SCHOOL BASED HEALTH SERVICES IN WEST VIRGINIA

A Report

Prepared for the

Governor's Health Umbrella Group

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I. INTRODUCTION

When it comes to improving children's performance in school, pediatricians have a great deal to offer schools. When it comes to addressing the health-care needs of the school-age child, schools have a lot to offer pediatricians. Schools and pediatricians can be powerful partners who promote children's health and academic success.

Elisabeth Schanker, MD
Linda Grant, MD, MPH

· **An estimated $30 million per year is spent on school based health services**

An estimated $30 million from more than 10 funding streams supports five programs in West Virginia schools providing health care programs during school hours. The need for health care services in schools has expanded dramatically with laws and regulations mandating a free public education for ALL children. The value of offering preventive, acute and chronic care for children in the school setting is universally acknowledged. West Virginia has an opportunity to build upon its existing school-based services, support improved coordination of services and assure that West Virginia children have the health and behavioral health services they need to promote their ability to learn and grow. See Figure 1, page 15, for detail of five program areas.

· **23% of West Virginia public school children require regular and ongoing health care services during the school day.**

West Virginia has 282,232 students in the public school system. Health care services have always been an integral part of public school programs through school nurses. In the last twenty years, however, services have been vastly expanded as the rights of all children for a public school education have been asserted, including those with chronic mental or physical disease or disability. In 2002, 23 percent of all West Virginia students required regular and ongoing health care services.

West Virginia schools had 55,019 students with individual education plans (IEPs). IEPs are required for students whose learning is affected by a mental or physical disability. Specialized health care services for students with IEPs are eligible for reimbursement through Medicaid. In fiscal year 2002, $14,650,000 was paid to county school systems through Medicaid for services for approximately 45 to 50 percent of all students with IEPs. (Not all students with IEPs are eligible for Medicaid). In addition to those students with IEPs, an additional 11,000 had health care plans (called Section 504 plans) and required health care services during the school day. *Exceptional Students in West Virginia's County School Districts, WV Department of Education, FY 2000. West Virginia Code 18-2-5b, Medicaid Eligible Children, Department of Education Report, August 2002.*

· **Federal IDEA Legislation Expands School Role and Responsibility in Providing Health Care and Serving Disabled Children**

Traditionally, health care in the school setting was provided by registered nurses and paid for from state education budgets. Beginning in 1990, under the federal Individuals with Disabilities Education Act (IDEA), Medicaid was required to pay for specialized services for Medicaid eligible children with disabilities or handicaps. A specific set of services is covered under this legislation and, in general, includes skilled nursing services, physical therapy, and speech therapy. Under this legislation, schools were allowed to become Medicaid providers and could bill Medicaid for a specific set of services. Schools in West Virginia have never billed private insurance for these services because it is believed that most would not be covered and that little or no reimbursement would be forthcoming.

· **Primary Care Centers Pilot School Based Health Services**

Beginning in the 1980's, some primary care centers in West Virginia began piloting school-based health centers, which charged public and private payers for services they delivered. In 1994, the West Virginia Bureau for Public Health and the Claude Worthington Benedum

Foundation collaborated to implement the West Virginia School-Based Health Center Initiative (SBHC). These SBHCs provide primary health care in selected schools to all students with parental consent. Currently 33 SBHCs serve 42 schools.

· **Healthy Schools Program Promotes Prevention**

In 1992, the State Department of Education with grants from the federal Centers for Disease Control began the development of a Healthy School Programs, which emphasized health education and healthy behaviors by students, teachers and staff. It also emphasized coordination of health-related services in the schools.

· **Behavioral Health Services Limited in Schools**

A fourth type of school based program is funded through the Bureau for Behavioral Health. Block grants support prevention and early intervention, mental health and substance abuse education, and counseling in some schools, usually through licensed behavioral health centers. In 2003, the Sisters of Saint Joseph Health and Wellness Foundation began investing in mental health services through SBHCs.

II. SCHOOL NURSES

Approximately 200 full-time and part-time school nurses are the core profession providing health care services in the school setting. The nurse to child ratio in West Virginia schools varies from county to county. Some counties have adequate staffing while others are woefully understaffed. The national recommendation for nurse to child ratio is 1/750. West Virginia school nurses are recommending a ratio of 1/1000. Statewide this would require a 40 percent increase or about 80 additional nurses.

In West Virginia, school nurses are required to have a BS in Nursing with a specialty in

school health. Many nurses currently working in the education system do not possess these credentials and were grandfathered in when the law took effect in 1986. As the current workforce retires, the state will face an increasing problem with employing credentialed nurses in schools. Adding to the problem, is a provision that permits schools to contract ONLY with local health departments for school nursing services.

While state law permits only registered nurses to administer medication in a medical setting, there is more flexibility in a non-medical setting such as child care centers or schools. Despite this flexibility, school nurses are held liable for any errors that may occur when non-medical personnel passes medication in their assigned schools. Nurses have enormous responsibilities in the state's public school system. They are required to write the health care plans, provide specialized health care procedures, provide training for non-nursing personnel passing medications, and make decisions about which health care functions can be *safely delegated* to non-nursing personnel.

The burden upon school nurses has increased as more and more children receive medication during the school day. Currently about 8,200 children are receiving medications in school and about 12,000 children have health care plans. These are children, who do not have IEPs because they do not have a diagnosis that impacts learning as defined by IDEA. The complexity of the plans vary based on the condition of the child. Some are relatively simple while others are involved and complex. Specialized health care procedures provided during the school day include administration of oral medication, inhalation therapy, blood glucose monitoring, insulin shots, suctioning for students who need tracheotomy care. Appendix A lists the number of students needing specialized health care.

A nurse performing a specialized nursing procedure on a child with an IEP can bill Medicaid for that procedure. In addition, nurses can bill Medicaid for the writing of the health care plan and the training of non-nursing personnel. They cannot bill for the functions delegated to non-nursing personnel. Thus many of the health care services currently performed in schools

are not billable.

Medicaid payments to schools have increased substantially from about $2.1 million per year in FY 2000 to more than $14 million per year in FY 2002. Nevertheless, many of the health care functions performed in schools are not billable. They include (a) health care functions performed by non-licensed personnel; (b) services for Medicaid eligible children, who do not have an IEP; (c) health care plans for children with a 504 Plan (children who have medical problems but do not qualify for IEPs as defined by IDEA); (d) services for children not eligible for Medicaid.

Medicaid has a generous 75 percent federal match and school systems have state funding that can be certified as a state match. Medicaid, therefore, is perceived as a good option as a source of payment for school based services. Some further maximization of Medicaid payments may be possible in the state's current school based delivery system. Close scrutiny by the federal Centers for Medical Services (CMS) and concerns by the State Bureau for Medical Services about documentation has made state officials anxious about increased Medicaid payments to schools.

III. SCHOOL BASED HEALTH CENTERS

Beginning in 1994, West Virginia began investing in school based health centers with a combination of state and private foundation dollars. School-based health centers were established to make preventive and primary care more available; to eliminate barriers of cost, transportation and inconvenience; to keep children in school, decrease stigma for mental health services and to reduce emergency room use.

Currently 34 school based health centers serve 43 schools in 17 counties. School-based health centers serve about 6 percent of West Virginia's 700 schools and about one third of all counties. About 10 percent of all public school students have a SBHC available. Last year they

provided health care to over 11,000 or about 4 percent of all school children in 53,700 visits.

School-based health centers were developed in communities where (1) a primary care center was located, (2) the community had an interest, (3) large percent of children were eligible for the free or reduced school lunch program. For the past several years, there has been no expansion of funding to seed more sites nor any plan to expand the concept to other parts of the state.

Currently, the state invests $900,000 per year through grants from the Bureau for Public Health to support school based health. All of the SBHCs rely on local or in kind support for a portion of their expenses and leverage their funding through additional federal and foundation support. About 36 percent of all users are Medicaid or WVCHIP eligible. The Bureau for Public Health is developing information on funding through WVCHIP and Medicaid.

School-based health centers are sponsored and administered through neighboring primary care centers or by a community hospital (Roane and Nicholas County). The SBHCs function under the policies and billing procedures for primary care centers. They bill Medicaid, WVCHIP and private insurance for their services. In addition, to billing all third party sources, they have a sliding fee scale based on family income for those without insurance or those who are low income with insurance that does not pay for primary care services. School- based health centers provide the full range of primary care services including lab tests, and treatment for acute medical problems. The most frequent reasons for health center visits are acute illness, mental health needs, and immunizations.

With the advent of Medicaid managed care and the Physician Assured Access Program (PAAS), some school-based health centers in West Virginia have experienced problems in billing for Medicaid covered children if those children are enrolled with a private health provider (rather than with the primary care center). While Medicaid policy permits a primary care provider to give permission to a SBHC to bill for services during school hours, a 2002 survey of SBHCs

reported increasing difficulty in getting authorization from the primary care provider. The extent of the problem varies from county to county, but most SBHCs report difficulty with at least one provider. To support the SBHCs, some further discussion between the Bureau for Medical Services, the Bureau for Public Health and SBHCs is warranted to assure state support for school based health especially as the state moves to expand Medicaid managed care. Precedents in other states can provide guidance for such discussion.

Evaluation studies show that school-based health centers serve an important need; they are well accepted by parents and other community members. Students like them because of their convenience and a staff sensitive to the needs of school - age youth. Other types of research studies also support the value of SBHCs. Children enrolled in the SBHC have "significantly lower inpatient, . . . drug, and emergency department Medicaid expenses . . . compared with children not enrolled in the SBHC."(*Pediatrics, April 2000)*

West Virginia has been a leader nationally in developing health centers in schools and providing state funding to support them. While they serve a relatively small percent of children and schools, they exist in about one third of the state's counties. The future of SBHCs in West Virginia is an important policy question as the state works to improve health and health care access of children and youth. Improved learning and better health outcomes hang in the balance.

IV. BEHAVIORAL HEALTH SERVICES

Behavioral health services in schools are among the most pressing needs of West Virginia children. Timely and appropriate behavioral health services can support the healthy growth and development of children and their ability to learn. The problem is enormous. According to studies, one in four adults is diagnosed with a behavioral health problem every year (Kessler, 1994). Many school-aged children are at risk for behavioral health problems. A summary of epidemiological research conducted in the 1980s suggests that approximately 14 to 20 percent of children from age 4 to 18 have some diagnosable mental disorder, and about 7 percent of children

in this age range have a serious disorder (Brandenburg, Friedman & Silver, 1990). More recent research indicates that these percentages may be getting even higher. (Aschenbach & Howell, 1993; Kessler, et al., 1994).

The Centers for Disease Control 2001 Youth Risk Behavior Survey found that 32 percent of West Virginia high school students "felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities." 20 percent considered suicide, 7 percent attempted suicide once or more during the previous twelve months, and 2 percent had to be treated by a doctor or nurse for suicide attempts.

Behavioral health services in a school setting are extremely limited in West Virginia. A federal block grant of about $1 million from the federal Substance Abuse and Mental Health Services Agency (SAMSA) is administered through the WV Bureau for Behavioral Health and supports 19 school-based behavioral health projects. Programs vary but may include individual counseling, parent education, teacher education, and primary prevention. 58 schools and 23,000 or less than 10 percent of West Virginia children are served through these programs. These programs are separate from the SBHCs and for the most part are located in different counties and different schools. A few of the programs are coordinated with the SBHCs and function as part of the SBHC

This past year, the Sisters of Saint Joseph Health and Wellness Foundation selected SBHCs as a priority and in particularly mental health services. Their funding will provide $250,000 to establish additional behavioral health services in schools. The Foundation's support is expected to establish five new counseling positions in the SBHCs and serve an additional 6,000 children. In addition, the Foundation has contributed about $400,000 this past year for other programs in support of West Virginia's SBHCs including facility expansions, a development fund and infrastructure. Foundation support, of course, is time limited and without other funding, these services will be lost within a relatively short period of time.

Programs with a behavioral health component have proliferated in schools in the last several years as the parents, the public and policymakers have become increasingly concerned about teenage pregnancy and the use of drugs and violence in schools. Safe and Drug Free Schools programming, peer mediation, and character education are examples of programs that help students set goals, manage anger, and promote responsible behavior. Various kinds of regional and local staff are involved in these programs ranging for the local sheriff department to adolescent pregnancy coordinators, and tobacco prevention specialists. All these programs have similar goals and methods. These programs have a major impact, but they are not included in the description of school-based health services in this report.

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V. THE HEALTHY SCHOOLS INITIATIVE

The Healthy Schools Initiative provides a health promotion and coordination model for West Virginia schools. The initiative began in 1992 with a grant from the federal Centers for Disease Control. The grant supported development of the model. Ten pilot projects were funded to coordinate the model with $20,000 a year each from the Claude Worthington Benedum Foundation. When the foundation dollars ended, most of the pilots did not continue to employ the coordinators.

The Healthy Schools model provides for the coordination of (1) health education and physical education, (2) health care services, (3) child nutrition, (4) school counseling and other psychological services, (5) a physically safe and socially and emotionally nurturing environment, (6) teacher and staff wellness, and (7) community involvement.

The Healthy School initiative continues to be supported with a grant of about $700,000 per year through the CDC. None of these dollars flow to schools. All schools know about the initiative, they all have elements of it, but few have a true coordinated approach to school health. Barriers to full implementation include (1) decreased funding and commitment to accomplish the original goals (2) emphasis on academics and testing, (health education and physical education

are not tested subjects), (3) lack of understanding of the connection between health and learning.

VI. FINDINGS

The school based health services committee was made up of a representative of school based health centers and state agency staff from Education, Public Health, Medicaid, Behavioral Health, the Governor's Cabinet on Children and Families, the West Virginia Children's Health Insurance Program. The committee reviewed 5 programs with more than 10 separate funding streams that support services for children in schools. The committee made the following findings.

- **The school setting is a key arena offering opportunities to impact children's health care especially prevention. School based health services promote learning and a healthy future for West Virginia children.** School based health services are an important component of the state's health care delivery system. Given the rural nature of the state, the high rate of child poverty, problems of access to health care and the difficulty of single parents and two parent working families in taking their children to health care services, school based services are critically important to promote learning and the health of West Virginia's children.

- **Significant resources are already being expended in this area** with more than $10 million for school nurses, $14.6 million in Medicaid reimbursement for health services, more than $1.6 million in federal and private dollars for behavioral health and $900,000 in state funding for School Based Health Centers.

- **Opportunities exist for increased coordination and role definition** among school personnel, School Based Health Centers, and the larger community primary care and health care delivery system that could lead to improved access and quality health care for children.

- **Adequacy of school nursing personnel varies from county to county.** School nurses are the backbone of the school health service system. They are responsible for coordinating care and assuring that chronic health care needs are met. Increasing demand and decreasing personnel have created a problem (crisis) in some counties. Given increased educational requirements for new nurses entering the system, a nursing shortage state budget shortages, and lack of flexibility in contracting for nursing services, West Virginia may face a statewide crisis in school nursing in the next 10 years.

- **Medicaid reimbursement has pumped new dollars into the system.** Medicaid reimbursement for children with physical and mental disabilities that affect their learning has poured $14 million per year in new federal dollars into the system. These dollars go to county school systems and not necessarily back into school-based health services. While these dollars made more services available to individual children, they have not led to a more systematic approach to providing care.

- **State's pioneering efforts in School Based Health Centers at a standstill.** With private foundation funding, state dollars, federal reimbursement, and a strong commitment by provider organizations, West Virginia pioneered school based health centers in the early 1990s. The Centers have proven themselves as a viable and effective source of health care, but the state has not developed a vision or commitment to expand SBHCs to more schools. A school based health center in every county would create an opportunity for statewide coordination between school nurses and health centers and address some of the issues related to the shortage of school nurses in some counties.

- **The Healthy Schools Initiative not able to meet its promise and potential.** Another innovation for which ten years ago West Virginia received much praise and attention is not meeting its promise and potential due to lack of funding and attention to health promotion and prevention in schools.

- **Availability of behavioral health services for school-age children very limited.** An inadequate number of dollars and services address the emotional needs of children. Numerous funding streams provide for a patchwork of programs to support the emotional and behavioral health needs of children. The programs have a variety of goals ranging from crime and drug abuse prevention, building confidence and self-esteem in children, creating supportive environments, to individual interventions for emotionally troubled children.

- **Expansion of Medicaid managed care requires policy review to assure support of SBHCs.**

  One of the principles of managed care is the creation of a medical home; a provider who assures the coordination of all services. The concept of a medical home and a policy agenda that promotes a medical home has the unanimous support of providers and policymakers. SBHCs linked to a primary care center can serve as a medical home for children in PAAS or Medicaid HMOs.. A problem can arise, however, when the medical home is with a private practitioner, who does not have a relationship with a SBHC. Since school-based health centers serve all children, state policy should assure coordination between the SBHC and the medical home.

VII: RECOMMENDATIONS

In the absence of new sources of funding, the review of the state's school-based health programs and the committee's findings do not lend themselves to easy solutions. Nevertheless, the committee believes that school based health and behavioral health services offer a unique and perhaps cost effective opportunity to improve the lives of West Virginia children. The committee, therefore, recommends that the Governor's Health Umbrella Group (HUG)

1. Ask the state's primary stakeholders to develop a common vision and plan that will lead to a coordinated system of health and improved health outcomes for West Virginia children. The primary stakeholders to develop a vision and long-term strategies include the Department of Education, Public Health, Behavioral Health, Medicaid and WVCHIP. The Governor, the secretary of DHHR and the Superintendent of Schools should develop the guidance for this group and review and approve the work as it progresses.

2. Learn how to create a coordinated system by developing a comprehensive and coordinated model in one or more counties where all the elements of a comprehensive system currently exist. This model should be developed as a local pilot with the school nurse(s) for that county, the SBHC, the behavioral health program, and the Healthy Schools program. Pediatricians and family practitioners from the area should also be engaged in developing such a model. A county where all elements currently exist should be approached to become a pilot project. Foundation funding should be sought to develop a three year pilot project and report on lessons learned and implications for a state-wide system from such an approach.

FIGURE 1

School based health services in West Virginia

Type of Service/Program	Number of Providers	Cost/Type dollars	Number students served	Comments
School Nursing	200 FTE statewide	$10,330,000 estimated*	282,232	School nurses recommending a nurse/student ratio of 1/1000; nationally recommended rate is 1/750
School-based Health Centers	in 43 schools	$900,000 in state funding plus reimbursement from Medicaid,** CHIP,** and private payors	28,000	SBHCs exist in 17 counties;
Healthy Schools	all schools	$700,000	282,232	The Healthy Schools Initiative is theoretically available in all schools but good coordination exists in only a few
Behavioral Health	in 58 schools	$1.6 million fed & private	23,000	Enormous need and small investment; little or no state investment; School based mental health initiatives exist in 19 counties
Individual Education Plan (IEPs)	all schools	$14.6 million in federal Medicaid	55,019	Result of federal legislation (IDEA), which requires plans for all children who have a learning disability.

* estimated at $51,655 per nurse salary and benefits
** estimate of $500,000 in reimbursement from Medicaid and WVCHIP in FY01. ($450,000 Medicaid, $50,000 CHIP) Selected School Based Health Center Revenues from fY 2003 WVPC Applications from 15 School Based Health Centers, April 2003.

RESOURCES CONSULTED

American Academy of Pediatrics, Committee on School Health, School Health Centers and Other Integrated School Health Services, Pediatrics, January 2001.

Black, Susan, Prescription for Learning, School nurses play a key role in student achievement - or could if there were enough of them, American School Board Journal, March 2003.

Bureau of Insurance, A Report to the Joint Standing Committee on Banking and Insurance of the 120th Maine Legislature, January 8, 2002.

Centers for Disease Control, 2001 Youth Risk Behavior Survey Results.

GAO, Medicaid and Special Education, Coordination of Services for Children with Disabilities is Evolving, December 1999.

Graham Julia Lear, Caring for Kids, Expanding Mental Health Services for Children Through School-Based Health Centers, Presentation, November 12, 2002

Greiner, Mark, et al, State Policy Context for School-Based Health Centers With Special Focus on Development of Mental Health and Dental Services, A Policy Memorandum by Rosenberg and Associates, Summer 2001.

Interim Report to the President, The President's New Freedom Commission on Mental Health, October 29, 2002.

Kessler, R. et al, Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States, 1994) Archives of General Psychiatry, 51, 8-19.

National Assembly on School-Based Health Care, Partners in Access: School-Based Health Centers and Medicaid, Policies and Practices, October 2001.

The New Child Health Insurance Expansions: How will the School-Based Health Centers Fit In? A Report from a workshop sponsored by Making the Grade: State and Local Partnerships to Establish School-based Health Centers. DATE

U.S. Department of Education, Putting the Pieces Together, Comprehensive School Linked Strategies for Children and Families, May 1996.

West Virginia Code 18-2-5b, Medicaid Eligible Children. Status Report to the West Virginia Board of Education, August 27, 2002

West Virginia Department of Education, Exceptional Students in West Virginia's County

School Districts, Selected Child Count and Financial Data, Fiscal Year 2000.

West Virginia State Snapshot, Medicaid in Education Summit, September 2002.

West Virginia Bureau for Behavioral Health and Health Facilities, West Virginia School-Based Mental Health Initiative, Directory, 2002-2003.

West Virginia Department of Education, School Nurse Needs Assessment, 2001 Executive Summary, 2002.

West Virginia's School Based Health Centers, Annual Report, 2002.

THE SCHOOL BASED HEALTH SERVICES COMMITTEE

A school based health services committee was appointed by the Governor's Health Umbrella Group to explore school based health issues. The initial request for exploration of these issues came from the West Virginia School Based Health Center Assembly, which is looking for guidance from state policy makers on the future course for the state's school based health centers and for resolution to reimbursement issues related to managed care and a medical home.

The group met from October 2002 through April 2003. In addition to the committee members, Vickie Mohnacky, coordinator for school-based Medicaid, and Dr. Dee Bodkins, director of Special Education, from the Department of Education met and made presentations to the group.

Renate E Pore, Director , Governor's Cabinet on Children and Families
Lenore Zedosky, Director, Healthy Schools, Department of Education
Jim Cook, Assistant to the Commissioner, Bureau for Public Health, DHHR
David Majic, Director, Children's Services, Bureau for Behavioral Health Services, DHHR
Hope Coleman, Children's Mental Health Coordinator, Bureau for Behavioral Health Services, DHHR
Shelly Baston, Director Medicaid Managed Care, Bureau for Medical Services, DHHR
Sharon Carte, Director, West Virginia Children's Health Insurance Program, Department of Administration
Linda Anderson, Coordinator, West Virginia School Based Health Technical Assistance and Evaluation Office, Robert C. Byrd Center for Rural Health, Marshall University
Phil Schenk, Director, Division of Primary Care, Bureau for Public Health, DHHR

APPENDIX A

List of specialized nursing procedures performed in schools
(Not attached to electronic report; call Debbie Waller at 558-0567 for a faxed copy)