

Finding the Path to an RN in Every School

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CCPS Journey to an RN in Every School

- Pandemic: Put Urgency and a Timeline Behind the Goal of an RN in Every School
- Parents expected an RN in their school during Covid. Hanover one of the first districts to offer a fully in person option during the pandemic. They had an RN in every school.
- **RN to student ratios in CCPS in 2020:** Elementary .5, Middle 1, High School 1.
- Needed 15 nurses, **1.4 million (cost in 2021)**. Spread out cost by returning elementary school students first (shifted RNs from secondary to elementary). We approved \$500,000 of CARES funding on September 14th 2020 for immediate (elementary) RN need.

Barriers

- Role of the School Nurse? Complicated by Districts who place RNs in local health district, not school district. RNs attached to public health department has a public health lens, nurse in school district has a child/family lens and RNs are ideally placed to build trust/improve health in a particular school community. Child/family lens is needed to build trust in the school environment and ultimately improve public health.
- Hire AND Retain: We increased salaries as part of a comprehensive initiative to decompress and raise salaries in Chesterfield. Higher compensation elsewhere can lure RNs away in tight market.
- Added duties make it harder to retain: This year Nurses came back to Chesterfield on August 1 and had to begin entering data from all kids vaccinated over the summer. **Could use positions to support RNs with data entry and other duties.**

JRLARC Virginia's k-12 Funding formula 2023 A Few Points...

- <https://jlarc.virginia.gov/pdfs/reports/Rpt575.pdf>
- “Schools need enough nurses and mental health staff to provide timely care to students. School divisions also need the right amount of staff to carry out the day-to-day operations that allow schools to function.” **Unfunded mandates/outdated SOQs make this difficult and in some districts, impossible.**
- “Professional associations, however, described the disadvantages and challenges of sharing staff among schools. These include nurses being absent when injuries occur...”

RISK MANAGEMENT : inability for nurse to prevent/reduce harm
increases liability

ACCREDITATION: Unmet health (mental health) needs increase absenteeism and chronic absenteeism **affects accreditation**. When we look at resources to end chronic absenteeism, is the school nurse part of the conversation?

At one Central Virginia High School with higher chronic absenteeism, anxiety was one of the top four reasons students were seen in the school clinic. The other top three reasons for clinic visits were headache, stomach discomfort and fatigue, which can all be physical symptoms of anxiety.

Mathematica and the National Association of School Nurses teamed up to better understand the role of the school nurse in mental health and they found that school nurses are often among the first to identify student mental health needs.

Where to Deploy Resources?

- **JLARC 2023 Study:** “Well-designed student-based formulas are more accurate than staffing-based formulas currently in use.”
- Differentiated Funding in Chesterfield extra dollars for ELLs, free and reduced lunch, special education. So what does that look like for nursing?
- **Look at the data:** Virginia Department of Education. [VDOE]. (2023 Data). *School health data results 2022-23*; VDOE. (2023). *School climate reports: Chronic absenteeism 2022-23*
 - rate **Diabetes:** Campbell County School District: Over 1% of kids diagnosed with **diabetes** (U.S. is .35% ADA)
 - CDC) **Asthma:** Arlington School District: 16% have been diagnosed with **asthma** (U.S. rate 6.5% CDC)
 - **Chronic Absenteeism:** High rates in Hampton City, Campbell County and Fairfax County

Other Ideas re Where to Deploy?

High Emergency Room Use? Use Medicaid funding for school-based services to employ **community health workers** to communicate benefits of program/enroll eligible child/family in Medicaid and help prevent ER visits

Schools Districts with higher rate of late entry to school due to inability to access required vaccinations (**Offer in school vaccination for required vaccinations OR fund Local health districts to provide vaccine access for State required vaccines.**)

What Next?

JLARC 2023 Workgroup Recommendations: Nurse 1: 639 Students, Nurse supervisor 1: 7,024 Students (JLARC's category excludes unlicensed nurses because their qualifications are more similar to administrative staff than licensed professionals)

- Create the Roadmap to Get Us to the Above Ratio!

Funding

Workforce

FUNDING (Fix SOQs)

Medicaid SBS = Do School Divisions Know This Opportunity Exists?

REMOVE BARRIERS SO SCHOOLS CAN ACCESS THIS CRITICAL FUNDING STREAM

School Board Concerns:

- Make sure smaller districts have billing support.
- Need DMAS/VDOE to work together.
- Clear parental consent process for maximum participation.
- **Language to ensure Medicaid Federal/State dollars are reinvested in schools and do not merely replace existing school funding. (Always a risk when School Boards do not control their funding.)**

Superintendent Concerns?

- SOQs: School Nurses should be in a separate health professional category (SOQ) that includes professions that can all bill Medicaid.
- Demystify how the Random Moment in Time Study (RMTS) works.
- Survey Superintendents and make a plan to address barriers.

Address Workforce Issues:

- Chesterfield worked with Claude Moore Foundation to help build future nursing workforce.
- Reach out to Virginia Health Workforce Development Authority (VHWDA) to get their policy ideas: Lauren Winston Lwinston@vhwda.org

- VA Healthcare Workforce Data Center Suggest Nurse Workforce Diversity Needs to Be Addressed:

Under 40 RN workforce in VA: 71% White and 11% Black*

Under 40 LPN workforce in VA: 53% White and 31% Black*

School Board members think about expanding career paths for their kids. As we grow the path to an RN in every school, we need to address barriers to the RN credential and support LPN to RN path. This was discussed at last year's Norfolk State University and VDH Office of Health Equity Conference.

Suggestion: Reach out to Eastern Virginia Area Health Education Center and ask them what legislation would be helpful to address barriers.

* Black population is roughly 20% in Virginia

Please, no unfunded mandates

Unfunded Mandates: The bane of Chesterfield and all School Districts

22.1-274. School health services. (Expanded this GA with HB1039, Unanimous Support in House and Senate)

E. Each school board shall ensure that in school buildings with an instructional and administrative staff of 10 or more (i) at least three employees **have current certification or training in emergency** first aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (ii) if one or more students diagnosed as having diabetes attend such school, at least two employees have been trained in the administration of insulin and glucagon. In school buildings with an instructional and administrative staff of fewer than 10, school boards shall ensure that (a) at least two employees **have current certification or training in emergency first aid**, cardiopulmonary resuscitation, and the use of an automated external defibrillator and (b) if one or more students diagnosed as having diabetes attend such school, at least **one employee has been trained in the administration of insulin and glucagon**.

Solution: School Districts need some authority to raise their own revenue.

Please Support Legislation That:

- - Increases the school nurse workforce pipeline, with a focus on rural areas and underserved schools and providing support for nurses willing to serve in schools currently lacking RN services.(Funding support for LPN to RN pathway)
- - Supports Local Education Agencies (LEAs) in maximizing Medicaid claiming for RN services, including exploring subsidizing vendor services for smaller districts unable to fully utilize Medicaid billing without additional support.
- - Supports streamlined parental consent process to maximize participation in Medicaid programs involving RNs in schools.
- - Supports the collection of data to measure the impact of having an RN in every school, including assessing the financial benefits to school districts.
- -Supports State government agency collaboration to maximize efficient pass through of monies to schools/data collection/removal of barriers to maximizing utilization of SBS etc.

THANK YOU!

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