS) provides tailored health and wellness services based on the needs of their patient population and promotes fair access to health care. In 2024, ICHS provided care to 32,990 unduplicated patients in 90 languages across 13 locations in Seattle, Shoreline, Bellevue, Auburn, and South King County.

ICHS opened the school-based health center (SBHC) at Seattle World School (SWS) in 2011, funded largely through the City of Seattle's Families, Education, Preschool & Promise Levy.

SWS serves a population of newcomer secondary students (ages 11-21) who speak a variety of languages. SWS started as the Secondary Bilingual Orientation Center and developed into a high school program that accelerates English language acquisition within standards-based core content teaching.

The SWS SBHC provides onsite medical care, dental care, and behavioral health services to students. Health center staff also assist students and their families with health insurance enrollment, health and wellness services, and other community resources.



International Community Health Services

- **Founded in 1973 by a group of dedicated community advocates**
- **13 full clinic/service sites across King County**
- **Over 32,000 patients served annually**
- **Provides care in over 90 languages**
- **Over 136,000 visits annually**
- **Over 600 employees**

Creation of the Case Management Specialist Role



Standard SBHC staffing typically includes a medical provider, behavioral health provider, and clinic care coordinator. Given the variety of languages spoken at the school and other navigation challenges, ICHS historically added a non-clinical navigator role focused on supporting linkage to services, acknowledging the importance of system navigation beyond clinical care.

Over the years, ICHS leadership has also engaged in conversations with funders and other partners to create a shared understanding of how addressing health-related needs such as food insecurity, housing instability, or lack of transportation imapacts achieving positive clinical outcomes and supporting academic success. By providing navigation support and recognizing the cyclical relationship between health and education, ICHC emphasizes that meeting these fundamental needs is essential for both individual well-being and broader educational achievement.

In 2023, the City of Seattle through the **Department of Education and Early Learning** funded an additional mental health provider for each SBHC. However, ICHS knew that that this measure alone would not fully meet the needs of their patients. ICHS advocated for a role more aligned to SWS's needs, explaining that their students required health-related needs and navigation support rather than additional traditional therapy capacity.

Thanks to years of sustained dialogue and nurtured relationships, the City of Seattle approved creation of the Case Management Specialist role—an innovative, clinically integrated position—embedded within the care team (medical, behavioral health, dental).

"It doesn't matter if we have all of the providers in the world lined up. If people don't really understand how to access it, or they're sitting in the provider's office but they're worried about the fact that they don't have any food at home or they don't know if they have a home to go to, these are all things that are barriers to helping a student have good health. Having good health is one of the most important things that we can do for them to achieve academically and achieving academically is one of the best things we can do for them to have good health long term. So, it's all a cycle and that's something that the folks that we're working with, they understand that cycle."

Sherryl Grey, ICHS Director of Community Health Services

Purpose of the Case Management Specialist Role



The Case Management Specialist (CMS) is fully integrated into the clinical care team and helps students and families meet basic needs, access resources, and navigate complex healthcare, social, and educational systems.

The role aims to empower students with durable skills for independent navigation after graduation, grounded in relationship-building and trust.

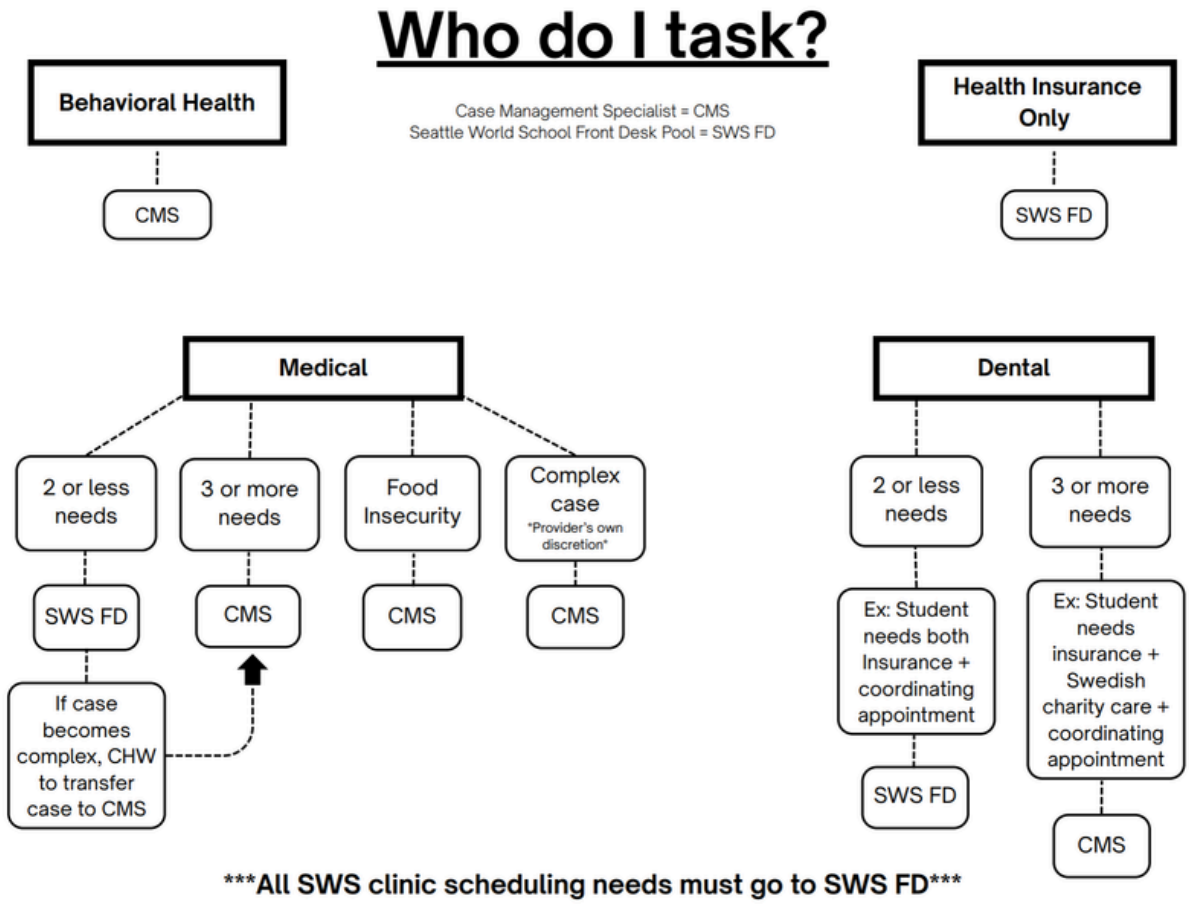
Within an integrated clinical framework, the CMS works collaboratively with medical, behavioral health, and dental providers to identify health-related needs and implement interventions that help students meet key clinical care goals:

- Facilitating access to essential resources such as food, housing, insurance, and specialty care.
- Providing navigation coaching for appointments, forms, referrals, and self-advocacy.
- Coordinating closely with providers to align health-related interventions with treatment plans.
- Building rapid rapport with students to uncover needs that may not appear in initial referrals.

Operationally, tasks flow to the CMS through ICHS's electronic health record (Epic's care coordination system, Compass Rose) via in-basket messages. Additionally, monthly case conferences bring providers together to review complex cases, share context, and coordinate next steps.

A practical triage funnel routes patients that have three or more needs directly to the CMS while patients with two or less needs go to the community health worker (CHW). The CHW may escalate a patient to the CMS if a patient's complexity grows. Providers can flag high-priority items in Epic and the CMS's own clinical judgment also guides urgency (e.g., acute dental pain over low-acuity requests such as swimming lessons).

Workflow and triage job aid for Case Management Specialist role at Seattle World School Teen Health Center:



"[The CMS role is] collaborative in terms of [the provider says] this is the treatment plan, this is what I'm looking for, this is what I want for [the student] or this is the goal. But with my background, I'm able to say maybe that might not quite work, we could try this, or let's do this and explore options in order to better meet the student and their needs. It's a two-way, give-and-take between [the CMS] and the providers, with the CMS providing input into the student's treatment plans and goals."

Monica Velazquez, ICHS Case Management Specialist

Challenges

- Shrinking community resources: Funding losses across nonprofits, hospitals, and programs have reduced available supports for newcomers.
- Age-related barriers: Many students are ages 19–21 and may lose Medicaid at age 19, aging out of youth programs and requiring creative coverage solutions (sliding fee, charity care).



- Time-bound windows: Students may be referred close to graduation, so the CMS has to quickly provide support and navigation education within a limited time.
- Economic pressures: Some students have work obligations that impact their school attendance and make engagement difficult; some students leave school altogether to support their family.

"My first patient when I got here was having back pain. I was able to get him into a specialist at the University of Washington using charity care. He got checked out by the specialist, and they said his back was fine. I thought maybe his back pain was stress-induced, so I started working with him to learn about things that were going on at home. I helped address his food insecurity and his dental and behavioral health, as well as the things that were going on at home and with his family. And as we're tackling all these things, I could kind of like see him lifting. You could see it in his facial expressions; he was much happier around school, he was sleeping better, and his back pain started to go away. So, you start seeing the benefits by just being able to listen to him, hear him out, and figure out what's going on."

~ Monica Velazquez, ICHS Case Management Specialist

Successes

- Integrated care impact: The CMS elevates system navigation and health-related needs interventions to clinical-level priorities, enabling students to meet treatment goals across medical, behavioral, and dental domains.
- Trust-driven access: A welcoming, non-judgmental environment encourages students to seek help and refer peers—an indicator of the CMS role's effectiveness in youth-serving settings.
- Operational backbone: Epic tasking, priority flags, case conferences, and a triage funnel create repeatable processes that surface high-need cases and sustain follow-up.
- Illustrative case: A student with back pain received coordinated medical evaluation, University of Washington charity care, and health-related needs supports (food insecurity, stress). As needs were addressed, sleep and well-being improved, and symptoms resolved.

Next Steps

- Enhance triage and prioritization: Implement a tiering system that better determines how long it will take to address patients' needs.
- Balance access and bandwidth: Preserve drop-in friendliness while protecting CMS's schedule for complex cases.

"Before any of the [case management] work can even happen, there must be relationship and trust development. So, what has made the Case Management Specialist really impactful for the students is that the CMS has created a very open, nonjudgemental, welcoming environment. The CMS is kind of the victim of their own success! We try to set it up so that the CMS's time is reserved for those kids that have the more complicated, multiple needs. But because the students have had such a good experience with the CMS, they bring their friend who may have a relatively simple need that can be addressed by the CHW."

~ Sherryl Grey, ICHS Director of Community Health Services

Washington Association for Community Health

The Association's innovation reports aim to support community health centers in leading innovation by identifying successful promising practices and communicating them to the statewide network.

Does your CHC have an innovation to share? Let us know!

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