

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary  
February 11, 2008

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Rose Chu, Vice Chairman  
Bill Finerfrock, Vice Chairman  
J. Martin Lebowitz  
John Clark  
Francine Jupiter  
Tim Yarborough  
Rosanne Rodilloso  
Susan Conrad

### **STAFF**

Sherryn Craig

### **GUESTS**

JoAnne Jorgenson, Health Department  
Rosalyn Foroobar, Health Department  
Pat Trahan, Health Department  
Ann Rieger, Inova Health System  
Marlae Schnare, Office of Supervisor Herrity

The meeting was called to order at 7:30 pm.

### **Approval of the Minutes**

The minutes of the January 14, 2008 HCAB meeting were accepted as submitted.

### **Introduction of Susan Conrad**

Susan Conrad was introduced as the new Sully representative.

### **Chesterbrook Residences**

Marlene Blum shared materials from the Chesterbrook Residences dedication. Chesterbrook Residences is the County's first mixed income assisted living facility. The building has 97 suites (85 one-bedroom and 12 two-bedroom units) and will be home to 109 residents, 62 years of age and older who need assistance with at least one activity of daily living (ADL), such as bathing/dressing, feeding, personal care, medication coordination and monitoring of safety. Of the 97 units, 49 are reserved for very low-income seniors whose income (below \$33,000) qualifies them for the Housing Choice Voucher Program (formerly known as Section 8), with five units set aside for even

lower-income seniors (incomes below \$20,000). Of the remaining units, 6 will be below market rate and 42 will be market rate.

The sponsors of Chesterbrook Residences include Lewinsville Presbyterian Church, Immanuel Presbyterian Church, Temple Rodef Shalom and The National Capital Presbytery. The Health Care Advisory Board was also acknowledged at the dedication.

Marlene Blum did share that each unit was built with a full kitchen, including an electric stove. This could pose a safety concern for residents suffering from Alzheimer's or dementia. Marlene said that each resident would be assessed when he/she moved into the facility. At that time, a decision would be made regarding whether to disconnect the stove.

### **School Health Study Implementation Plan Presentation**

Rosalyn Foroobar and Pat Trahan from the Health Department presented the School Health Study Implementation Plan. Pat Trahan provided some background on the School Health Program and the origins of the School Health study.

The Fairfax County Health Department, in collaboration with the Fairfax County Public Schools (FCPS), provides health services to FCPS students to ensure that each school-aged child (2-22 years-old) has an optimal learning environment. The Health Department has been providing school health services since 1957 and employs 59 Public Health Nurses (PHNs) and 221 Clinic Room Aides (CRAs). FCPS is the largest school district in Virginia and the 13<sup>th</sup> largest in the United States: 137 Elementary Schools, 22 Middle Schools, 4 Secondary Schools, 21 High Schools, and 56 Alternative/Specials Education Programs or Centers. An estimated 164,843 students are enrolled in FCPS for the 2007-2008 school year.

FCPS is divided into eight clusters, each comprising two to four high school pyramids and their feeder elementary and middle schools. This organizational structure has been a challenge for the Health Department, which is organized into 4 district offices. Currently, a Public Health Nurse is assigned to 3-6 schools. These assignments can vary and encompass one large secondary school or multiple schools with smaller enrollments. The significance of this difference is that with the exception of health services, all other related and itinerant services (e.g. mental health, speech and hearing, vision, etc.) are organized by cluster. FCPS representatives maintain that clusters allow for the provision of efficient, quality services, and ensure responsiveness and accountability to the community.

Dr. Yarborough asked about the continuity of school health staff. Pat Trahan said that there is not a lot of movement among CRAs, but there can be movement year-to-year with PHNs.

Over the years, the School Health program has faced increasing pressure to meet growing health service demands, including existing needs, mandated services, and new requests. There has been difficulty balancing the realities of stakeholder expectations and living with maxed-out resources and staffing. School Health and County leadership are also concerned about the adequacy of program staffing and the use of nurse-to-student ratios.

To address these concerns, the Health Department sponsored the School Health study, and an external consultant—George Mason University—was used to conduct the research. Several groups participated in the project steering committee, including the Health Care Advisory Board (HCAB), Fairfax County Public Schools (FCPS), Medical Society of Northern Virginia, Emergency Medical Service (EMS), Health Department, and Parent and Teacher Associations (PTAs). The Study Group reviewed new and available data, surveyed stakeholders, conducted focus groups, and reviewed population health trends. The steering committee’s charge was to: (1) Identify the essential role of school health nursing services; (2) analyze the demand (current and projected) for school-based health services; (3) Identify gaps in program capacity; and (4) develop an internal strategic plan.

Rosalyn Foroobar reviewed the recommended implementation plan for the study. The first recommendation involves formalizing the relationship between the Health Department and FCPS vis-à-vis a Memorandum of Agreement (MOA)

Strategic Recommendation	Primary Objectives	Proposed SY Implemented	Estimated Cost	FY Funds Requested	Overall Priority
I. Strengthen the partnership between FCPS and FCHD by developing a program of strategic collaboration to optimize service delivery and coordination of school-based health and related social services.	1. Development of MOA between FCHD and FCPS	SY 08-10	Staff time	None	High
	2. Reorganization of nursing services into cluster-based model	SY 09-10	Staff time	None	High
	Pilot	SY 11-14	See Staffing Costs Below *	FY 11-13	High
	Full implementation				

The current arrangement provides for site-based management, which means 180 different programs for 180 different schools. Dr. Lebowitz felt strongly that principals should not have the authority to make medical decisions. Dr. Yarborough agreed and

said that principals may not have the necessary qualifications to make these judgments. Pat Trahan said that most principals do not interfere in the decision-making process for health care, but that their influence extends to how clinic space is allocated and/or used. Bill Finerfrock stated that securing a MOA is critical to the operability of the entire school health plan. It would establish a common understanding and clear parameters. Marlene Blum agreed with Bill and said that the success of the plan would depend on strengthening the partnership which exists between the HD and FCPS.

The next step in the plan would be to reorganize nursing services into a cluster-based model. Rosalyn said that this would allow the Health Department and FCPS to have matching organizational structures and would ensure some continuity in the program. Health Department staff would develop a familiarity with the community and the families coming through the pyramid structure. Dr. Yarborough asked why the reorganization would take so long. Rosalyn replied that securing the MOA will be a time-consuming process and further study was needed before moving forward with the reorganization. The current recommendation is to pilot the reorganization in the Mount Vernon area, which has 9 PHNs covering 2 clusters. To implement the reorganization system-wide would require additional PHNs, an option that is not viable at this time.

The second recommendation in the implementation plan is to reaffirm the School Health Program mission and scope by aligning programs and service delivery to support all School Health Program functions.

Strategic Recommendation	Primary Objectives	Proposed SY Implemented	Estimated Cost	FY Funds Requested	Overall Priority
II. Reaffirm School Health program mission and scope, aligning programs and service delivery to support all School Health program functions.	Revision of PHN responsibilities and duties	SY 09-10	SY 09-10	None	High
		SY 09-10	SY 09-10	FY 09	Low
	2. Re-identification of "Clinic Room" to "Health Room"	SY 11-12	SY 11-12	FY 09	High
	3. Revision of School Health Performance Measures				

The major objectives outlined in this recommendation involve the revision of PHN job descriptions and performance measures, as well as the renaming of "clinic rooms" and "clinic room aides" to "health rooms" and "health resource aides," respectively.

Bill Finerfrock identified the third recommendation as the second most important component of the plan: Match deployment of School Health Program resources to school and children’s health needs to improve program efficiencies and overall effectiveness of the School Health Program.

Strategic Recommendation	Primary Objectives	Proposed SY Implemented	Estimated Cost	FY Funds Requested	Overall Priority
III. Match deployment of School Health program resources to school and children’s health needs to improve program efficiencies and overall effectiveness of School Health program.	1. Development of school-based acuity rating system	SY 09-10	Staff time	None	High
		SY 11-12	Staff time	None	High
	2. Enhancement of data collection infrastructure	SY 12-13	\$150,000	FY 10	High
	3. Integration of data systems	SY 11-14	*\$503,648 (8 PHN II)*\$277,404(4 PHN III)	FY 10 -13	High
	4. Achievement of recommended PHN staffing levels.				

The primary objectives identified in this recommendation involve the development of a school-based acuity rating system coupled with PHN staffing to respond to targeted need. It was noted that in the past, PHN staffing was driven by ratios. The Study Plan replaces this numeric formula with service demand.

Given that the staffing objective is not slated until FY10-13, Dr. Yarborough recommended that the maximum salary be omitted; inflation and budgetary pressures could change the actual range.

Susan Conrad asked if the Health Department had considered a different role for PHNs. Dr. Lebowitz explained that PHNs were similar to General Practitioners and Rosalyn said that the Fairfax County School Program operated on a Public Health model, which is different than other programs and jurisdictions.

Rosanne Rodilosso asked if PHNs spend time working with individual students. Rosalyn said that they do, but the PHN's spend a disproportionate amount of time working with students needing complex medical plans and a limited amount of time on health promotion and prevention. With the addition of the Health Promotion Nurses, it is hoped that additional outreach can extend to the general student body.

Dr. Lebowitz asked if a PHN's assessment would ever trigger the need for a student to see a medical doctor. Pat Trahan said that CRAs were trained on how to report a student's medical needs to the PHN. PHNs would then work with programs, like Inova's Partnership for Healthier Kids, to secure follow up medical care.

Marlene Blum had a question on the Cluster Organization Diagram (pp 14 of report). The diagram assumes proportional staffing across each cluster, which is counter to the recommendation of aligning deployment based on need. Rosalyn acknowledged that the diagram was simplistic, but it was the only way, graphically, to illustrate the organizational changes. In practice, each school will have an assigned PHN, however the percentage of PHN time allocated to each school will change based on acuity.

Dr. Yarborough suggested that the plan deemphasized the role of the Health Promotion PHN. Based on the plan, the Health Promotion PHN will focus on population-based services only after student medical plans have been completed (mid-November). This changed the prioritization of health promotion in Dr. Yarborough's opinion. Bill Finerfrock explained that the work demands were unevenly distributed throughout the school year and that deployment needed to match demand. Dr. Lebowitz agreed with Bill's assessment.

Rosalyn quickly reviewed the last recommendation: Enhance support for effective School Health Program management and operations including the use of interdisciplinary Total Quality Improvement programs to investigate issues and opportunities for improvement.

Strategic Recommendation	Primary Objectives	Proposed SY Implemented	Estimated Cost	FY Funds Requested	Overall Priority
IV. Enhanced support for effective School Health program management and operations including use of interdisciplinary Total Quality Improvement programs to investigate issues and opportunities for improvement	1. Assessment of extended CRA workday	SY 09-10	Staff costs	FY11	Moderate
	2. Assessment of Nurse of the Day and other District Office duties (should additional resources not be available)	SY 10-11	Staff time	None	Moderate
	3. Realignment of CRA supervision.	SY 10-11	Staff time	None	High
	4. Creation of new and enhancement of existing community partnerships	SY 10-11	Staff time	None	Moderate

Health Department staff acknowledged the substantial costs to implement the plan's recommendations. Marlene Blum agreed that the changes would impose significant costs, but that if the County did not make the investment, the program would be in the same place it was before the study was undertaken.

Marlene asked for clarification on the first funding request--\$150,000 for data collection. Rosalyn said that if the County adopted the plan, the first funding request would need to be made for FY10.

Bill Finerfrock offered a motion that the Health Care Advisory Board support the plan's phased in recommendations. Dr. Lebowitz seconded motion. The motion passed unanimously.

The Health Department will prepare a memo for the HCAB's review. The memo will be sent to Tony Griffin, County Executive, and Verdia Haywood, Deputy County Executive for Human Services. JoAnne Jorgenson said that the School Plan could be handled in one of two ways (depending on the recommendation of the County Executive): (1) send a copy directly to the Board members or (2) provide a presentation to the Human Services Subcommittee of the Board.

Marlene Blum asked Pat and Rosalyn if there was anything that the HCAB could do to facilitate the MOA. JoAnne said that Tony would probably need to speak with the FCPS Superintendent, Dr. Dale.

Marlene also asked if the School Health Advisory Committee (SHAC) had endorsed the report. Pat said that it had not because the group's agenda had been set prior to the report's completion. Pat said that she would report back to the HCAB after the next SHAC meeting.

### **Other Business**

Francine Jupiter asked for a quick overview of the upcoming budget process in March. Bill Finerfrock, the HCAB budget chair, provided a brief summary. At the March 3 meeting, the HCAB would review the highlights of the budget, noting any additions or cuts. The HCAB would then identify areas that required further discussion, which would be addressed by appropriate staff or agencies at the March 10 meeting. The HCAB would then make its formal budget recommendations at the March 24 meeting. The HCAB will testify at the budget hearing on March 31. There are also hearings on April 1 and April 2.

JoAnne Jorgenson updated the HCAB on MAPP. Health Department staff met with the County Executive and his staff. Permission has been given to meet with the Board of Supervisors. Julie Miner will be contacting HCAB members to attend these meetings.

Marlene asked JoAnne if any progress had been made on securing a draft of the Safety Net charter. JoAnne said there was nothing new to report.

Sherryn Craig reported back to the group that "Dennis," the patient profiled in the Medically Fragile Respite Program, had secured permanent housing.

There being no further business, the meeting was adjourned at 9:25 pm.