HEALTH CARE ADVISORY BOARD

Meeting Summary
June 12, 2017

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Rosanne Rodilosso
Deborah Leser
Francine Jupiter
Dr. Michael Trahos, DO
Tim Yarboro, MD
Ann Zuvekas

STAFF

Sherryn Craig

MEMBERS ABSENT

Ellyn Crawford
Chafiq Moummi

GUESTS

Michael Rafeedie, Kensington Development
Tanya Walker, Kensington Park Senior Living
Gloria Addo-Ayensu, MD, MPH, Health Department
Carmen Gill Bailey, MD, FAAP, Health Department
Rosalyn Foroobar, Health Department
Michelle Milgrim, Health Department
Joanna Hemmat, Health Department
Dominic Bonaiuto, Inova Health System

Call to Order

The meeting was called to order by Marlene Blum at 7:31 pm.

May 8, 2017 Meeting Summary

The meeting summary from May 8, 2017 was approved as revised.

HCAB Resolution for the Health Department's 100th Anniversary

The HCAB unanimously approved a resolution honoring the Health Department's 100th Anniversary. A small reception will be held on Tuesday, June 20 prior to the Board of Supervisor's Proclamation in celebration of the Health Department's Centennial.

Deferred Decision on Kensington Senior Living's Application (SE-2016-HM-024) to Develop and Assisted Living Facility

The HCAB received the Virginia Department of Social Services (DSS) inspection report and Kensington's remediation plan for the Kensington Falls Church community. Given that the Falls Church facility has not been open very long and full occupancy has yet to be achieved, the data findings were limited. The HCAB also received Kensington's most recent inspection report and remediation plan for its Kensington Park, Maryland community. In the absence of any disqualifying information from these two facilities, Bill Finerfrock moved that the HCAB recommend the approval of Kensington Senior Development's application to the BOS to build an assisted living facility in Reston. Ann Zuvekas and Deborah Leser seconded the motion. The motion passed 8-Y with 1 abstention.

Update on School Health

Dr. Carmen Gill Bailey, School Health Physician, provided a brief review of the Fairfax County School Health Program Model, school health trends in service delivery, including students with complex health care needs, services to medically fragile students, behavioral health coordination and collaboration, updates on vaccine compliance, and school health program planning.

The Health Department uses the CDC Whole School, Whole Community, Whole Child archetype to school health services. Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of students. Moreover, CDC emphasizes the relationship between educational attainment and health by putting the child at the center of a system designed to support both.

There are three school health models of care. The first is a school nurse for every school. The American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) endorses this model. All concerns including emergencies are addressed on site by an RN, but this model can be cost prohibitive.

The second model is the RN/Trained Para-professional Model which employs a RN/Health Aide Team. The RN covers two or three schools in geographic proximity,

and there is a Health Aide in every school. This model emphasizes proper training for Health Aides and school staff.

The third model is Acuity-Based. Each school receives a health acuity score. Enhanced RN access is provided to schools with high need and more students. A nurse is on site for students with complex needs while health aides are deployed to schools with low health acuity. Like the previous model, a greater emphasis is placed on trained health aides and school staff.

Fairfax uses a blended public health model. Dr. Bailey, as the School Health Physician, provides medical oversight for the program. Each school receives a school health acuity score that optimizes the distribution of RN resources.

Public Health Nurses (PHNs) coordinate care, develop care plans to support students with health conditions, provide training to school staff, investigate reports of communicable disease and increased absences, promote health and wellness in the school community, and supervise and train the School Health Aides (SHAs). On average, one PHN is responsible for three schools, with the exception of the Kilmer and Key Centers. These schools have high acuity needs so there is one RN at each site.

SHAs administer medications, provide care to students based on standard protocols, respond to health emergencies, refer student health concerns to the PHN, monitor absence data, and conduct vision and hearing screenings. There is one SHA in each school.

School staff support federal, state and local mandates, collaborate with the PHN and SHA to support students with health conditions, participate in education and training provided by the PHN, and promote health and wellness in the school community.

Finally, parents provide information about students' health conditions, complete documentation required to support student needs in the school setting.

Several factors have contributed to the increasing number of students with complex health needs. First, survival rates of pre term infants at 27 weeks has increased 90%. Increases in atopic disease are occurring among school age children. On average, about 10% of school aged children have asthma. Asthma occurs in the school setting with varying severity from very mild to life threatening. Medical devices (e.g., insulin pumps, continuous glucose monitors, feeding pumps) have led to technological advances in the management of complex health conditions.

Dr. Bailey described the distribution of students with health conditions and complex procedures.

The student to PHN ratio has not kept pace with the growing number of students with health conditions.

The standard ratio of nurse to students, as recommended by the American Nurses Association, is one nurse to 750 students. The American Academy of Pediatrics (AAP policy statement 5/23/2016) calls for a minimum of one full-time registered nurse in every school, which was updated from the 2008 policy that called for a nurse: student ratio of 1:1000. This policy change acknowledges many of the trends in pediatrics and the growing complexity of school health.

The estimated cost to achieve the 1:2,000 ratio is $ 3.4 million. The Health Department has set a target ratio that would allow PHNs to continue to meet the needs of students, provide regular training to SHAs and FCPS staff and efficiently address student health care plans.

In 2017, the General Assembly introduced HB 1757. This bill required each local school board to employ at least one full-time equivalent school nurse position in each elementary school, middle school, and high school in the local school division and at least one full-time equivalent school nurse position per 1,000 students in grades kindergarten through 12. The bill did not pass but underscores the attention on nurse to student ratios, and is indicative of the community and increasing legislative interest in school health staffing concerns as they relate to the provision of health services.

To achieve a ratio of 1:1000 (as proposed in HB 1757) the County would need to add 132 additional SH PHN II positions, with an estimated fiscal impact of $125,520 in salary, benefits and operational costs for a total of $16,568,640.

The Medically Fragile program serves both full-time and preschool students. Since FY 2013, there has been a significant increase in the number of students found eligible for one-on-one nursing services.

At the beginning of this School Year (SY) 2016-2017, there were 38 students receiving one-on-one nursing services, which increased midyear to 43 students receiving care. Given this trend, it is anticipated that additional students will be added in the final months of the school year. The projected number of medically fragile students for FY 2018 is 52.

The School Health Program is providing greater behavioral health care coordination and collaboration by identifying behavioral health conditions and mental health needs in the school health room and making appropriate referrals, expanding training opportunities, policies and procedures to address behavioral health concerns, and collaboratiing in County and FCPS initiatives to provide wrap around services.

There are several county-wide initiatives to address the opioid epidemic. The School Health Program continues to look for opportunities to collaborate with FCPS and their efforts to address alcohol and substance abuse.

One example is the Smart Moves, Smart Choices campaign, a national awareness program designed to inform parents, teens and educators about the risks of teen prescription drug abuse and misuse, and to empower them to address this serious problem. The School Health Program is using the campaign's toolkit to educate families about encounters with prescription medications and the active steps they can take to prevent prescription drug abuse and ensure prescription drug safety in their households.

Additionally, a partnership between the National Association of School Nurses and Janssen Pharmaceuticals, Inc., provides free tools and resources to help empower schools and communities to begin a dialogue with elementary, middle and high school students and their parents and relatives. The program encourages parents and relatives to monitor their medicine cabinets and to have open and honest conversations with their children. The more young people learn about the dangers of prescription drug abuse and misuse and how to properly use medicines, the better prepared they can be to make good decisions and smart choices.

FCPS is pursuing a few approaches to address substance abuse in totality. There is a three-day alcohol and drug seminar available to high school students, but any student or parent can attend. The seminar is held Monday, Tuesday, and Wednesday each week at the Pimmet Adult High School as well as another location at Quander. The seminar uses two teachers and one instructional aide.

Alcohol and other drug content is included in the K-10 curriculum. FCPS is in the planning stages of content development for 11-12 grades. The HCAB recommended reaching out to FCPS athletic trainers.

Immunization data is collected and analyzed to assess age appropriate immunization as of the first day of school for kindergarteners. Only compliance for school required vaccines is assessed. Virginia allows only medical and religious exemptions. Medical and religious exemption are less than 1%. Immunizations required for school entry compliance include:

- 4 doses of Diphtheria , Tetanus and Pertussis
- 3 doses of Hepatitis B
- 2 doses of MMR
- 4 doses of Polio
- 2 doses of Varicella

The immunization compliance rate for FCPS kindergarten students for School Year (SY) 2016-2017 was 84.2%.

A joint effort between the HD and FCPS to improve vaccine compliance, with FCPS strengthening their conditional enrollment process and the SH program providing consultation on the more technical parts of vaccine compliance and student records, has contributed to an improvement in vaccine compliance from SY 15-16 to SY 16-17.

The HD as a whole provides safety net vaccine services to students who have not yet established a medical home or do not yet have a provider who can administer needed vaccines. Vaccine compliance by kindergarten is stronger than compliance at 24-months-of-age, and likely improves with conditional enrollment and as the student matriculates through elementary school.

Dr. Bailey reported on several quality improvement initiatives. With respect to the School Health Improvement Plan, staff have re-developed the Health Information Form to ease the flow of information from Parents to Public Health Nurses; implemented a multi-media project with FCPS to educate the school community about the SH Program; developed the Senior School Health Aide position, streamlined trainings and improved accessibility through the eLearnIT platform for teachers and staff; and updated the HD's Communicable Disease Communication Plan and surveillance systems. The Health Department will continue to work toward electronic documentation.

With respect to the Care Plan process, staff have developed action plans to simplify important steps of urgent and emergent health care management; redesigned the "Care of Sick and Injured Flip Chart;" developed guidance documents for teachers and staff on health conditions most likely to impact the school day; redesigned the parent feedback survey; and removed redundancies in the Health Information Tracking Systems (e.g., weCare, etc.).

Dr. Bailey concluded with some of the program's future planning. The program will complete updating and streamlining protocols for the sick and injured as well as for students with health conditions. SH staff are working to expand program collaboration with community organizations to address unmet health care needs of school students, including the GMU MAP Clinic/FCPS Collaboration, dental screenings in school, and BMI surveillance and targeted programing in communities with disparities (ie. Hybla Valley, Graham Road). The program will continue partnering with county work groups to care for students with mental and behavioral health concerns. The Health Department continues to explore reimbursement for contract nursing services for Medically Fragile Students.

Dr. Bailey explained that the qualifications to become SHAs is more rigorous in order to address the complexity of students' health conditions. However, there is considerable turnover in SHA positions.

Finally, staff are updating policies and procedures for the care of students with diabetes and other conditions requiring the use of complex medical devices in order to comply with ADA requirements and recently passed legislation, SB 1116. SB 1116 authorizes, but does not require, local school board employees who are registered nurses, licensed practical nurses, or certified nurse aides and who have been trained in the administration of insulin, including the use and insertion of insulin pumps, and the administration of glucagon to assist a student who is diagnosed with diabetes and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts, provided that assistance has been authorized by the prescriber and consented to by the student's parent. The law reflects the more sophisticated medical devices and training that is an integral part of the management of a child with chronic disease in the era of modern medicine. To meet these demands, the Health Department will deploy PHN III Clinical Specialists to support increasingly complex training needs.

Dr. Bailey agreed to keep the HCAB apprised of emerging trends in the SH Program throughout the year, not only during the budget approval process.

Review and Consideration of 2018 Human Services White Paper

At the request of the County Executive, all Human Services Boards, Authorities, and Commissions (BACs) have been asked to review the 2017 Human Services White Paper and provide feedback by July 13. BACs have been asked if there are specific issues they wish to support or additional issues that should be considered and/or included. Items that are not encompassed in the current issue paper will require a new position statement. Health Department staff will help with research and preparing template

submissions, which will be shared with the BOS at an upcoming Legislative Committee meeting. BACs are limited to two or three position statement submissions.

There was some discussion around Medicaid Waivers and whether they extend to persons who are physically disabled in addition to those who are developmentally disabled. Rosalyn Foroobar will look into the eligibility criteria and report back.

There was discussion on the 2017 Wellbeing & Safety: Substance Use Disorder position, particularly how it relates to the opioid epidemic. The HCAB will discuss the opioid issue during its Workplan Discussion in July and determine what resources/information it needs in order to advise the BOS.

In the absence of consensus, the HCAB will not provide comment to the legislative affairs staff on the 2018 Human Services White Paper. Ms. Foroobar advised the HCAB that there are still opportunities to provide feedback in the fall when the Board of Supervisors' Legislative Committee begins meeting to develop the 2018 legislative program.

Other Business

The Insight Memory Care Center (IMCC) sent a note of appreciation to Marlene Blum for the HCAB's FY 2018 budget recommendations.

Ellyn Crawford will represent the HCAB on the Adult Day Health Care Steering Committee and will provide an update in the fall. In addition to ADHC, an update item will be included on future meeting notices for the Community Health Care Network Advisory Committee (CAC).

Ms. Blum and Tim Yarboro were invited to participate in the Department of Fire and Rescue's External Stakeholders Meeting to develop its strategic plan and apply for accreditation. The meeting was not structured as a discussion but rather a ranking/prioritizing of existing Fire and Rescue responsibilities. Stakeholders were informed that the final strategic plan would be shared with the community in three months.

There was discussion around what criteria should be used when distributing news articles to the full HCAB. To encourage information exchange, the HCAB staff coordinator will distribute articles electronically at the request of an HCAB member. Should a person disagree with an article, he/she should contact the member who made the request.

There being no further business, the meeting adjourned at 9:37 pm.