

***School-Based Health-Related Services
In West Virginia***

***A Review of Current Practices and Recommended Strategies
Policy - Management – Financing***

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School-Based Health-related Services In West Virginia

Introduction

This study was carried out for a consortium of partners interested in learning more about administrative and financing strategies currently being utilized by school districts that allow for the provision of health-related services in schools. The consortium is interested in exploring possible changes in policy and practice that would promote a more comprehensive and integrated school-based health system within West Virginia schools.

Partners in this effort include:

- The WV Bureau for Public Health-Division of Primary Care,
- The WV Primary Care Association,
- The WV Department of Education,
- The WVU Institute for Health Policy Research,
- The WV School-Based Health Assembly,
- The School Health Partnership, and
- WV Community Voices, Inc.
- WV Healthy Kids and Families Coalition

Health-related services in schools was defined for purposes of this study to include direct services delivered to students within a school environment (in school building or on the campus of a public school) that are supportable by healthcare funding streams. This includes primary care services, dental services, mental health services, nursing services, psychological assessment, audio logical assessment, and ancillary therapies (speech, physical and occupational therapy). Services provided by school social workers and school counselors are not included since these services are generally not clinical in nature and most of the activity carried out by these professionals would not be reimbursable through traditional healthcare funding streams. Relatively small investments in prevention (such as RAZE tobacco prevention programs) that support small prevention programs carried out in some schools are not included in the analysis nor are health components of the educational curriculum. The research focuses on direct services (health-related) provided in public schools.

This report is presented in two parts. Part I of the study reports on five case studies that describe local perspectives on school-based health services in five county school districts in West Virginia. Part II of this study examines possible management structures, policy issues, and financing possibilities. Part II also provides a more in-depth look at key indicators that define the student population in the case study counties, revenues available in these counties to support health-related services, and expenditures made by these counties on health-related services. Conclusions drawn from the case studies and policy and financing recommendations are also provided in Part II.

Part I: Descriptive Case Studies of Five West Virginia School Districts

The partners supporting this work wished to examine the current state of school-based, health-related services in West Virginia from the perspectives of policy, financing, and management. The five county school districts that served as case studies are a representative sample of different structures and strategies for delivering health-related services in West Virginia schools. Four of the school districts reflect the majority of the counties in West Virginia in that they are generally rural areas with one large consolidated high school and several more dispersed middle and elementary schools. The fifth school district (Cabell County) is more atypical of the state as a whole – a larger number of schools serving more students in a more populated county. Selection of the four more rural school districts was based on a desire to examine two pairs of adjoining counties where one school district hosted school-based health centers operated by an independent agency and the other relied primarily on the internal resources of the school district. The first such pair (Barbour and Taylor counties) is located in North-Central West Virginia. The other pair (Braxton and Clay counties) is located in the center of the state.

The qualitative reviews (the five case studies) examine the full scope of health-related services provided in the five school districts. They are descriptive in nature and are written to reflect the perspective of the local key informants interviewed. Health-related services for purposes of the case studies are defined as services provided by physicians, nurse practitioners, nurses, physical therapists, occupational therapists, speech pathologists, psychologists, and behavioral health professionals. School counseling services and social work services are not defined as health-related services for purposes of the study.

The descriptive case studies are based on interviews with key informants at the local school district level in the five counties selected. School officials were interviewed in each of the counties studied and personnel employed by other agencies were interviewed in those cases where additional community-based agencies have a significant and ongoing role in delivering health-related services in schools. Taylor and Braxton counties are school districts where the local education agency relies primarily on its own resources and personnel to provide health-related services in the schools. This type of model is referred to in the case studies as a “Local Education Agency Model”. Some informal cooperative relationships are in place in both of these counties that on occasion supplement services available but there are no independent administrative entities delivering health services in school settings on a regular basis. The other three county systems studied (Barbour, Clay, and Cabell) are examples of “Multi-Agency Models”. In these school districts at least one other community agency operates within one or more schools delivering health-related services on a daily basis. In all three of these school systems school-based health centers (SBHCs) are independently administered by the local community health center operating satellite clinics in one or more schools. In Cabell County both the community health center and the local behavioral health center deliver services in schools on a daily basis.

The case studies provide a portrait of five different approaches. Although there are similarities across the five case studies, each is unique and in some ways fundamentally different than the others. Local contextual factors including demographics, history, and interagency relationships

shape how each of these systems has evolved. These differing arrangements are discussed in detail within the following case studies.

- *Case Study One - The Barbour County School District*
- *Case Study Two - The Braxton County School District*
- *Case Study Three - The Cabell County School District*
- *Case Study Four - The Clay County School District*
- *Case Study Five - The Taylor County School District*

Case Study One

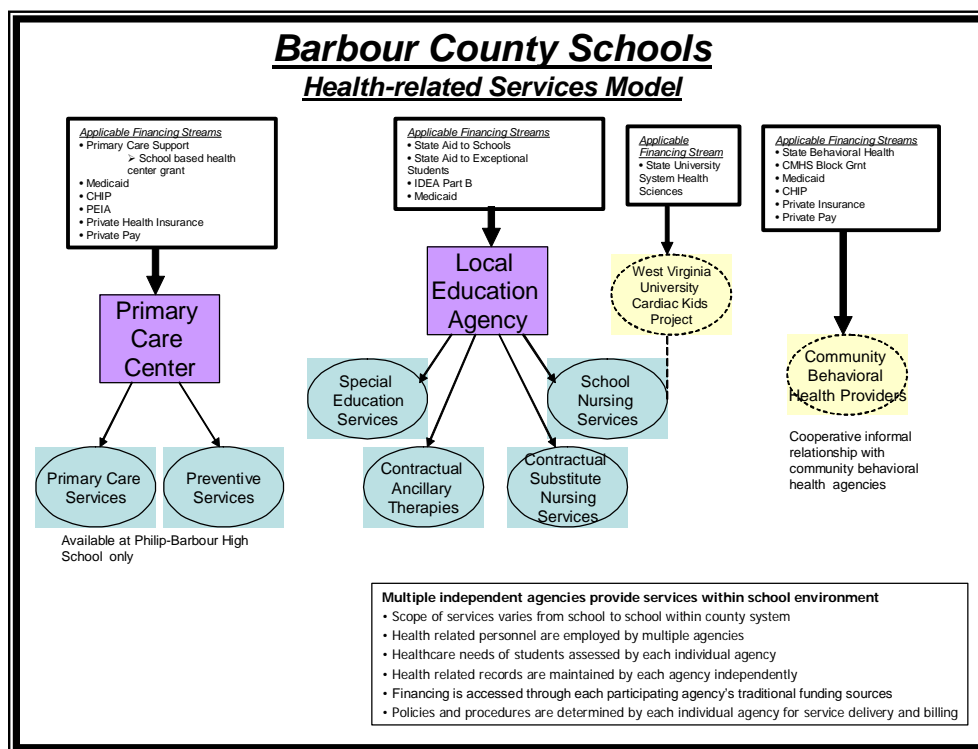
School-Based, Health-related Services in Barbour County

A site visit was made to Barbour County on December 9th, 2005. The researcher conducted interviews with key informants including:

- Barbour County Schools Director of Special Education and Student Support Services,
- Two school nurses (RN level) employed by the Barbour County Schools, and
- The coordinator of the school-based health center located at Philip-Barbour High School.

Overview:

The Barbour County school district is located in North Central West Virginia. There are a total of nine public schools in this rural county – five elementary schools, one elementary/middle school, two middle schools, and one high school. Barbour County school enrollment for the 2004-05 school year totaled 2,599 students. Special education services were provided to 18.7% of the enrolled students.



Health-related services provided within Barbour County Schools are carried out under a “limited” multi-agency model. The Belington Community Medical Services Association, a licensed community health center (rural health center) operates a satellite clinic within the consolidated high school serving a county-wide population (Philip-Barbour High

School). Two licensed behavioral health programs (Youth Health Services and the Barbour County Health Department) also see some students for counseling services at the student’s school through an informal working relationship. There are no formal contracts or agreements in place with these community behavioral health agencies for the provision of mental health services.

The Barbour County school system contracts for additional health-related services with private providers. These services include limited nursing services and physical therapy services. The

School system also has a contract in place for occupational therapy and speech therapy services with the Regional Education Services Agency (RESA VII). The current Barbour County model is described in graphic form in the diagram on the preceding page.

Summary of Interviews:

Interviews were conducted with two school nurses (RN) employed by the local education agency (LEA), the Barbour County Schools Director of Special Education and Student Support Services, and the coordinator of the school-based health center who is an employee of the Belington Community Medical Services Association (Belington Clinic).

School nurses in Barbour County report to the Director of Special Education and Student Support Services. Each of the school nurses is responsible for services in four schools. A licensed practical nurse (LPN) is also available at Phillipi Elementary school and works under the supervision of one of the RN level school nurses. There is no school nurse assigned to the high school. Nursing services at the consolidated county-wide high school are addressed through the wellness center operated by the Belington Clinic and occasional nursing services provided by a registered nurse who teaches vocational classes at the High School complex.

Time spent in the schools covered by a school nurse (daily schedules) is generally defined by the needs of diabetic students who require insulin administration during the school day. Providing all specialized services and necessary medical procedures for students at all school locations is extremely challenging. Recruiting qualified health-related personnel, particularly nurses, is a problem since salary scales are not competitive with local hospitals. The Director of Special Education and Student Support Services recognizes that providing for the necessary level of nursing services is difficult at best. She states: "Specialized services are a huge issue for rural schools."

The school nurses listed their primary duties as: medication administration, first aid for injuries, and attending to students who become ill at school. In addition, the school nurses monitor immunization records, conduct vision and dental screenings, work with personnel from West Virginia University to coordinate cardiac screening, and coordinate an employee wellness program.

The school nurses also assist in providing comprehensive screening of health and development for all students entering kindergarten or pre-K programs. The nurses stated that standardized screening protocols to assess the health and development of young children similar to the "Health Check" protocols would be helpful for them and they would favor the adoption of standardized procedures statewide.

The school nurses also develop "care plans" for any student with a physician's order for some type of health-related intervention. The two nurses report spending as much as 40% of their time on paperwork and record keeping. Some of this work is seen as duplicative due to requirements that paper records be maintained and written reports filed in addition to computerized on-line reporting through the WV Education Information System (WVEIS).

Barbour county schools personnel have observed that health care issues, particularly within the special education population, have been steadily increasing over the past several years. “Kids are not as healthy as they once were and disabled students with complex health care needs are surviving longer”.

Medicaid revenue generated through the billing of health-related services to children with Individual Education Plans (IEP) is important to this school system. School nurses in Barbour County do not participate in the Special Education/Medicaid program however school psychologists and other practitioners serving the special education population are required to complete the necessary paperwork for billing. The Director of Special Education and Student Support who oversees the Medicaid billing process does not have access to this revenue once it is received by the local school system. The additional paperwork required to generate Medicaid revenues is significant and there is some degree of resentment of the program among the practitioners who generate this income since the revenue they generate does not flow back to improving their ability to meet the health care needs of the students. Medicaid revenues in Barbour County (as well as most other county systems) are used to supplement the general operating budget for the county school system. As one school official stated during the interviews: “School systems have become dependent on the Medicaid revenue to fill general operating gaps”.

*Schools are becoming health care facilities without having the advantages of health care facilities” - Elaine Benson,
Director of Special Education &
Student Support Services*

The school-based health center located at Philip-Barbour High School (referred to as “The Wellness Center”) is staffed by a full time registered nurse (RN) and three rotating Physician’s Assistants (PA). The center was the first school-based health center established in the state and was originally started as a cooperative venture with the Public Health Department and built with funds donated by a retired teacher residing in the community. The school based center now functions as a satellite service location of the Belington Community Medical Services Association (aka *the* Belington Clinic), a community health center operating in Barbour County.

The Center operates as a “walk in” clinic and tries to focus on preventive care. A mid-level practitioner (PA) is available each day the school is open during the morning hours. Appointments are not scheduled for students – the students come to the clinic when they need to be seen. A parent or guardian may call the wellness center at any time and request that their child be seen by the nurse or Physician’s Assistant. In rare situations where there may be several students waiting at the Wellness Center for services, a student may be asked to return to class and center staff sends for them as soon as they can be seen. Students are referred to local providers for dental services and other services that cannot be provided by a PA or Registered Nurse.

All applicable third-party payers including Medicaid, CHIP, and private insurance are billed through the community health center’s standard billing procedures. Nevertheless, an annual deficit of five to six thousand dollars in operating costs (expenses minus revenues) is generally absorbed by the Belington Clinic.

EPSDT screens (Health Check screens) and sports physicals are provided at the wellness center as well as routine medical care for students enrolled. Students are called for on slow days for routine well child exams and health screens; however, center staff tries to provide these services at times that are the least disruptive to the academic schedule. The Clinical Fusion data reported to the Marshall University School-Based Health Technical Assistance and Evaluation Office, by the wellness center indicates that 85% of all students at the school are enrolled in center services and 56% of the student population uses the center on a regular basis. Parents seem to welcome the center's services. The coordinator reports that many parents work outside the county and have difficulty getting their children to regular check ups and appointments at other locations.

The center coordinator (RN) occasionally works with teachers in physical education or health classes to provide preventive services but reports that not much is done in the area of health education. The coordinator of the school based center also assists the school nursing staff in covering nursing duties at the high school which allows the school nurses to spend their time covering the other schools in the county. School nurses employed by the local education agency work exclusively in the elementary and middle schools; consequently, there is little interaction between the school nurses and the staff at the wellness center. The RN coordinator of the Center stated that she was not aware of any discussions about establishing school based centers in other county schools.

The school-based health center was praised by school system personnel as a significant asset. Nevertheless, the health center coordinator feels more could be done in areas related to the development of additional preventive programs.

Recommendations:

Key informants interviewed were asked how they would use additional resources if they were available to them. The researcher also asked about barriers they encounter in their efforts to serve students that are not necessarily related to money and other resources (administrative, policy, procedure, etc.). Several recommendations emerged from this discussion related to the local perspective about how to improve health-related services in the schools.

Barbour County school nurses expressed a sincere need for a school nurse to be located in every school. They feel that if it were possible to have a nurse in every school it would improve the health status of students and provide for better oversight and management of health-related needs of the students. These nurses readily recognize that a full time nurse in every school is an unrealistic goal given the resources available; however, they were able to identify several specific recommendations that would make it easier for them to support all the schools in the county. These included:

- Flexible funds to cover vision and dental services for students who had no other way to pay for such services.
- Cell phones to make communications easier while traveling to rural schools.
- An aide or secretary who could be trained to assist the nurses with required paperwork, freeing up time for direct services to students.

- More integration between required reports and the WV Education Information System (WVEIS) so that documentation and reports could be done once and uploaded rather than having to enter the same information in multiple systems.
- A “quick reference” on rules and requirements for school nurses that they can use for guidance on what they can and can not do.
- CPR training should be mandated for all school personnel.

Barbour County interviewees also recommend that nurses (and other health-related personnel) be funded in some way outside the teacher funding formula that supports instructional personnel. They explained that the present funding formula forces local school officials to choose between funding classroom teachers or other types of professional personnel such as nurses, psychologists, therapists, and counselors.

Other needs/recommendations identified by the wellness center coordinator include:

- More attention needs to be paid to dental health issues and dental services need to be available in schools.
- Students should be screened for mental health issues and mental health services should be available to students in the school environment.
- Additional health education and prevention programs should be offered as part of the regular curriculum for all students.

Case Study Two

School-Based, Health-related Services in Braxton County

A site visit was made to Braxton County on November 30th, 2005. The researcher conducted interviews with key informants including:

- The Director of Special Education and School Health Services, and
- Two school nurses (RN level) employed by the Braxton County Schools.

Overview:

The Braxton County school district is located in central West Virginia. An interstate highway (I-79) bisects the county and enhances the transportation system. There are two relatively small population clusters in the county – Sutton, the county seat, and Gassaway. Braxton County is rural and most of the county is sparsely populated. There are a total of eight public schools in Braxton County. Middle and secondary education services have been consolidated at one middle school and one high school. There are six elementary schools located in different parts of the county. The Braxton County Schools served 2,457 students during the 2004-05 school year. 18.4% of these students received some type of special education service.

Health-related services provided within the Braxton County School system are carried out under a “local education only” model. The Local Education Agency (LEA) is responsible for all health-related services delivered in schools. These services are delivered by employees of the Braxton County school system that include school nurses, licensed school psychologists, speech pathologists, and occupational therapists. Physical therapy services are provided by contractual personnel. In addition, some limited behavioral health services are provided to students with a behavioral health diagnosis by contractual personnel on a case by case basis.

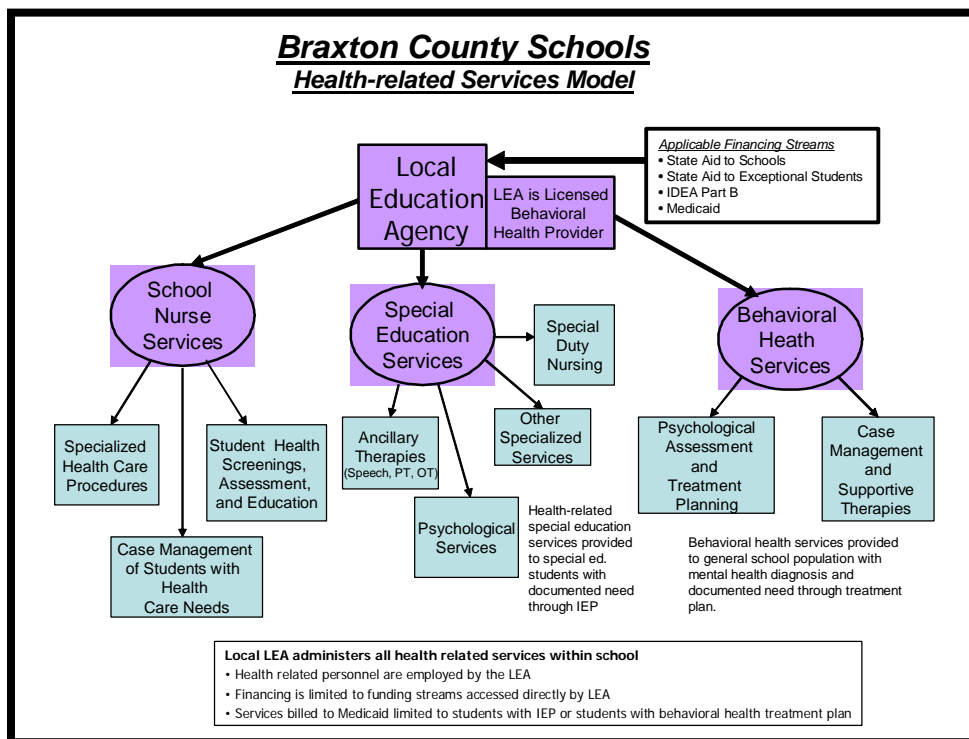
Braxton County Schools are unique within West Virginia as the only school system that has sought and received designation as a licensed behavioral health center. The behavioral health license allows the LEA (Braxton County Schools) to bill the state Medicaid agency for behavioral health services delivered to Medicaid enrolled students such as targeted case management, individual supportive therapy, treatment planning, etc. These services would not otherwise be reimbursable to the school system as they are not currently covered under the *Special Education/Medicaid* program. The behavioral health program carried out by the Braxton County Schools is in addition to, and distinct from the *Special Education/Medicaid* program. All county school systems in West Virginia bill Medicaid for some limited array of services provided to special education students; however, Braxton County is the only school system that also holds a license as a behavioral health provider.

The Special Education/Medicaid program allows all county school systems to seek reimbursement for some health-related services when the need for specific services is documented in a Medicaid enrolled student’s Individual Education Plan (IEP). In Braxton County, additional behavioral health services are provided to some students when there is a behavioral health diagnosis made by a physician or licensed psychologist and a “treatment plan” has been developed. The LEA uses its behavioral health license to provide a limited range of mental health services to students that would

not otherwise be available to them. The school system does not provide all of the services that would be allowable under its behavioral health license. Behavioral health services are not provided to adults or families. These services are limited to specific student needs and are generally focused on behavioral health interventions necessary to keep the student in school. Behavioral health services provided include psychological evaluation and treatment planning and services such as individual therapy, group therapy, and case management provided on a case-by-case basis by qualified practitioners under contract with the school system.

Occasionally, the LEA arranges for a student to be evaluated by a psychiatrist based in Charleston using teleconferencing facilities made available by the local hospital. In such cases the LEA makes a referral for services to the Charleston based psychiatrist and he interviews the student at the Braxton County hospital location using teleconferencing equipment. The Braxton County school system does not pay for this service; however, the private psychiatrist may bill for the service as applicable through his private practice. Braxton school officials estimate that an additional \$40,000 in Medicaid revenue is generated each year through their behavioral health program.

School-based health centers are not located within any of the Braxton County schools. Consequently, basic health care (primary care), dental care, and other health services needed by all students are not generally available within any of the school settings. Students may be referred by school personnel for other health-related services not provided directly by the Braxton County school system.



Payment for services that may be provided as a result of such referral relationships are the responsibility of the parent or guardian; the school system does not pay healthcare providers for routine services that may be provided as a result of a referral.

The Braxton model is a self contained system with all health-related services delivered by school personnel or

contracted staff. The current Braxton County model is described in graphic form in the diagram above.

Summary of Interviews:

Interviews were conducted with the Braxton County Schools *Director of Special Education and School Health Services* and two of the three school nurses (RN level) employed by the local education agency (LEA).

The Director of Special Education and School Health Services is the central office official responsible for health-related services in the Braxton County schools. He oversees both the Special Education program as well as the behavioral health program operated by the school system. This administrative structure allows for a considerable degree of integration of the health services provided in school settings; however, the capacity within this office is probably not sufficient to manage the multiple responsibilities.

“Our administrative capacity to run all the programs is lacking. The central office is understaffed.” –

Dave McChesney,
Director of Special Education
& School Health Services

With increased management-level capacity more could be done to take advantage of the school system’s behavioral health license and provide a broader range of services to students. The Director would like to be able to provide clinical social work services and psychotherapy to more students and sees a need for these types of supports among the student population. He also sees a need for health education and prevention for not only students but also parents. He stated: “Education about the importance of well child exams is lacking. Parents don’t see the value of it.”

“Health and wellness should not be an ‘add on’ but the school schedule is already full.” - Dave McChesney

The Braxton County schools have historically served young children (ages 3&4) through *Head Start* and public pre-school programs. The need for family strengthening programs, involvement of parents, and home-based services to families with young children is apparent to the school

personnel interviewed. One school official expressed a need for comprehensive health screenings for all students and more research based home visiting programs. He recognizes, however, that the public schools do not see these types of services as a priority even though these services have been proven to improve educational performance. He expressed the issue this way: “These services are not tested so they are not valued. What gets measured gets done.”

School personnel responsible for health-related services are sometimes frustrated about the lack of attention paid to programs and services that strengthen families and improve health outcomes. “We have volumes of academic standards and performance descriptors but no expectation to promote the health and wellness of students.”

School nurses in Braxton County carry out a variety of activities in a typical day. Nurses reported that a day might find them treating injuries or illness, updating “care plans”, administering insulin to diabetic children, and administering other medications prescribed by physicians for students enrolled in the Braxton County schools. The school nurses in Braxton County reported that they

conduct regular vision and hearing screenings for children and provide prevention programs for both students and school personnel. Programs they provide for faculty and staff focuses on tobacco cessation and drug awareness and prevention. They also provide services in the schools where they work focused on addressing obesity.

The school nurses serve all schools in the county. In response to the interviewer’s questions about how the nurses generally spend their time, they reported their primary activities at the High School to be related to illness, injury, and medication administration. The nurses estimated that about 75% of the service at the High School level is in this area with about 25% focused on health education and prevention. At the elementary school level, the nurses estimated that they spend more time on education and prevention activities with about 25% dedicated to injury, illness, and medications. The two nurses interviewed stated that they rarely had time to do the necessary paperwork and record keeping during regular school hours and did much of the administrative work on their own time after school and on weekends. School nurses in Braxton County develop required “care plans”, document services they provide through the education data system, and prepare the required paperwork and billing forms for Medicaid billing as may be applicable. Nurses in Braxton County bill Medicaid for some services although they report that very little of what they do is billable. The nurses estimated that they could easily spend up to 50% of their available time on paperwork and travel between schools if they tried to get everything done during their normal work hours.

The two nurses are not always consulted on health-related issues by teachers and other school personnel. They said teachers may not always be familiar with the role of school nurses and don’t always know how best to utilize them.

The school nurses talked about being governed by two sets of regulations – education regulations and nurse licensing board standards. They discussed how they are sometimes expected by teachers to act in a manner that is not consistent with professional nursing standards.

Academic personnel and most school administrators do not understand the nursing profession or the licensing requirements that registered nurses must comply with. “Teachers don’t always understand why we can’t give students medications without a physicians order.”

“Education and academic performance takes precedence. School is a teacher’s world” –
Braxton County School Nurse

School nurses expressed the need for some kind of assistant or “nurse’s aide” and a work space within schools. The nurses have no place to access the internet or keep records in some schools. “An assistant or secretary to help with data entry and record keeping would free us up to do more high level activity with students and be more cost efficient”.

The nurses interviewed stated that salary scales for school nurses were not competitive with hospitals or other more traditional health settings. “We are hired as a school nurse at zero level of experience even though we may have years of nursing experience in a hospital or other setting”. Although these nurses clearly like working in school settings they were concerned that retaining qualified nursing staff in schools was becoming increasingly difficult as hospitals experience nursing shortages.

Recommendations:

Key informants interviewed were asked how they would use additional resources if they were available to them. The researcher also asked about barriers they encounter in their efforts to serve students that are not necessarily related to money and other resources (administrative, policy, procedure, etc.). Several recommendations emerged from this discussion related to the local perspective about how to improve health-related services in the schools.

Braxton County school personnel offered the following recommendations:

- Better coordinate health-related services in schools with the existing health care system.
- Increase the administrative capacity to manage high quality health-related services in school settings.
- Assure that all children enrolled in public schools receive a comprehensive health and development screening similar to the “Health Check” exam.
- Increase the levels of health education and preventive programs offered by schools and make them available to parents as well as students.
 - Address issues related to the health risks of obesity.
 - Pay more attention to drug and alcohol abuse among students and implement preventive programs.
 - Use nurses to do more teaching about sexually transmitted disease, pregnancy, and health risks of obesity.
- Provide an aide or assistant for nursing staff in order to allow them to spend more time on direct healthcare services and health education and prevention activities.

Case Study Three

School-Based, Health-related Services in Cabell County

A site visit was made to Cabell County on December 5th and 6th, 2005. The researcher met with Cabell County Schools personnel and staff of the school-based health center at Cabell-Midland High School on December 5th. On December 6th, the researcher interviewed additional county school personnel and the Director of Pretera Center (the regional behavioral health center serving Cabell County). Interviews were conducted with key informants including:

- Cabell County Schools Director of Student Support Services,
- Cabell County Schools Director of Special Education,
- Nurse Practitioner employed by the *Cabell County Schools*,
- School-based health center coordinator employed by *Valley Health Systems*,
- Therapist employed by Pretera Center and out-stationed at Cabell-Midland SBHC
- Executive Director of Pretera Center.

Overview:

The Cabell County school district is located along the Ohio River in the southwest portion of West Virginia. There are a total of thirty-two public schools in Cabell County – twenty-one elementary schools, seven middle schools, three high schools, and one vocational-technical school. Cabell County school enrollment for the 2004-05 school year totaled 12,249 students. Special education services were provided to 18.6% of the enrolled students.

Health-related services provided within the Cabell County schools are extensive. This is a relatively large school district serving one of the state's most populated counties. The school district employs 8.5 school nurses and contracts for additional specialized nursing services. Two of the school nurses are mid-level providers (Family Nurse Practitioners) working at the school-based health centers located in the two large high schools. The remaining nursing staff covers all elementary and middle schools located in the county providing general nursing services and oversight of health-related services in those schools.

Health-related services are provided to students at the two large high schools located in the county through school-based health centers (SBHCs) operated by Valley Health Systems Inc. (a Federally Qualified Health Center providing primary care services in Cabell County). Valley Health Systems Inc. provides primary care services to students attending the two high schools at clinics located within the schools. The Cabell County Schools employs Family Nurse Practitioners who provide primary care services at each of the high school SBHCs (one full-time FNP at each site). Pretera Center (a regional community behavioral center) provides mental health services at the high school clinic sites by out-stationing a child therapist at each of the school-based health centers and an additional case manager at Huntington High School. Pretera Center also provides out-stationed mental health counselors at two of the middle schools in the Huntington area.

Health-related services are provided to special education students by a cadre of psychologists and speech pathologists employed by the school district. In addition, the Cabell County Schools contracts with qualified providers for occupational therapy, physical therapy, nursing services, counseling services, and psychiatric services in order to meet the needs of the special education population.

Marshall University Medical School located in Cabell County supplements the health-related services provided in the schools. A mobile clinic operated by the medical school visits elementary schools in the county offering health and development screening services and some routine healthcare.

The Adolescent Pediatrics program

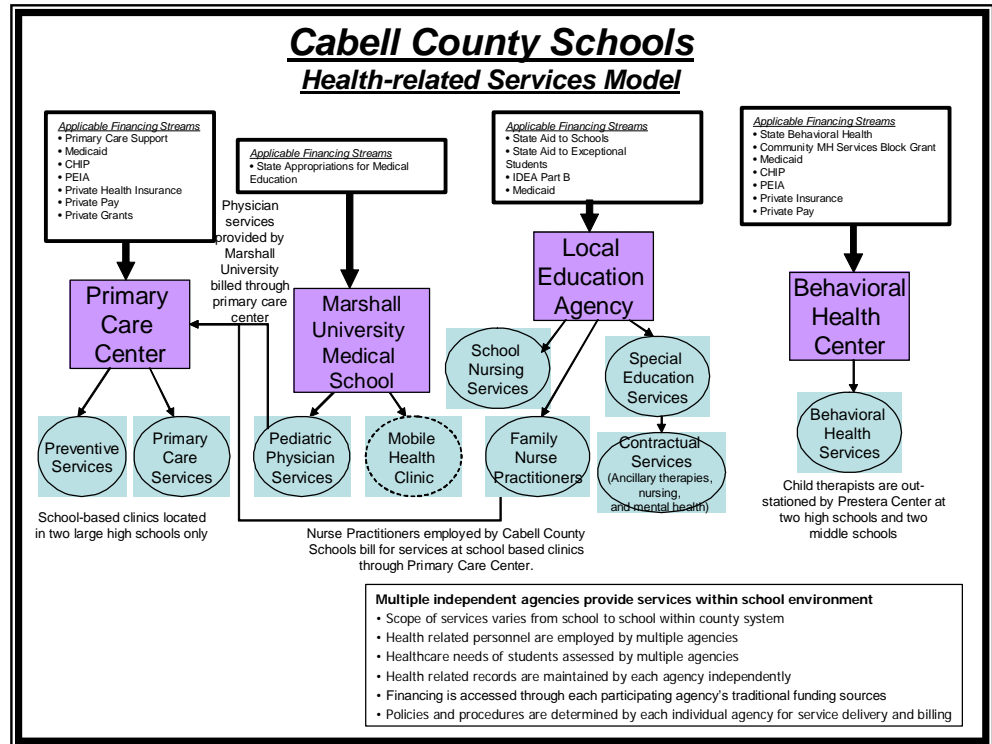
at MU uses the two school-based health centers as training sites allowing for additional health professionals to be available at those sites.

A member of the faculty at MU Medical School specializing in Adolescent Pediatrics provides physician oversight at the two SBHCs. Services provided by MU faculty as well as the services provided by the Licensed Nurse Practitioners are billed to third party payers by Valley Health Systems Inc. through a contractual arrangement with the employers (Marshall University and the Cabell County Board of Education) of the health care practitioners working at the SBHC. This arrangement generates additional third party revenues to help support the other personnel working at the school-based health center.

The Cabell County model for the provision of health-related services in schools is shown in the diagram above.

Summary of Interviews:

Interviews were conducted with Cabell County school officials, personnel providing services at the school-based health center located at Cabell-Midland High School, and the Director of Pretera Center, the regional community behavioral health center serving Cabell County.



The researcher met with staff at the school-based health center located at Cabell Midland High School on December 5th, 2005. The Director of Student Support Services for the school district was also in attendance and contributed to the interview.

Two school-based health centers (SBHCs) are operated by Valley Health Systems Inc. in Cabell County. One is located at Cabell-Midland High School and the other is located at Huntington High School. Both centers offer a similar array of primary and preventive care services to students attending these schools. Clinical Fusion data reported to the Marshall University School-Based Health Technical Assistance and Evaluation Office by the two SBHCs for FY04-05 indicates that 83% of the students attending these two high schools are enrolled to receive services at the health center. A total of 3,480 students are enrolled at the two high schools which is 28% of the total school enrollment (Pre-K through 12th grade) in the county. 33% of the students attending Cabell Midland actually received services during the 2004-05 school year from the school-based health center. A higher percentage (50%) of the students at Huntington High took advantage of the services offered by the SBHC located there.

Each of the two SBHCs in Cabell County is staffed by a Nurse (RN at Cabell Midland and LPN at Huntington High), a Licensed Nurse Practitioner, and an Office Coordinator. The nurse and office coordinator at each site are employed by Valley Health Systems and the nurse practitioners are employed by the Cabell County Schools. In addition to these three core staff at each site, a physician specializing in adolescent pediatrics from the MU Medical School faculty is on site one day per week at each SBHC. Mental Health services are provided at each SBHC by out-stationed mental health professionals from Pretera Center. A dental hygienist and a dietician are also available one day each month at each SBHC. Staff at the Cabell-Midland SBHC stated that they could use more medical staff in order to adequately serve the two high school sites: "Each clinic really needs four people and case management services are also needed". Access to a consulting psychiatrist was also identified as a significant need at the high school level.

Primary care and preventive services are offered at the health centers. Students are seen for illness or injury related conditions and health and development screening services. Chronic disease management services are provided to students with chronic health conditions. Immunizations are provided at the school-based health centers as are physical exams and routine well child visits. Mental health services are also available.

The Director of Student Support Services for the school system oversees school nursing services. He described the services provided by the 8.5 FTE nurses employed by the county: "They spend much of their time attending to students with special health care needs – insulin injections for diabetics, tracheostomies, and colostomies". Additional contracted nursing services are necessary to meet student needs and the interviewee estimated that the school system purchases additional contracted nursing services at a rate of about \$150.00 per day. The school nurses work primarily in the elementary and middle schools and develop health plans, administer screening services and train and supervise school personnel who carry out health-related services. School officials would like to be able to lower the nurse to student ratio. Those persons interviewed at Cabell-Midland would also like to see school-based health centers established at the middle schools in the county. In order to do so, additional mid-level practitioners would need to be available; however, there was agreement that

school-based health centers at the middle school level would significantly improve the health-related services in the schools and allow school nurses to focus more of their attention at the elementary school level. A mobile clinic operated by Marshall University visits some of the elementary schools in the county and provides some assistance in meeting health care needs at the elementary level.

Mental health services are provided at the two large high schools and at two middle schools by clinical staff employed by the Pretera Center. The Executive Director at Pretera is committed to outreach in the schools and he believes the school setting is the best place to reach children and youth who need supportive counseling and other mental health services. The director talked about the good working relationships he enjoys with other community agencies that allows for some of the innovative approaches to providing health-related services in schools in Cabell County.

“We all work together well in this county. We like each other and it allows us to get things done and overcome barriers”-

Bob Hansen
Executive Director
Pretera Center

Mental health counselors out-stationed at school sites bill for services they provide through the Pretera Center billing system; however, third party payments are not sufficient to cover costs. A portion of the costs related to providing mental health services at the school sites are covered by a grant from the state Office of Behavioral Health Services and a small contract with the Cabell County Schools. The center Director stated that these grant funds and the contract with the school district allows him to balance the budget for these services. Without these supplemental funds, the cost of the full range of school-based mental health services could not be covered. Services such as initial screening, health fairs, and preventive services such as classroom presentations would not be available.

While visiting the Cabell-Midland SBHC the researcher met with a child therapist employed by Pretera Center and out-stationed at the SBHC. Behavioral health services provided most often include weekly counseling, case management, and supportive interventions. The therapist also attends Student Assistance Team meetings and participates in the development of Individualized Education Plans (IEP) for students with behavioral health needs. Other duties include the provision of educational or informational presentations to classrooms. This key informant has surveyed parents about the mental health services offered at the school and she reports that 99% of the parents state that if their child was not seeing a therapist at school the child would not have access to these services.

The out-stationed therapist keeps her own case records consistent with the records policies of the mental health agency. Services provided are billed when applicable to 3rd party payers (including Medicaid) through the billing system at Pretera Center. The therapist estimated that a little more than half of her clients are Medicaid enrolled. Most of her non-Medicaid covered clients do not have any payment source that covers behavioral health services.

The child therapist functions as part of the SBHC team at Cabell Midland but she is accountable to three different entities – her employer (Pretera), the SBHC, and the Marshall University School-Based

“It would be extremely helpful if the reporting and billing systems could be integrated so I don’t have to spend my time entering data into two different systems”-

Vicki Carovillano
Child Therapist

Health Technical Assistance and Evaluation Office. She is somewhat frustrated by what she sees as duplicative reporting requirements that take time away from working with students at the school. Much of the information she reports to the Marshall TA Center is identical to the reporting she does through Prester Center's data system.

Although the school-based health centers are generally seen as extremely valuable components of the health services system offered in Cabell County schools the health care practitioners staffing these centers identified several challenges including:

- Covering the costs of services is difficult – families sometimes feel that if the service is offered in a school it is supposed to be provided at no cost to them.
- Eligible students who are not enrolled in Medicaid and the state's Children's Health Insurance Program (CHIP) limits reimbursements but the SBHC staff does not have time to conduct outreach and enrollment campaigns.
- Access to vaccine has at times been problematic.
- Turf issues sometimes interfere with working together in a coordinated fashion.
- Some teachers do not see healthcare as the role of schools and don't want their kids to miss class.
- School-based health centers are sometimes seen by other health-related personnel as a threat to their employment by the school system.
- Involving parents is problematic since many parents can't get off work during school hours or lack transportation.

“Some of the school counselors and nurses are threatened by school-based health centers – they are sometimes concerned about losing their jobs”.

The researcher interviewed the Cabell County Schools Director of Special Education about health-related services provided through the special education program. Specialized health-related needs of the special education population are addressed by the Cabell County Schools Office of Special Education when those needs are identified in an Individual Education Plan (IEP). In some cases the health issues of the special education students can be addressed through school nurse services or by the two SBHCs at the high school level; however, there are many students who receive special services from special education personnel or contracted staff. Six psychologists and twenty-four speech pathologists are employed by the school district and contracts are in place with a number of other providers for specialized nursing services, occupational therapy, physical therapy, counseling and psychiatric services. The school district also provides durable medical equipment and other highly specialized healthcare services for special education students as may be necessary.

Health-related services provided to special education students by school personnel are billed to Medicaid when applicable through the Special Education/Medicaid program. Services provided by contracted personnel at a cost of over \$300,000 per year (FY04-05) are not billed to any third party payer. The Special Education Director explained that Medicaid revenue generated by the school district is kept in a separate line item within the budget and she draws on that

“If it were not for Medicaid we could not function” -
Kathy McCoy
Director of Special Education

line item to pay for contracted services, equipment, supplies etc. Thus, unlike most school districts in West Virginia, Medicaid revenues are reinvested in order to meet the health care needs and enhance the services available to the special education population. As the Director stated -“The Medicaid revenue greatly assists in our efforts to serve the special education students.”

Behavioral health services were identified by this key informant as an area where more needs to be done. She has noticed more and more students that need some type of mental health services and additional support. She also is concerned about an ever increasing number of students with specialized health conditions that affect their ability to participate fully in the educational setting. “I have seen a steady increase in special health care needs within the special education population”.

Recommendations:

Key informants interviewed were asked how they would use additional resources if they were available to them. The researcher also asked about barriers they encounter in their efforts to serve students that are not necessarily related to money and other resources (administrative, policy, procedure, etc.). Several recommendations emerged from this discussion related to the local perspective about how to improve health-related services in the schools.

The discussion with key informants identified the following recommendations that they feel would improve health-related services within the Cabell County Schools.

- Increase the number of school nurses in order to reduce the student to nurse ratio.
- Take steps to assure that school-based health centers have access to vaccine necessary for immunization of the student population.
- Increase the availability of mental health services in the schools and provide access to a consulting psychiatrist.
- Establish school-based health centers at the middle schools.
- Support outreach and enrollment efforts for Medicaid and CHIP.
- Develop strategies for engaging health-related school personnel in non-threatening discussions about how to better coordinate health-related services (including mental health services) in school settings.
- Integrate reporting and billing systems so that practitioners are not forced to keep duplicative records or enter data into multiple data systems.

Case Study Four

School-Based, Health-Related Services in Clay County

A site visit was made to Clay County on December 20th, 2005. The researcher conducted interviews with key informants including:

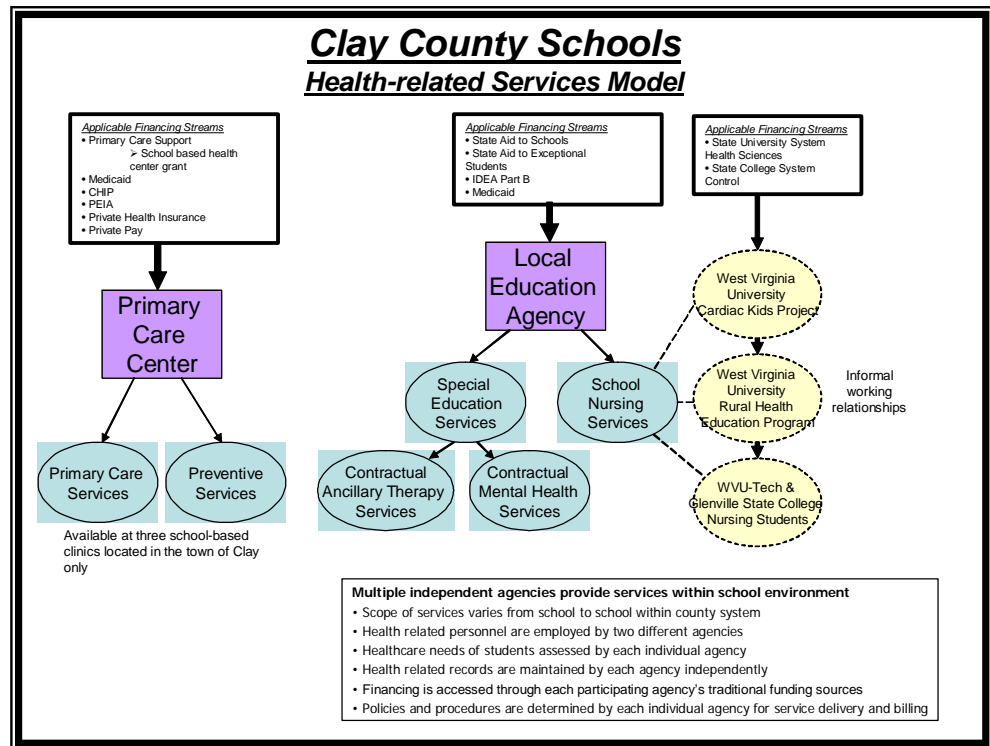
- The Director of Special Education,
- The School Nurse, and
- The Coordinator of the school-based health centers.

Overview:

The Clay County school district is located in central West Virginia. The county is very rural with only one town of any size which is Clay, the county seat. There are a total seven public schools located in the Clay County school district. There is a single high school and only one middle school both located in the town of Clay. Five elementary schools are located in different parts of the county. The Clay County Schools served 2,111 students during the 2004-05 school year. 19.2% of these students received some type of special education service.

Health-related services within the Clay County Schools are provided through a “limited multi-agency” model. The Clay County model is described in graphic form in the diagram at right.

The Clay County school system employs only one school nurse who is a primary contributor to the health-related services offered in the schools.



The county’s Special Education Program also provides a number of health-related services to special education students. The Clay County Schools Special Education Program makes available speech pathology services, physical therapy services, occupational therapy as well as psychological and limited psychiatric services. These services are generally provided only to students referred for

special education and as prescribed by the individualized education plan. Health-related special education services are provided by professional staff (regular employees) of the school system as well as by health care professionals working under contractual arrangements.

In addition to the health-related services provided directly by the County School System, Primary Care Systems Inc., a federally qualified health center serving Clay County provides primary care and preventive health services through satellite clinics (wellness centers) at the three schools located in the town of Clay. These three schools account for 76% of total student enrollment in the county with the remaining 24% attending elementary schools located in rural parts of the county. Clinical Fusion data compiled by Marshall University for the school year 2004-05 indicates that 85% of the 1,614 students attending the three schools in the town of Clay are enrolled for services at the wellness centers. Forty-nine percent (49%) of these enrolled students received primary care services during the year.

In addition to the services offered by the county school system and the local community health center, there are informal cooperative relationships in place with higher education institutions that serve to expand health-related services in the schools. Nursing students from Glenville State College and West Virginia University Institute of Technology (WVU-Tech) do occasional rotations in the Clay County school settings. In addition, two programs based at West Virginia University, the Rural Health Education Program (RHEP) and the WV Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) Project, also provide additional health care professionals to assist with health and development screening of students in the schools. The school nurse coordinates these programs offered by higher education institutions and serves as the site supervisor for nursing students.

Summary of Interviews:

Interviews were conducted with the Clay County Schools Director of Special Education, the school nurse employed by the County (RN level), and with the coordinator of school-based health centers located at the three schools in Clay (Clay High School, Clay Middle School, and Clay Elementary School).

Most of the health-related personnel working in the Clay County Schools provide services to the special education population and report to the Director of Special Education. These personnel are fulltime employees as well as contractual employees and they provide psychological services (assessment and some individual counseling) and ancillary therapies (speech, physical, and occupational therapy). The county school system generates revenue through the Special Education/Medicaid program for these services when applicable. Billing for the special education staff is coordinated through the county special education office. The office has established its own computerized database in order to track billings turned in by the staff. Each practitioner submits billing records to the special education office where the records are compiled and forwarded to the Regional Education Services Agency for submission to the state Medicaid agency. The interviewee stated that the state data system (WVEIS) is difficult to use and not applicable for monitoring staff participation in the Special Education/Medicaid program.

Some services provided by special education teachers are billable services and teachers are given a stipend by the Clay County Schools to cover the time necessary to complete the billing forms and records. Medicaid revenues supplement the general operating budget of the school system; however, the Director of Special Education told the researcher that any special requests for health-related equipment or supplies are generally granted.

Routine health care needs of students (special education as well as the general school population) who are enrolled in the three schools in the town of Clay are attended to through the “wellness centers” located in the schools and operated by Primary Care Systems Inc. The Director of Special Education was very positive about the impact of the primary care services: “So many kids have received medical care who would not have otherwise. The wellness centers are great for staff as well.”

Health-related special education services tend to focus on psychological services and special therapies. Clay County has a particularly difficult time retaining qualified health care practitioners due to its rural and isolated location. Consequently, some of the special education personnel are employed under somewhat unusual contract provisions that are necessary in order to retain their services. The PT, OT, and both psychologists come from outside the county to work in Clay. The Director of Special education discussed some of these unique arrangements with the researcher.

“The Wellness Centers have been wonderful - I hope they never go away” -
Dr. Jennifer Sirk
Director of Special Education

- A physical therapist is shared with the Webster County School system. The physical therapist draws a full time salary from each county but works only half time in each county.
- An occupational therapist is employed to serve the students in the Clay County schools. The therapist is paid a full time salary but provides services half-time.
- Two licensed clinical psychologists work for the Clay County Schools. Each works a four day week but a year-round schedule (including summer hours to provide services for summer school and extended year students) for a total of 200 days of service per year.

“I see more severe problems with young children – I suspect it has to do with substance abuse in the home”-
Dr. Jennifer Sirk

The Director of Special Education expressed a need for mental health services in the schools. She identified several specific mental health needs including substance abuse counseling, anger management programs, and the need for family therapy and home based services. She also sees an increase in behavioral health problems in very young children (ages 2-4 yrs.). The regional behavioral health agency has limited staff in Clay County and they do not provide any services in the schools.

In past years the school system has made referrals for psychiatric services to a psychiatrist in Charleston when necessary; however, beginning this year (05-06 school year) the Clay County Schools had access to services from a psychiatrist through an arrangement with the local community health center. Primary Care Systems Inc. employed a part time psychiatrist (who comes to Clay County from Buckhannon) and the center made psychiatric services available to the Clay County Schools. After several months the community health center assessed the financial viability of offering psychiatric services in the county and decided to discontinue the service. Community

health center staff stated that the center was unable to get reimbursement from Medicaid and other payers for mental health services so they were forced to stop providing mental health services.

Rather than lose the services of the psychiatrist, the Special Education Director negotiated directly with him to continue to come to Clay County on a one day per week basis to see school age children. Through this arrangement the school system will pay for initial intake and diagnostic services and provide clerical support, office space, and travel reimbursement. Additional services may be billed by the psychiatrist through his private practice. A contract for the psychiatric services will begin March 1, 2006.

The special education office also has contractual arrangements in place with LinguaCare, a Charleston based firm providing speech therapy services, and with PsychServices, based in Spencer (Roane County) and in Clay, in order to supplement the health-related services provided by school personnel.

School Nurse Services are carried out by one Master's level Registered Nurse employed by the Clay County Schools. The school nurse reports directly to the Superintendent. She bills Medicaid for some services and submits her billing forms directly to the Regional Education Services Agency. The School nurse enjoys a good working relationship with the community health center satellite clinics in the three schools. The relationship is an informal one; there are no formal administrative or financing arrangements in place between school personnel and the community health center.

The school nurse covers all seven schools and tries to maintain a regular schedule; however, she reports that her schedule is to some degree determined by insulin dependent children. The

“A lot of special education students have major health care needs. I spend a lot of time training special education teachers and aides on health care procedures” -
Connie Harper, RN MSN
School Nurse

community health center staff assists with insulin administration at the schools located in the town of Clay when they are in those schools. Much of the work of the School Nurse is focused on required vision screening, development of care plans, and training regular and special education personnel to address special health care needs of their students. The nurse also provides direct and indirect supervision of staff carrying out the delegated healthcare procedures - first aid, CPR, and other emergency procedures. The school nurse has no clerical support and

spends 30% to 40% of her time on required paperwork. Another time consuming task mentioned by this key informant was a new law that requires all asthmatic students using an inhaler to be assessed by the school nurse to assure they are using it appropriately.

In addition to normal nursing duties, the Clay County school nurse is the point person working with colleges and universities that utilize the Clay County Schools as training sites for health care workers. The WV CARDIAC Project screens 5th grade students with the help of WV Rural Health Education Program (RHEP) which assists with health and development screening services. The School Nurse also serves as a site supervisor for occasional student nurse rotations from WVU, Glenville State College and WVU-Tech. Another outside resource available to students on an informal basis is provided by the local County Health Department. The nurse at the local Health

Department conducts some group discussions with students at the middle and high school levels about risky behaviors.

The school nurse also prepares occasional grant applications to supplement the health-related services in the schools. She applied for and received a small grant (\$5,000 per yr. for 3 yrs.) that supports a health education program built into the school curriculum. She also oversees a staff wellness program for school personnel and serves on local and state level committees looking at health issues in schools.

The school nurse reflected the concerns of the Director of Special Education about mental health issues she observes in students and expressed a need for more mental health services in schools. This sentiment was reflected in the interview with the Physician's Assistant who serves as the mid-level practitioner and coordinator of the wellness centers as well.

“Mental health issues are a major issue – we need a full staff of mental health counselors.” -
Mary Grandon, PA
Wellness Center Coordinator

The third key informant interviewed in Clay County was the coordinator of the school-based health centers operated by *Primary Care Services Inc.* The coordinator is a mid-level practitioner (Physician's Assistant) who provides most of the medical services at the three schools where services are offered. She works with two nurses (LPNs) and they rotate as a team between the three schools located in the town of Clay on different days of the week. A physician is available at either the High School or Middle School site one day on alternating weeks resulting in physician coverage in each of these schools one day every two weeks. None of the three schools has access to primary care services every day.

The interviewee stated that they would like to provide some services at the outlying elementary schools but a suitable space to do so (examining room) prevented it. She said a new elementary school was being constructed in one of the rural areas and it will have wellness center space built into it so they can expand services to that school once it is open. The wellness center staff sees an average of 20 to 25 students per day. They attend to illness, schedule well child checks, and conduct Health Check (EPSDT) screens. About 85% of the students attending the three schools are enrolled for wellness center services; however, the clinical staff will accept verbal consent for treatment over the phone if the student is not enrolled. The wellness centers also provide some health education programs related to asthma and obesity as part of the physical education programs in the Middle and High Schools.

In addition to the aforementioned need for behavioral health services, wellness center staff has documented critical unmet needs in students for dental services and access to orthopedic services and allergy testing (ENT services). The key informant also expressed concern about the time involved in submitting reports and billing data to multiple administrative entities and what is seen as duplicative data reporting systems. The wellness center coordinator sees a need for integrated data systems and electronic billing. She wondered aloud: “Is anyone using the data to improve services?”

Recommendations:

Key informants interviewed were asked how they would use additional resources if they were available to them. The researcher also asked about barriers they encounter in their efforts to serve students that are not necessarily related to money and other resources (administrative, policy, procedure, etc.). Several recommendations emerged from this discussion related to the local perspective about how to improve health-related services in the schools.

Duplicative record keeping systems and information systems that are not integrated or even useful from a local management point of view were identified as problematic by all persons interviewed.

“The Clinical Fusion data is duplicative – integrate the data reporting systems across the funding agencies and use one system for multiple purposes” -

Mary Grandon, PA

The Special education Director and School Nurse both felt that the “individual education plan” and “student health plan” could be merged into a single document and that information systems and computerized record keeping could be improved.

Staff of the community health center (wellness center coordinator) also expressed considerable frustration about duplicative data systems. As she stated: “We should use one data reporting system for multiple purposes”.

Other recommendations were related to the need for family based services in this rural county to meet unmet needs and provide more outreach to parents.

Recommendations from key informants in Clay County include:

- Increase access to behavioral health services in schools.
- Provide dental services in schools and improve student’s dental hygiene.
- Improve access to specialized medical services including orthopedic and allergy services.
- Provide more home based and home-visiting programs to support families with young children.
- Focus more on parent education so parents can better understand why certain services (particularly mental health services) are important and useful.
- Explore ways to merge some of the required paperwork (IEP and Student Health Plan) into a single document.
- Develop integrated data reporting and billing systems across agencies.
- Provide clerical support or an aide for the school nurse in order to free more time for provision of direct healthcare services.
- Increase the number of school nurses in the county.

Case Study Five

School-Based, Health-Related Services in Taylor County

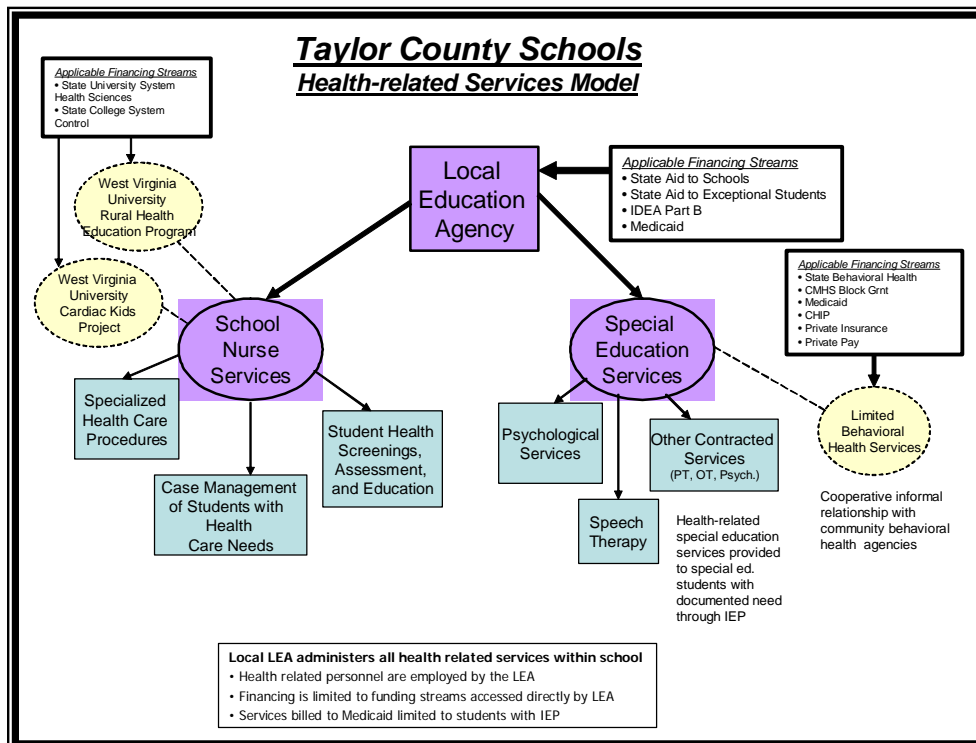
A site visit was made to Taylor County on December 7th, 2005. The researcher conducted interviews with key informants including:

Taylor County Schools Director of Special Education and Student Support Services,
Lead School Nurse (RN level) employed by the Taylor County Schools.

Overview:

The Taylor County school district is located in the Northern part of West Virginia. There are a total of seven schools in Taylor County. One middle school, one high school, and one vocational school are located in the county. Elementary level students are served by four schools. The county is largely rural and the largest population center is Grafton which is the county seat. School enrollment for the 2004-05 school year totaled 2,417 students. Special education services were provided to 19.8% of the students.

Health-related services provided within the Taylor County Schools are carried out through a ‘local education agency only’ model as is depicted in the diagram below.



Health-related services are delivered through the county school system’s special education program and by school nurses. Some health-related services are provided to special education students by contractual employees (independent contractors). The school system employs speech therapists and contracts for physical therapy, occupational

therapy, and some psychological services when the individualized education plan for a particular student calls for such services.

Cooperative working relationships with West Virginia University and two local behavioral health agencies serve to complement the health care services provided by the local education agency (LEA) but there are no formal contracts or agreements with other health care agencies in place. There is no school-based health center located at any of the schools in Taylor County and no independent health care agencies carry out ongoing programs within the schools.

The Director of Special Education and Student Support Services serves as the “de facto” coordinator of health-related services within the school system. The formal organizational chart indicates that the school nurses report to the Assistant Superintendent; however, in practice they try to coordinate their activities with the Director of Special Education and Student Support. This lack of clear communication channels provides for some degree of administrative ambiguity within the school system that make it difficult to coordinate all health-related services under one central office administrator.

Although there are no formal relationships that provide for health care agencies to operate within the school settings, informal working relationships provide for some behavioral health counseling for a few students while in school. A counselor from Summit Center (a local behavioral health agency) is allowed to see clients in the school setting. School officials also make occasional referrals to Valley Health Systems for counseling.

Residents from the WVU School of Medicine work with Taylor County school nurses through the Rural Health Education Program (RHEP) to assist with health screenings of students and the proximity to WVU also is beneficial in bringing some preventive services into the schools that would otherwise not be available. The WV CARDIAC Project supplements health education for all fifth grade students in the county. The Taylor County schools are currently in discussions with the local County Health Department about providing some back-up nursing services when school nursing personnel are unable to respond.

Summary of Interviews:

Interviews were conducted with the lead school nurse (RN) employed by the local education agency (LEA) and the Taylor County Schools Director of Special Education and Student Support Services.

School nurses in Taylor County primarily work at the kindergarten through grade 8 level. They spend the majority of their time with development of health care plans, medication administration, and the management of chronic conditions in students such as diabetes, asthma, and seizure disorders. The parent or guardian is responsible for providing a physician’s order for any special health-related services and the school nurses then develop a health care plan and provide the necessary nursing service. The lead nurse reported that updating and developing health care plans was time consuming: “It takes the whole first semester to get the plans updated.”

*“We are seeing more and more kids with severe health needs” -
Judith Kuhn,
School Nurse*

All preschool children are screened by the Taylor County schools and these screening services are coordinated by the school nurses. Preschool screening reaches most children in Taylor County since

Taylor County Schools officials reported that 90% of all four year old children in the county were enrolled in the public preschool programs. Assistance in screening services is provided by the West Virginia University School of Health Sciences through the Rural Health Education Program (RHEP). Through this program, four to six Medical School residents come to Taylor County to assist with health and development screenings. Comprehensive screenings are also conducted at the kindergarten level in order to assure that all children are assessed when they enter school. A local dentist donates time to assist with dental screening and an audiologist is on contract to provide hearing screens. If specialized services are indicated by screening, the child is referred for further evaluation and development of an individualized education plan. Identified problems are also re-evaluated on a regular periodic schedule. Vision screenings are again conducted by the school nurses at the fifth grade level.

*More kids than ever
before are getting
daily medications –*

Judith Kuhn
School Nurse

School personnel interviewed in Taylor County expressed a need for at least one additional nurse in order to provide the necessary coverage at all county schools. A small budget for supplies and equipment is also needed. Although the health-related personnel employed by the Taylor County Schools generate Medicaid revenue through the Special Education/Medicaid program, most of the revenue is not used to supplement health-related services. The Director of Special Education and Student Support Services stated that she had no direct access to this revenue although some portion (estimated at about 25%) was generally used to meet obligations for special education services. The remainder of the Medicaid revenue is used as a discretionary fund to plug a number of holes in the overall school budget. Interviewees recognized the need to address deficits in the operating budget but were concerned that health-related personnel within the school system had little incentive to bill for Medicaid reimbursable services when the money generated was used for expenses unrelated to health care needs of the students.

Taylor County school officials stated that they had good cooperation from other agencies in the community but they often lack the ability to make use of outside resources since they do not have the time to coordinate and manage these external services in the schools. As an example they said: “Resources like RHEP could be used more if there was someone available to work with them”.

The school nurse interviewed would like to see a school-based health center established at the county’s one middle school. She feels like such a center would be very beneficial to the students. The Director of Special Education and Student Support Services expressed some reservations about school-based health centers, however. She was concerned about the school system taking over too much of what should be parental responsibilities: “If we do everything for the parent they will let us”.

Recommendations:

Key informants interviewed were asked how they would use additional resources if they were available to them. The researcher also asked about barriers they encounter in their efforts to serve students that are not necessarily related to money and other resources (administrative, policy,

procedure, etc.). Several recommendations emerged from this discussion related to the local perspective about how to improve health-related services in the schools.

- A distinct budget for health supplies and equipment should be developed each year.
- Clear lines of communication and a clear structure that brings all health-related services together under one umbrella in order to better coordinate health-related services.
- Better use of technology to prepare “health care plans” for students - computerized forms available online.
- Training for school administrators focused on increasing their understanding about the value of school nurse services.