



# School Health Enhancement Initiative

## Recommendation

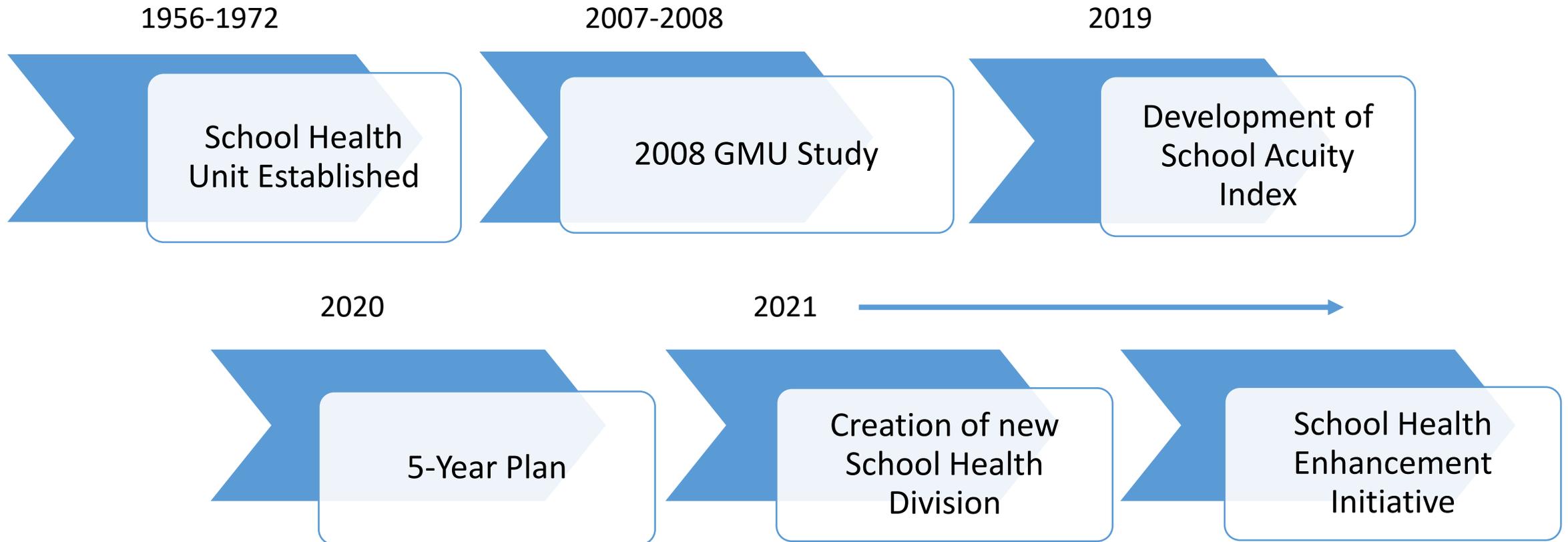
Robin Wallin, DNP, RN, Assistant Director for Health Services/School Health  
Jessica Werder, Deputy Director, Public Health Operations  
Fairfax County Health Department

June 29, 2021

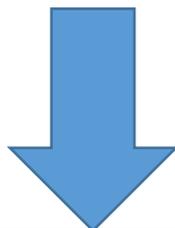
# Purpose

The purpose of the School Health Program Enhancement Initiative is to improve the school health service model in Fairfax County using a collaborative process with key stakeholders that promotes equity, and addresses evolving student health needs and public health priorities.

# School Health Program Developmental Milestones



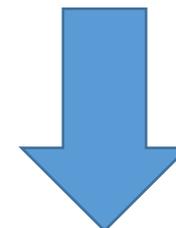
## Current School Health Model



School Health Aid (SHA) in  
every school

Public Health Nurse (PHN)  
supporting SHAs and  
school health in multiple  
schools

## Enhancement Opportunity



Continue SHA/PHN  
Partnership Model

Increase School PHNs  
1:1000

Implement Public Health  
Priorities

# Program Enhancement Drivers

## External:

- Pandemic
- Passing of SB 1257
- Community support and advocacy
- Youth Survey
- IDEA requirements

## Internal:

- One Fairfax Equity Policy
- Increasing complexity of children's health needs
- Challenges with capacity and ratios
- Public health priorities

# Overarching Themes From Focus Groups

Need more PHN support to be part of school wellness teams

Health of the community affects the work of education

Support for the concept of community schools

Meeting the comprehensive health needs of students and families

# Initiative Phases

**Groundwork (March 2021-June 2021)**

**Phase 1 – Assessment  
(May 2021-August 2021)**

**Phase 2 – Plan Development  
(July 2021-December 2021)**

**Phase 3 – Implementation  
(January 2022-ongoing)**

**Phase 4 – Evaluation  
(June 2022-ongoing)**

# Initiative Phases

## Phase 4 – Evaluation (June 2022-ongoing)

- Working with the Center for School Health Innovation and Quality, develop evaluation structure and implement process
- Report community outcome measures
- Pursue opportunities to publish evaluation of new model

# SB 1257 SOQ

An Act to amend and reenact §§ 22.1-253.13:2 and 22.1-274 of the Code of Virginia, relating to Standards of Quality.

O. *Each school board shall provide at **least three specialized student support positions per 1,000 students**. For purposes of this subsection, specialized student support positions include school social workers, school psychologists, school nurses, licensed behavior analysts, licensed assistant behavior analysts, and other licensed health and behavioral positions, which may either be employed by the school board or provided through contracted services.*

# Assumptions and Calculations

- FCPS Student Membership Number used for ratios: 184,500\*
- Three specialized student support positions per 1000 equals 553.5 staff total across eligible professions ( $184,500 / 1000 = 184.5$ ;  $184.5 \times 3 = 553.5$ )
- While licensed behavior analysts and licensed assistant behavior analysts can be leveraged to meet the mandate, FCPS does not currently mandate licensure for these individuals and positions are not primarily “student-facing”
- Remaining support professional positions are: Social Workers, Psychologists and School Nurses; if staffing requirements are divided evenly across remaining eligible position types, totals needed are as follows:
  - 369 FCPS staff (social workers, psychologists)
  - 184.5 School Nurses; rounded to 185
- For nursing numbers, only Public Health Nurses carrying school case loads are counted toward the ratio; supervisory staff are not included in any calculations (Public Health Nurse IIs and IIIs)

\* FCPS membership, K-12, per FCPS staff

# Fiscal Impact – Nursing Mandate

- FY22 Adopted Budget includes:
  - 16 PHN IIIs; 2 perform a QA function and are not counted in ratio
  - 108 PHN IIs
  - 122 PHNs
- With the addition of 63 nurses, the School Health Program will ensure the schools meet the mandate and have a nursing ratio of 1:1000 at a student population level
- The addition of just 13 more Public Health Nurses to the program would allow the HD to resource a *Nurse per School* model for the entire FCPS system ( $185 + 13 = 198$ , the number of schools within FCPS)

# Fiscal Impact – Nursing Mandate

School Health Personnel Costs		
<b>FY 22 Adopted Budget for SH Program<sup>1</sup></b>	<b>Additional staff cost to achieve ratio<sup>2</sup></b>	<b>Total Cost of Proposed SH Program</b>
\$21,787,116	\$8,851,434	\$30,638,550
<b>FY 22 Adopted Budget for SH Program<sup>1</sup></b>	<b>Additional staff cost with Nurse per School<sup>2</sup></b>	<b>Total Cost of Proposed SH Program</b>
\$21,787,116	\$10,409,212	\$32,196,328
<b>Difference Between Nurse per School and Nursing Mandate Fiscal Impact</b>		<b>\$1,557,778</b>

<sup>1</sup>FY22 personnel costs also include:

- Program leadership and administrative supports (Director, AD, AA, Physician)
- 6 PHN IVs
- 198 SHAs
- 4 Senior SHAs

<sup>2</sup> Cost projections also include, above FY22:

- 5 Additional PHN IVs
- 5 non-merit staffing salaries

# State Revenue

- Since 2006, Basic Aid from the Commonwealth to fund public schools has included Standards of Quality(SOQ) funding
- Currently, roughly \$4 million annually in revenue
- Expect *additional* \$4.6 million with new mandate

