

Task Force Members in Attendance:

Ann Vrabel for Vice-Chair Margo Lalich	Marian Blankenship	Thomas Sincic
Maureen Hinman	Rebecca Austen (phone)	Soren Metzger
Chair Nina Fekaris	Representative Gene Whisnant	Rhonda J Busek (phone)
Senator Laurie Monnes Anderson	Ely Sanders for Mitch Kruska	

Task Force Members Not in Attendance:

Jeremiah Rigsby	Yousef Awwad	
Pam Carlson		

Support Staff in Attendance:

Jamie Smith – OHA	Jessica Duke – OHA	Melanie Potter – OHA
	Tim Noe - OHA	

Meeting Summary:

Welcome Introduction of Task Force Members

Chair Nina Fekaris led with introductions.

Housekeeping

Approve 4/1/16 meeting minutes:

- Chair Fekaris motioned to approve the April meeting minutes and Tom Sincic seconded the motion. The Task Force approved the 4/1/16 meeting minutes by unanimous vote.
- Chair Fekaris asked the Task Force to review the bike rack topics on page 5 of the April meeting minutes.
 - The first item reviewed was supporting nursing tasks through technology. Chair Fekaris would like that topic left on the bike rack for further review.
 - The second item was looking at duplication of services between school nurses, school-based health centers and private providers. Chair Fekaris would like the topic left on the bike rack for further review.

- Representative Whisnant asked if Chair Fekaris is speaking about vision screenings. He mentioned that it's important to continue vision screenings at different grade levels as a child ages. He also asked if there is data on what vision screening is being done now within schools and SBHCs.
 - Ely Sanders confirmed ODE has annual nurse data collection but is unsure how clean it is. They have a pretty good idea where school nurses are at on vision screening.
 - Chair Fekaris suggested a graphic be made to show this data.
 - Ely Sanders agreed to work on it.
 - Representative Whisnant suggested the focus be on the earlier grades as they are learning to read. He also mentioned including children with disabilities.
 - Ely Sanders suggested it be added to the bike rack for later discussion.
- Chair Fekaris mentioned creating a list of funding streams is also on the bike rack and will be reviewed today.
- Chair Fekaris said we are moving the cost to meet the school nursing ratio off the bike rack.
 - Tom Sincic suggested adding a list of school nurse services/tasks that could be accomplished or prioritized within the 1:750 nurse ratio.
 - Chair Fekaris agreed that the task force could look at other school nurse models to gather a list of services they could evaluate.
 - Maureen mentioned to include how they are funded.
 - Jamie Smith said the majority of funding for school nursing is coming out of general education fund.
- Representative Whisnant said the legislature gives ODE a check for all education needs and legislation says they are supposed to have school nurse program. The legislation doesn't say much more than that and our task force is here to make it better.
 - Chair Fekaris would like to look into ways to explore other alternatives to obtain more reimbursement.
 - Representative Whisnant said the legislative task force discussed looking into calling school nurses School-Based Health Centers so they can be reimbursed from the federal government.
 - Maureen Hinman suggested looking into reimbursement models involving a school nurse and school-based health center partnership.

- Chair Fekaris said the goal of the day is to look at some current funding sources and task force background so the group can brainstorm on potential funding streams.

Adolescent Health funding at PHD presentation

Jessica Duke presented on Adolescent Health funding at the Public Health Division - see PowerPoint slides.

- Tom Sincic asked if most of the program is funded by the federal government.
 - Jessica Duke responded, yes, most of it is funded by the federal government.
- Representative Whisnant asked how the Substance Abuse Prevention program is provided. Is it by state employees or contracted out?
 - Jessica Duke said there are five state employees and thinks funding is dispersed to counties for county employees to administer their county level programs. This Program is not in the Adolescent and School Health Section.
- Representative Whisnant asked if OHA is funding the Marijuana Youth Prevention marketing campaign.
 - Jessica Duke responded, yes, it is funded by the Oregon general fund through the Health Promotion Chronic Disease Prevention Section and was contracted out.
- Tom Sincic asked if the Injury and Violence Prevention Program is in the same section as Adolescent and School Health.
 - Jessica Duke responded no, it's in the same center as Adolescent and School Health. Both are part of OHA's Public Health Division.
- Representative Whisnant mentioned the legislature approved funding for a youth hotline. He asked if there is duplication of work.
 - Jessica Duke responded that we are very careful about not duplicating work. There is a coordinator in the Public Health Division and there is a youth hotline that is probably the same one Representative Whisnant mentioned.
- Senator Monnes Anderson asked if the School Health Survey goes out every year.
 - Jessica Duke responded, no, it goes out every other year.
- Representative Whisnant asked how the adolescent well visit takes place.
 - Jessica Duke said the adolescent well visit is an annual checkup.
 - Tom Sincic said there are outreach efforts done by CCOs and providers to get children in for adolescent well visits. He mentioned that insurance companies reimburse for the visit.
 - Marian Blankenship said it's a main effort for CCOs and is a quality metric they are accountable for.
- Representative Whisnant asked if the adolescent well visit is covered by Medicaid.
 - Marian Blankenship said yes.
- Senator Monnes Anderson asked what ages are considered adolescents.

- Jessica Duke said medically adolescents are age 10-24 and most of our funded work focuses on high school aged youth. Our school-based health centers serve K-12 youth.
- Tom Sincic asked if we have data on visits with school nurses.
 - Jamie Smith responded that it will be presented today.
- Marian Blankenship asked if the majority of funding for SBHCs is state funded.
 - Jessica Duke responded, yes, the SBHC program is funded by state general funds and the other Adolescent and School Health positions are mostly federally funded.
 - Maureen Hinman mentioned there might be some dental funding in Maternal and Child Health.
- Ely Sanders asked if Jessica knew how many medical providers work at Oregon's certified SBHCs.
 - Jessica Duke responded that she could get that information. She confirmed with Melanie Potter that the SBHC program does not currently report that information because of how much staffing models vary from site to site. All certified sites must adhere to the minimum staffing standards outlined in the SBHC Standards for Certification which require sites to be open 15 hours per week and have a minimum of 10 hours of primary care provider hours per week in addition to other provider hours.
- Tom Sincic asked if mental health was included in the SBHC budget.
 - Jessica Duke responded, yes.
- Representative Whisnant asked Jessica to identify gaps where she would like to have more funding.
 - Jessica Duke said school nursing, of course. She said she appreciates the SBHC funding we have and mentioned there is always room to grow, especially in rural communities. She would like school nursing to be funded as robustly as SBHCs and there is currently a gap. She mentioned we have funding to bring two SBHCs into the funding formula this biennium and we consider rural/urban need when choosing those sites. Many rural SBHCs serve the entire community, not just students at the school.
- Representative Whisnant asked if we have an SBHC do we need a school nurse?
 - Maureen Hinman said they serve two different functions. SBHCs serve as the Primary Care Provider for students and also provide other prevention and other outreach services.
 - Chair Fekaris said school nurses serve the whole population enrolled in the school and potentially feeder schools. The school nurse usually has multiple buildings they cover and manage chronic illnesses.

- Representative Whisnant asked if there is an MOU with the school.
 - Ann Vrabel replied yes, they have one in Multnomah County and Jessica said certified SBHCs are required to have an MOU with the school. Ann Vrabel said in Multnomah County they have an MOU with the County SBHCs and the educational service district.
 - Ely Sanders noted there are federal law and other restrictions that prevent both entities from doing each other's job. School nurses treat students at school it keep them in the classroom and SBHC serve as a medical clinic and provides students with easy access to medical services.
- Representative Whisnant asked if there could be an MOU for SBHCs to do what school nurses do.
 - Chair Fekaris said no, because SBHCs are not set up to provide the daily management because most are not open during all school hours.
 - Maureen mentioned the school nurse could be a SBHC employee that the school contracts with.
- Tom Sincic said there are a lot of big picture health topics, such as population health, that school nurses could take care of in the schools with the proper funding.
- Chair Fekaris said their school nurses are the liaison between the PCP and the school staff.
- Tom Sincic said its good food for thought to avoid some duplication in the future.

Task Force history presentation

[Jamie Smith presented on task force history, see PowerPoint slides.](#)

- Tom Sincic asked to add HIPAA/FERPA to the bike rack along with where the nurses will come from if we have funding. Where will the professional training come from? Where will the access to student health records come from?
 - Jamie Smith said we've talked about narrowing the focus down to how we establish the funding that is needed for school nursing.
- Marian Blankenship asked if we know how many states in the country meet the 750:1 school nursing ratio.
 - Jamie Smith said we know we are towards the bottom be he doesn't know specifically and could look into it.
 - Chair Fekaris said east of the Mississippi the ratios are usually met or exceeded and west of the river they are not.
 - Chair Fekaris also mentioned that what is determined on HIPAA/FERPA is usually dependent on what attorney is in the room. There is effort to look at that nationally.

- Representative Whisnant said No Child Left Behind has been replaced by ESSA and it's supposed to return more decision authority to the states.
 - Chair Fekaris said they were hoping some school nurses would be appointed to local boards regarding ESSA.
 - Representative Whisnant isn't sure all the stakeholders are involved that need to be involved.
 - Maureen Hinman mentioned there is one PHD employee involved and that HIPAA/FERPA should be mentioned to her.
 - Ely Sanders said ESSA includes provisions about core content and health services.
 - Representative Whisnant said common core wasn't well received. He believes legislators should be involved in this workgroup not executive branch.
 - Maureen Hinman said it would be helpful to have both federal and state government involved. People are seeing it as more of a barrier than it needs to be. There are ways to get around the confidentiality issues to serve the child and still be legal. She also suggested it might be a bike rack issue.
- Soren Metzger asked if we have a sense of the impact from lack of adequate school nursing in Oregon.
 - Chair Fekaris said she can find some national data and Jamie mentioned a cost benefit study from Massachusetts. There is a shortage of research in the field.
 - Ely Sanders said there have been some hospital studies that contain schools with nurses vs. schools without school nurses.
 - Maureen Hinman mentioned there have been several asthmas studies around absenteeism.
 - Senator Monnes Anderson said she's heard stories from nurses about what they are doing in the classroom around mental health. With recent legislation they have to keep the behavior health students in the class because they have nowhere to go. They train a teacher's aide to give the medication. The stories go on and on.
 - Marian Blankenship said the long list of services dedicated to school nurses is jaw dropping.

School Nursing Data Example

[Ann Vrabel, Multnomah Educational Service District, presented on school nursing data, see PowerPoint slides.](#)

- Representative Whisnant asked if the school district decide how many nurses they want to purchase from the educational service district.
 - Ely Sanders said yes, the school districts decide how many to purchase.

- Representative Whisnant asked if what educational service district are charging for nurses is excessive.
 - Ann Vrabel said, no.
 - Chair Fekaris said Multnomah ESD has the ability to have nursing administration to supervise other nurses and collect data. No other educational service district are able to do that in the state.
 - Ely Sanders said a lot of what he and Jamie Smith puts out as guidance for school nursing comes from Multnomah ESD expertise.
- Ann Vrabel said their nurse program has grown from 1970's. They have a director, coordinator (her) and nursing supervisors beyond just school nurses.
- Tom Sincic said if the school district pulls out some funding before they purchase nurses.
 - Senator Monnes Anderson said school districts get to choose how many school nurses they purchase.
 - Ely Sanders mentioned some educational service districts don't offer school nursing.
- Maureen Hinman asked what the qualification level is for health assistants.
 - Ann Vrabel said they don't require a health background for their health assistant's but they get extensive training. They also have a comprehensive school health manual.
- Tom Sincic asked if there was data on contacts with school secretaries when nurses aren't there.
 - Ann Vrabel said they don't have that data because the school secretaries don't work for MESD; MESD collects data on services provided by MESD nurse, MESD school health assistants and other staff.
- Tom Sincic asked if they refer to SBHCs.
 - Ann Vrabel said yes.
- Tom Sincic mentioned some issues with permission in SBHCs because they are different entities.
 - Ann Vrabel said generally students would be seen by the school nurse. If they need to see a PCP, the nurse would contact the guardian and ask if they prefer to follow up with the PCP or be referred to the SBHCs.
- Tim Noe mentioned the nurse to student ratio on her slide seems much better than the number given before.
 - Ann Vrabel said not all of their school nurses are full time so it's skewed. She said their ratio is different depending on the focus of each nurse. Some are as low as 100:1 and others are in the 4000:1 range.
 - Representative Whisnant asked if their ratios help or hurt the state ratio.

- Chair Fekaris said the Multnomah Educational Service District have traditionally employed the most school nurses in the state.
- Tim Noe noted they have a better ratio than the average and asked if there has been a comparison between school outcomes/absenteeism between their district and the state average to see if they are improving them.
 - Ely Sanders said it varies drastically between districts on how they decide to use their funding. He said his research department has looked into the impact of nurses being present vs. not and it shows that more students are being sent home when a nurse isn't present. There isn't a system to collect when students are checking in saying they're sick and when that student is sent home.
- Chair Fekaris mentioned they really want to impact the kids that are staying home and they don't have the infrastructure to do that.
- Tim Noe said we could almost potentially collect enough data to show nursing is cost effective.
 - Chair Fekaris said there has been a study showing school nursing cost benefit.
 - Jamie Smith said nationally the connection between school nursing and attendance they are looking at the disposition piece.
- Marian Blankenship asked if that was really the best metric.
 - Ann Vrabel said it's not necessarily fair to compare a nurse that has seven schools to a nurse that has one school.
 - Maureen Hinman said a direct correlation between education outcomes and school health services is really challenging. The stories are there but the data is not.
 - Ann Vrabel said nurses can really assess the health of a student whereas secretaries are not trained to do that.
- Chair Fekaris said diabetes management is changing very rapidly. In the past, students didn't get insulin at school and now it's given multiple times a day at school.
 - Ann Vrabel said school staff and nurses also calculate the number of carbohydrates eaten at lunch to determine the amount of insulin to give.
- Marian Blankenship asked under what conditions delegations happen.
 - Ann Vrabel said they train the school staff how to respond if the school nurse is gone.
- Maureen Hinman asked if there is information that shows the impact of the health assistants and if there are both (nurses and health assistants) if it's a cost effective model.
 - Ann Vrabel said not all health room visits require a nursing assessment. She believes having both working together is the best model. Nurse assistants can take care of cases that don't need a nurse and the nurses can take care of the

more serious cases. Their model is unique because the health assistants are trained by them vs. other educational service districts that hire health assistants that are trained elsewhere.

- Jamie Smith mentioned other districts give health assistants additional duties which is different to having a dedicated health assistant.
- Ann Vrabel said it allows the secretary to focus on their main duties and the nurse to help the more medically challenging students. It allows everyone to work to their highest capacity.
- Soren Metzger asked if staff that are half time in an unrelated position, could they also be trained to be a health assistants the other half of the position.
 - Ann Vrabel said under their model they are exclusively health assistants but in other districts they could be both.
- Marian Blankenship asked how this role has emerged.
 - Ann Vrabel said the role has come and gone over the years. It has come back because there are increasing numbers of students with complex health needs, and nurses are spread thin. School staff is being trained to perform nursing tasks for the times when a nurse is unavailable or at a different school. This model allows the health assistants to cover the gap.
 - Ely Sanders said there is no state statute regarding health assistants and their training.
 - Ann Vrabel mentioned secretaries don't have training standards around health skills either.
 - Ely Sanders is expressed concern about replacing nurses with health assistants, he sees it as a supplemental role to school nurses.
- Tom Sincic said health assistants could allow the nurses to do engagement work beyond their base nurse duties.
- Soren Metzger added that she understands educational assistants and other school employees are helping with the care of nursing dependent students. She doesn't know if it would show up in data that the expertise is lacking but they are still helping out.
 - Ann Vrabel said there are different levels of nursing dependent student and there are absolutely students who would fall to secretaries and other school personnel.
- Maureen Hinman said this reminds her of assisted living facilities and wants to know how their funding/billing works. Could we look at their model to potentially help school nursing?
 - Chair Fekaris said there is funding available for children on Medicaid and they can bill for them.

- Maureen asked if the health assistants and other school staff can also bill for helping the student with medical needs.
- Chair Fekaris mentioned there is no funding mechanism to reimburse for a child that is privately insured.
- Jamie Smith believes there is a Medicaid billing mechanism for health assistants performing a delegated nursing task.
- Ely Sanders said there is a high disability fund that schools can access for students with a cap of \$30,000/year that always gets spent out. Schools can bill for Medicaid on top of those services.

Scenario activity

- Attendees were split into three groups to evaluate different school scenarios and answer the following questions:
 - (1) What are the unique needs of the school as it relates to school health services?
 - (2) What does your group see as unique challenges of the school as it relates to providing school nursing services to students?
 - (3) What are solutions to the challenges you identified?
 - (4) Are these solutions related to the work of this Task Force? If so, how?
- Group 1 - small rural community with one nurse that worked 10 hours per week
 - Question 1 – Unique needs
 - Language, lack of services, likely middle/low income, higher % of OHP and many working parents.
 - Question 2 – Unique challenges
 - 18 children specific care plans, rural community – other specialized care available, PT/OT needed - ? available, potentially have school nurse 2 hours/day, transportation for needed care, coverage challenges (immigrant populations), private insurer – credentialing requirements and consistent health support for higher-needs students that can take care of some of their needs. Students/parents have no education to take care of needs.
 - Question 3 - Solutions
 - Determine what is billable and bill for it, nurse for more than 10 hours/week, SBHC on site, County Medical Officer as credentialing oversight, nutrition education, parent engagement/involvement and legitimize health assistant role.
 - Question 4 – Are the solutions related to the work of this Task Force?
 - Yes
- Group 2 - suburban community with 3 full time nurses
 - Question 1 – Unique needs

- What are they doing to help meet the need? – LPN, health assistants, parent or secretaries.
- Question 2 – Unique challenges
 - Additional nurses needed, translation services, billing staff, low income services, community health resources, supervision, other funding sources (private insurer, Medicaid waiver) and role of local health department.
- Question 3 - Solutions
 - Partnerships, grant funding, volunteers, standardized training/procedures/policy, responsibility/accountability, Is there an SBHC – what can they do to help, look at nursing client caseload (diabetics) and telemedicine. What is legal for nurses to do and/or assign?
- Question 4 - Are the solutions related to the work of this Task Force?
 - Yes
- Group 3 - large urban community with 19 full time school nurses
 - Question 1 – unique needs
 - Poverty, ESL, high MC/MF counts and how many buildings are involved in covering the health needs of the students
 - Question 2 – unique challenges
 - Care coordination with families and outside care providers, staffing – nurse ratio and liability that comes from delegation
 - Question 3 - Solutions
 - Develop a billable environment, adequate staffing levels, capture care coordination so it is billable, additional money for school districts with more MF/MC (weighted ADM) and specify school fund dedicated to school nursing.
 - Question 4 - Are the solutions related to the work of this Task Force?
 - Yes
- Chair Fekaris asked if task force feels we have adequate information to dive in.
 - Senator Monnes Anderson asked what the top five states are doing for funding nursing services.
 - Chair Fekaris said we could look into that and include nearby states.
 - Jamie Smith mentioned pulling in various models as well.
 - Senator Monnes Anderson also mentioned including nurse training models.
 - Maureen Hinman mentioned looking into other models that have school nursing and SBHCs under the same umbrella – Baton Rouge – and Maureen offered to gather information.
 - Rebecca Austen mentioned a Massachusetts neighborhood nursing model based on risk factors. Where the community was responsible for the schools in their

neighborhood. She wonders if there is a way we could follow up with that program and look into other areas that might be using that model.

- Chair Fekaris said she would look into it.
- Soren Metzger mentioned the impact on attendance and feels it's an important piece to continue looking into.
- Tom Sincic mentioned looking into resources for health services to be provided by other entities outside of the school where there aren't school nurses.

Bike Rack

- Supporting nursing tasks through technology
- Looking at duplication of services between school nurses, school-based health centers and private providers
- Vision screenings
- Creating a list of funding streams
- List of school nurse services/tasks that could be accomplished or prioritized within the 1:750 nurse ratio
- Funding models for school nursing models in other states
- Federal reimbursement models involving school nurse and school-based health center partnerships
- HIPAA/FERPA and professional training funding source

Public Comment

- There was no public comment.

Meeting Wrap-Up – Homework assignment

- Homework assigned is for task force members to send Jamie their ideas for funding solutions. Ideas for us to pull in experts for future meetings. Please send ideas within the next few weeks if possible to aid in planning the next meeting.
- Next month will address potential solutions.

Meeting adjourned