2003 REPORT OF THE
JOINT COMMISSION ON HEALTH CARE

REVIEW OF EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES IN PUBLIC SCHOOLS

(HJR 43)

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Preface

Provisions included in House Joint Resolution (HJR) 43 of the 2002 General Assembly Session, as introduced, directed the Joint Commission on Health Care (JCHC) to study emergency medical and mental health services in public schools. Although HJR 43 was passed by indefinitely during the 2002 Session, a member of the Joint Commission agreed to include the study in the Commission's 2002 Workplan.

There are several relevant sections of the *Code of Virginia* that address the provision of emergency medical and mental health services in the public schools. These provisions include requirements under the following categories: standard support services; student health services; school nurse incentive grants program and fund; school health advisory boards; and school safety audits and school crisis and emergency management plans.

The delivery of emergency medical and mental health services is specific to an individual school and would be in accordance with the school's required written crisis and emergency management plan. Local school divisions oversee individual schools and provide guidance on policies and procedures governing emergency and crisis situations. Additional guidance is provided by the Department of Education (DOE) and the Department of Health (VDH). DOE and VDH provide resources to guide public schools in their implementation of crisis and emergency management plans and their delivery of emergency medical and mental health services. Additionally, both DOE and VDH provide training opportunities and staff support in the area of school health services.

There are a number of data collection efforts at VDH and DOE, but these efforts are unable to provide a comprehensive review of the delivery of emergency medical and mental health services. There are several areas in which data collection efforts could be expanded to obtain the needed information. The agencies (DOE, VDH, and the Department of Criminal Justice Services) involved in these efforts could work together to examine existing efforts, determine the additional information that should be collected, and how best to collect the information without duplicating current efforts.

With regard to staffing of nursing and mental health professionals, Virginia has a recommended guideline of one school nurse per 1000 students, but has no recommended guideline for psychologists. Representatives of the Virginia Association of School Nurses and the Virginia Academy of School Psychologists indicated their interest in per-pupil ratio guidelines. Their national counterparts recommend the following ratios:

- one school nurse per 750 students and
- one school psychologist per 1000 students.

JCHC staff examined current staffing ratios for school nurses and psychologists in the localities, but the staffing information collected by DOE was incomplete for the purposes of this study. Using the available data, JCHC staff estimated that there is a need for additional nurses and psychologists for the state to meet the suggested guidelines. DOE staff provided cost estimates associated with reaching the suggested ratios using a ratio methodology and netting out current funding for those positions. The estimated state funding would be $32.9 million and the local funding would be $27.0 million.

JCHC staff surveyed Kentucky, Maryland, North Carolina, South Carolina, West Virginia, and the District of Columbia regarding their per-pupil ratios for school nurses and psychologists. There is no required per-pupil ratio for either school nurses or psychologists for most of the surveyed states or for the District of Columbia.

Actions Taken by JCHC

Three policy options were offered for consideration regarding the provision of emergency medical and mental health services in public schools. Option IV was added at the December meeting of the Joint Commission. These policy options are listed on pages 33-34. A summary of public comments received regarding the proposed options are included in Appendix B.

JCHC took the following action with regard to the study Options:

- JCHC voted to accept Option IV, to include further study and analysis of issues related to emergency medical and mental health services in the public schools in the Joint Commission's 2003

workplan. This will include working with the Department of Education, the Department of Health, and the Virginia Center for School Safety to examine their data collection practices to improve and potentially consolidate them in an effort to provide comprehensive information on school health services.

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Authority for the Study/Organization of Report

Provisions included in House Joint Resolution (HJR) 43 of the 2002 General Assembly Session as introduced, directed the Joint Commission on Health Care to study emergency medical and mental health services in public schools.

Although HJR 43 was passed by indefinitely in the House Committee on Rules, a member of Joint Commission on Health Care (JCHC) agreed to include the study as part of the Commission's 2002 Workplan.

The provisions included within HJR 43 direct the Joint Commission to conduct its study with technical assistance provided by the Departments of Education and Health, as necessary. Specifically, HJR 43 directs the Joint Commission to:

i) review the delivery of emergency medical services and emergency mental health services in the public schools;
ii) evaluate the evolving need for nursing and mental health care in the public schools;
iii) evaluate the staffing patterns for school health providers, particularly school nurses and school psychologists;
iv) recommend the staffing patterns needed to result in the greatest benefits to and improvements in the physical and mental health of Virginia's school children; and
v) estimate the cost to the Commonwealth and the localities of any new staffing patterns.

A copy of HJR 43 is attached in Appendix A.

Organization of Report

This report is presented in five major sections. This section discussed the authority for the study. Section II discusses background student health issues as well as the current statutory requirements that are related to the provision of emergency medical and mental health services. Section III provides an examination of the resources that guide local school

divisions to prepare for emergency situations and future opportunities for improved data collection related to this topic. Section IV evaluates current data regarding student health services staffing in Virginia. Lastly, Section V provides a series of policy options the Joint Commission on Health Care may wish to consider in addressing the issues raised in this study.

II.
Background

Students Face Multiple Medical and Mental Health Challenges

Children increasingly face multiple situations that impact their medical and mental well-being. Factors such as violence, chronic medical conditions, and depression jeopardize the health of children in Virginia. For instance, rates for chronic health conditions such as diabetes, obesity, and asthma are on the rise. Additionally, many adolescents face factors that dispose them to contemplate suicide. Children are also exposed to violence through a variety of sources and may face bullying from their peers. Other children have special health care needs that must be addressed. The following sections briefly discuss several of the issues facing youth in the Commonwealth.

Suicide Rates. Currently, one adolescent commits suicide per week in Virginia. Between the years of 1980 and 1996 "the rate of suicide among persons aged 10-14 increased by 100 percent and has become the third leading cause of death for children in the Commonwealth." In reviewing suicide fatalities from 1994-1995, the State Child Fatality Review Team found that "38 percent of the children had a psychological disorder and 28 percent were taking medications." Of this same population, 40 percent of "the children had told either a friend, parent, counselor, or school employee of their intent to commit suicide."

These statistics illustrate the seriousness of this problem for Virginia's youth. It is also apparent that school employees can and do play an important role in the identification of youth who are at-risk for committing suicide.

Asthma Rates. According to the Centers for Disease Control, "eleven percent of U.S. children under 18 years of age, or 8.1 million children, have ever been diagnosed with asthma." The increased occurrence of asthma in the school-aged population has created additional burdens for school nurses and other staff. This creates the need for monitoring students, having appropriate medication on site, and emergency situations where the child needs outside medical attention. An additional impact is that the children also miss school more often and are thus hindered educationally. In fact, asthma accounted for more than 10

million missed school days in 1997 (according to the National Institute of Allergy and Infectious Diseases).

Obesity and Diabetes. There has been a phenomenal increase in childhood obesity in recent years, which has lead to multiple health problems including an increase of diabetes in children. Although only four percent of children were overweight in 1982, the percentage had increased to 16 percent by 1994. As of 2001, "25 percent of Caucasian children were overweight" and "33 percent of African American and Hispanic children were overweight." In addition, a "new study suggests that one in four overweight children is already showing early signs of type II diabetes (impaired glucose tolerance)." Although obesity causes other problems, this increase in diabetes is especially alarming due to the complications associated with the disease. Type I diabetes is also increasing and this combination places additional burdens on the public schools in that they now must have one to two personnel (depending on their size) trained in the administration of insulin and glycogen as required by the *Code of Virginia*.

Violence. The prevalence of violence in our culture can be witnessed by children first hand or from viewing incidents on the television. "According to the National Institutes of Health, children who witness on-going violence at home, school, or in the community are at greater risk for developing long-term mental health problems than those who do not." Additionally, those children can go on to develop post-traumatic stress disorder (PTSD) and are then more likely to develop substance abuse problems. Again, the mental health issues surrounding the witness of violence by children create greater needs within the public schools, including mental health needs.

Terrorism. The images from the terrorist attacks that occurred on September 11th had an impact on both children and adults. However, the public schools must deal with increased mental health needs when situations like this occur. Not only did school officials have to deal with the television coverage of the catastrophe, but also the proximity of the attack in Northern Virginia and the grief associated with the loss of parents and other loved ones due to the attack on the Pentagon.

The Virginia Office of Emergency Medical Services (OEMS) provided some statistics from a study conducted in the New York City school system during a training session for school nurses. These statistics

reflect the trauma that these events placed on children. The New York City School system has a population of 1.1 million students. For the study, 8,200 students were surveyed in grades 4-12. Of the 8,200 students surveyed, 6,200 stated that they were re-experiencing the event, 2,000 had difficulty sleeping, 1,400 reported having nightmares, and 1,200 reported having agoraphobia (abnormal fear characterized by the avoidance of open or public places). In addition, "75,000 students out of the total 1.1 million population were identified as showing six or more symptoms of Post Traumatic Stress Disorder."

At the same training session, it was also reported that school nurses in Virginia witnessed an increase in disruptive behavior in schools after the attacks as students attempted to understand the events of September 11th. Hence, school health officials and administrators must be prepared to deal with these situations, creating additional requirements on already over-burdened staff.

Children with Special Health Care Needs. According to staff at the Department of Health, the number of children and adolescents with special health care needs in Virginia schools has increased over the last 20 years due to legislation requiring that education is provided to all children in the least restrictive environment, changing social attitudes promoting inclusion of children with special needs, improvements in medical technology and treatment, and advances in educational research of special needs populations. Children with special health care needs include children with seizures, breathing difficulties (ventilator-dependent), feeding difficulties (feeding tubes), and other needs (orthopedic, catheter, etc.).

VDH staff also report that each child with a special health care need should have a health care plan in place in school (developed by the school's registered nurse, the child's medical provider, and parent). In addition, appropriate staff should be trained to provide health-related services to these children and policies should be in place within each school to handle related medical emergencies.

Healthy Children Make Better Students

According to the Virginia Department of Health's (VDH) Office of Family Health Services, "a coordinated approach to school health recognizes that healthy kids make better students and better students

make healthy communities." Additionally, the Centers for Disease Control and Prevention's (CDC) eight components of a comprehensive school health program include: parent and community partnerships, health education, health services, a healthy environment, school meals and nutrition, physical education, mental health services (includes counseling and psychological services), and staff wellness. VDH states that the coordinated approach to school health leads to powerful results. Those results include the following:

- Reduced school absenteeism.
- Fewer behavior problems in the classroom.
- Improved student performance – high test scores, more alert students, and more positive attitudes among students.
- New level of cooperation and collaboration among parents, teachers, school and health officials, and organizations within the community.
- A more positive spirit among educators and their students.
- The inclusion of health awareness into the fabric of children's lives.
- Young people who are more prepared to become productive members of their communities and who can better cope with the world around them.

Other data supports the conclusion that healthy children perform better in school. For instance, according to the 1997 National Health Interview Survey conducted by the CDC, "Children with a fair or poor health status were 4 times as likely to have LD (learning disability) and 3 times as likely to have ADD (Attention Deficit Disorder) compared to children with an excellent, very good, or good health status." In addition, "According to the National Institute of Mental Health, children with untreated emotional and cognitive disorders are at risk for school failure and dropping out, violence, and risky behaviors, including the risk of HIV transmission." Therefore, it is essential for local school districts to strive to promote activities that will increase the number of healthy children. These activities should include the effective planning of emergency medical and mental health services as well as obtaining the appropriate school health services staff.

Virginia Has a Variety of Requirements Related to Emergency Medical and Mental Health Services in the Public Schools

A number of sections in the *Code of Virginia* provide guidance concerning the provision of medical and mental health services in the public schools, including those situations in which emergencies occur. Figure 1 summarizes the selected sections that are most relevant to this study. Topics include required support services, student health services, nurse incentive grant program, school health advisory boards, and school safety audits and school crisis and emergency management plans. Each topic is covered briefly in the following sections.

Local School Boards are Required to Provide Support Services Including School Health Services

Some stipulations associated with student health services are provided in *Code of Virginia* § 22.1-274. However, the actual authority to provide support services is found in Section 22-253.13:2. C. and reads as follows:

> Each local school board shall provide those support services which are necessary for the efficient and cost-effective operation and maintenance of its public schools including, but not limited to, administration, instructional support, pupil personnel services, student attendance and health, operation and maintenance of the buildings and management information systems.

However, the stipulations in *Code of Virginia* § 22.1-274 do provide that school boards "may employ school nurses, physicians, physical therapists, occupational therapists and speech therapists" if they meet standards that have been determined by the Board of Education. The section also stipulates that local health departments may be a provider for student health services.

Additionally, suggested ratios for nursing services are provided in *Code of Virginia* § 22.1-274 B. This section of the *Code* states the following:

Figure 1

Selected Sections of the *Code of Virginia* Related to Medical and Mental Health Service in the Public Schools

***Code* Section**	**Topic of Section**	**Description**
§22.1-253.13:2	Standard Support Services	Requires local school boards to provide support services necessary for operation of the public schools, includes student health.
§22.1-274	Student Health Services	States that the school board "may employ school nurses, physicians, physical therapists, occupational therapists, and speech therapists." Provides nurse-per-pupil ratios that school boards may strive to reach. States that other employees not employed to provide nonemergency health-related services can refuse to provide the service without fear of discipline. Contains stipulations for training certain ratios of administrative and instructional staff in CPR, first aid, and insulin and glucagon administration.
§22.1-274.01	School Nurse Incentive Grants Program and Fund	Funding that may be appropriated for the purpose of awarding "matching grants to school boards to employ, or contract with local health departments for, nursing services to achieve the ratio as provided in §22.1-274."
§22.1-275.1	School Health Advisory Boards	Requires local school boards to establish advisory boards with no more than 20 members from the community. The advisory board shall "assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services." The board is required to meet at least semi-annually and report annually on "the status and needs of student health."
§22.1-279.8	School Safety Audits and School Crisis and Emergency Management Plans	Requires that school safety audits be conducted and that each school develop a written crisis and emergency management plan. School safety audits now are required to be written assessments of the safety conditions in individual schools. School crisis and management plans are the written procedures and operations that are required to respond to critical events and emergencies.

Source: JCHC staff analysis of the *Code of Virginia*.

> ...each school board may strive to employ, or contract with local health departments for, nursing services consistent with a ratio of at least one nurse (i) per 2,500 students by July 1, 1996; (ii) per 2,000 students by July 1, 1997; (iii) per 1,500 students by July 1, 1998; and (iv) per 1,000 students by July 1, 1999. In those school divisions in which there are more than 1,000 students in average daily membership in school buildings, this section shall not be construed to encourage the employment of more than one nurse per school building. Further, this section shall not be construed to mandate the aspired-to ratios.

The Board of Education was to monitor the progress of local school boards in reaching the suggested ratios. Included in this monitoring were requirements to determine if increases in costs occurred and the method for providing monetary support for health services. In addition, the Board was to report on the use of school health funds and the delivery of school health services in the localities to the House Committee on Education, the House Appropriations Committee, Senate Finance Committee, and the Senate Committee on Education and Health by December 1, 1994. The Department of Education (DOE) met this requirement by producing a report that looked at health expenditures and school nurse positions. However, this report has not been updated since that time.

Code Provisions Allow for Matching Grants to be Provided for School Nurses

Section 22.1-274.01 of the *Code of Virginia* contains provisions for "A School Nurse Incentive Grants Program." This establishes a special non-reverting fund within the treasury from which matching grants are provided to school divisions who employ or contract nursing services. The matching funds were established to help local school boards reach the ratios contained in *Code of Virginia* § 22.1-274 B. This program and the School Community Services Grant Program both have provided funds that have enabled local school districts to increase their number of school nurse positions, purchase needed medical equipment, and purchase other related items.

Local School Boards are Required to Establish School Health Advisory Boards

Provisions within §22.1-275.1 of the *Code of Virginia* require the establishment of school health advisory boards by the local school boards. The membership of the advisory board "shall consist of broad-based

community representation including, but not limited to, parents, students, health professionals, educators, and others."

The school health advisory boards are required to meet at least semi-annually and are charged with assisting in "the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services." In addition, the advisory board must report annually on the "status and needs of student health" to their school board, the Department of Health, and the Department of Education.

Additionally, VDH and DOE have developed a report on the school health advisory boards that discusses the structure and operation of the school health advisory board, their accomplishments for the school year, and factors that influence their effectiveness. The most recent report available covers the schools years 1997-98 and 1998-99. DOE anticipates an updated report being finished in September of 2002.

Public Schools are Required to Conduct School Safety Audits and Develop Written School Crisis and Emergency Management Plans

Provisions within § 22.1-279.8 of the *Code of Virginia* require public schools to conduct school safety audits and to develop written school crisis and emergency management plans. The following sections address these two requirements.

School Safety Audits. Section 22.1-279.8 of the *Code of Virginia* states that public schools are required to conduct school safety audits according to a list of items developed by the Superintendent of Public Instruction. The definition of a school safety audit according to Section 22.1-279.8 A. of the *Code of Virginia* is as follows:

> "School safety audit" means a written assessment of the safety conditions in each public school to (i) identify and, if necessary, develop solutions for physical safety concerns, including building security issues and (ii) identify and evaluate any patterns of student safety concerns occurring on school property or at school-sponsored events. Solutions and responses may include recommendations for structural adjustments, changes in school safety procedures, and revisions to the school board's standards for student conduct.

Each local school board is to require the individual schools under its control to conduct audits based on the previously mentioned list. The

individual school is required to maintain a copy of the audit and send another copy to the school division superintendent. The *Code of Virginia* was amended in 2001 to require that all schools within a division submit audits that are then collated at the division level and sent to the Virginia Center for School Safety (part of the Department of Criminal Justice Services). Staff at DOE report that data collection and analysis of the safety audits will begin after January 2003, when they have finalized the process in conjunction with the Center for School Safety.

Additionally, local school boards can establish a school safety audit committee to evaluate the safety of each school governed by the board and submit a plan for improving school safety at a public meeting of that board. Representatives of the school safety audit committee can include parents, teachers, local law-enforcement agencies, judicial and public safety personnel, and the community at large.

School Crisis and Emergency Management Plans. Each local school board is required to ensure that all schools under its supervision develop written school crisis and emergency management plans. The Department of Education and the Virginia Center for School Safety are to provide technical assistance to school divisions in the development of these plans. School crisis and emergency management plans are defined in *Code of Virginia* § 22.1-279.8 A as follows:

> "School crisis and emergency management plan" means the essential procedures, operations, and assignments required to prevent, manage, and respond to a critical event or emergency, including natural disasters involving fire, flood, tornadoes, or other severe weather; loss or disruption of power, water, communications or shelter; bus or other accidents; medical emergencies; student or staff member deaths; explosions; bomb threats; gun, knife or other weapons threats; spills or exposures to hazardous substances; the presence of unauthorized persons or trespassers; the loss, disappearance or kidnapping of a student; hostage situations; violence on school property or at school activities; incidents involving acts of terrorism; and other incidents posing a serious threat of harm to students, personnel, or facilities.

The Board of Education is also required to develop a model plan to assist the public schools in their development of crisis and emergency management plans. This model was to be developed in consultation with local school boards, division superintendents, the Virginia Center for School Safety, and the Coordinator of Emergency Management. The model plan was also to recommend procedures for parents to contact

schools and/or divisions and vice versa during critical events or emergencies. DOE has developed a model plan and a *Resource Guide for Crisis Management in Virginia Schools* to provide guidance for the public schools in the development of the crisis and emergency management plans.

III.
Provision of Emergency Medical and Mental Health Services and Future Data Collection Opportunities

The delivery of emergency medical and mental health services is specific to the individual school. Local school districts oversee individual schools and provide guidance on policies and procedures governing emergency and crisis situations. However, the individual schools have their own crisis and emergency management plans as required by the state. In addition, local contacts have to be made with emergency personnel who will respond in emergency and crisis situations.

Each Individual School Has a Written School Crisis and Emergency Management Plan

As previously mentioned, individuals schools are required to have a written school crisis and emergency management plan under Code of Virginia §22.1-279.8. Additionally, in January 2002, the federal No Child Left Behind Act became law. This federal legislation requires a "crisis management plan for responding to violent or traumatic incidents on school grounds." Therefore, individual schools must have a crisis and emergency management plan to deal with a variety of situations. The public schools have received guidance from several state agencies on developing the plan and the services addressed within the plan.

Delivery of Emergency Medical and Mental Health Services Would be in Accordance with the Individual Crisis and Emergency Management Plan

There are a number of situations where emergency medical and/or mental health services would need to be provided. Individual schools must be prepared for these situations and the procedures governing these situations should be contained within the crisis and emergency management plans.

For instance, Figure 2 contains procedural examples for two different situations, an aircraft disaster and an allergic reaction. The actions for both procedures include contacting the local authorities when necessary. Local authorities such as police, fire, and rescue squads are

Figure 2

Example Procedures for Two Emergency/Crisis Situations
(DOE's *Model School Crisis Plan*)

Aircraft Disaster – (into or near building)	**Allergic Reaction**
• Call police, fire or rescue as indicated by the accident.	• Assess situation, remain calm, make student/employee comfortable.
• Call Managing Director of Facilities Services.	• Only move for safety reason.
• Notify Superintendent's Office.	• Send for immediate help and medication kit (in cases of known allergies).
• Notify Director of Community Relations.	• Follow medical protocol for student, if on file.
• Utilize emergency exit plan modified to maximize safety of students.	• Observe for respiratory difficulty and, if needed, call rescue squad Telephone number: _____
• Students and staff should be assembled in an area as far from the crash scene as possible and should be up-hill and up-wind from the crash.	• Notify parent or guardian.
• Provide for treatment and removal of injured building occupants.	• Administer medication, by order of a doctor, if appropriate. Apply ice pack, keep warm.
• Account for all building occupants and determine extent of injuries.	• Record on an attached label time and site of insect sting and name of medicine, dosage and time, if appropriate.

Source: Department of Education's *Model School Crisis Plan.*

essential contacts and should be included in the planning process for all emergency/crisis situations.

In addition to contacting local emergency personnel, individual schools and school districts have their own guidance on obtaining appropriate personnel to deal with crisis situations. The following example illustrates one type of response to a crisis/emergency situation.

In one county, two high school students were killed in an automobile accident after school. Due to the likelihood of emotional distress in other high school students at the school, the county dispatched its entire staff of school psychologists to the school the following day to provide support services to the students.

Hence, individual schools and districts have their own procedures in place to deal with emergency/crisis situations. However, additional guidance is provided from several state agencies.

DOE Provides Guidance for Dealing with Crisis and Emergency Management

As mentioned previously, the Department of Education provides resources to guide the public schools in their implementation of crisis and emergency management plans. The primary resources are the Resource Guide for Crisis Management in Virginia Schools and the Model School Crisis Management Plan. The Department of Education has published the Resource Guide for Crisis Management in Virginia Schools since 1996. In addition, amendments to §22.1-278.1, Code of Virginia in 1999 required DOE to provide a model plan for public schools to use as a guide in the development of their own effective crisis and emergency management plans.

Both the Resource Guide for Crisis Management in Virginia Schools and the Model School Crisis Management Plan provide model policies and procedures that can be altered to adapt to local resources and needs. The following describes DOE's view of the model plan:

> The Model School Crisis Management Plan focuses on (a) preparation for crises, (b) identification and intervention with students who may present a potential threat, (c) response to events which impact the school, but do not present serious threat of harm to students, personnel, or facilities, and (d) management of critical incidents which do involve threats of harm.

The model plan took extensive content from the Resource Guide for Crisis Management in Virginia Schools. Both documents provide a number of checklists and policies regarding a wide range of possible emergency or crisis situations. Figure 3 provides a list of topics covered by those documents.

Figure 3

Areas of Guidance in Crisis Management Guide

• Accidents at School	• Accidents to and from School
• Aircraft Disaster	• Allergic Reaction
• Angry Parent/Employee/Patron	• Assault by Intruder
• Bomb	• Bomb Threat
• Bus/Auto Injuries	• Chemical Spills
• Childnapping or Lost Child	• Death (destruction of part or whole building; e.g., tornado, plane crash, bomb)
• Disaster	• Disaster Preventing Dismissal (e.g., hurricane, tornado, sniper, plane crash)
• Fighting (violence between two or more students; e.g., physical fighting)	• Fire, Arson, or Explosives
• Gas Leak	• Hostage, Armed/Dangerous Situations
• Intruder or Trespasser	• Perceived Crises
• Poisoning	• Power Failure/Lines Down
• Rape	• Shootings, Woundings, Attacks
• Suicide Threats (for potentially suicidal students)	• Terrorism
• Trauma	• Vandalism
• Weapons Situation	• Weather (e.g., tornado, inclement weather, earthquake)

Source: JCHC staff analysis of DOE's *Resource Guide for Crisis Management in Virginia Schools* and VDH's *Virginia School Health Guidelines*.

Additionally, the documents provide guidance as to the process to actually get a plan together and the resources that are needed. Ultimately, there must be leadership at the division office as well as the individual school. According to DOE, the division plan results from the following six phases: analysis of resources, development of the emergency plan, coordination of the division plan with school and community plans, making the plan public, training all staff and volunteer personnel, and sharing the plan with state and local agencies.

At the individual school level, leadership of the principal is essential to the effectiveness of the planning process. Figure 4 provides the actions that the principal must direct in order to be prepared for a crisis. These actions do require establishing the crisis response team, which is the building-level team that will establish the policies and procedures necessary to complete the crisis and emergency management plan.

Figure 4

Crisis Preparation Activities at the Individual School Level

- Review district-wide emergency policies.
- Identify community resources.
- Establish a clear chain of command.
- Identify a command post.
- Appoint a crisis response team.
- Assign roles.
- Established in-service training program.
- Establish a warning signal.
- Prepare an emergency kit.
- Establish procedures to identify wounded or dead.
- Prepare students.
- Develop plans for transportation, crowd control, student release, and evacuation.

Source: JCHC staff analysis of DOE's *Resource Guide to Crisis Management in Virginia's Schools* and VDH's *Student Health Guidelines.*

Individuals assigned to this team might include teachers, school nurse, school psychologist, social worker, guidance counselor, custodian, and security personnel.

In addition, in the event of a crisis there would be a school division team and there may also be a community support network. The school division superintendent and other individuals at the division level would be important in coordinating personnel and providing resources where they are needed. These resources could include groups that are part of the community support network. This network would include representatives from local agencies (government, law enforcement, fire, and emergency medical personnel) and other specialized resources. Specialized resources could include mental health services, medical personnel, and victim advocacy services.

Hence, preparing for an emergency and/or crisis situation requires a lot of pre-planning and the necessary contacts for potentially needed

services. The Department of Education provides both general and specific guidance through both of the previously mentioned documents.

VDH Provides Guidance Through Several Publications

The Department of Health (VDH) provides guidance through a number of documents. However, the two most relevant documents in respect to emergency medical and mental health services include the *Virginia School Health Guidelines* and the *First Aid Guide for School Emergencies*. The following sections describe the guidance that the two documents provide the public schools in relation to medical and mental health services.

Student Health Guidelines. The Department of Health has a section of the *Virginia School Health Guidelines* devoted to School Health Services. The guidelines discuss a number of areas related to school health services including an overview of school health services, conducting school health assessments, population-based screening programs, preparing and implementing special education-related health care plans, general guidelines for administering medication in school, infectious disease control, and other school health services. Figure 5 provides a more descriptive view of the components contained within the guidelines.

The area that is most relevant to this study is the "Managing of First-Aid Emergencies, Disasters, and Crisis" section under the other school health services section. Under this section, the guidelines discuss standing orders, nursing protocols, first aid (refers to the *First Aid Guide for School Emergencies*), written procedures, extreme emergencies, the chronically ill, and managing crises. All areas are important in the provision of emergency or crisis medical or mental health services. Within the managing crises section, the *School Health Guidelines* also refer to material found in DOE's *Resource Guide for Crisis Management in Virginia's Schools* to help the schools deal effectively with crisis situations.

Figure 5

School Health Services Topics Included in VDH's School Health Guidelines

Main Topic in Chapter	Specific Discussion Areas
Overview of School Health Services	• Deciding on a model to Provide School Health Services • Planning the School Health Services Facility • Evaluating Health Services
Conducting Health Assessments	• Four Common Health Conditions Encountered in the School Health Office • Health Information Form Requirements • School Entrance Physical Examination Requirements • Immunization Requirements • Athletic Pre-Participation Physical Examination Requirements • Vocational/Technical Medical Assessment
Population-Based Screening Programs	• Blood Pressure Screening • Dental Screening and Oral Health • EPSDT and Medicaid/CMSIP • Fine/Gross Motor Screening • Hearing Screening • Height and Weight Screening • Scoliosis Screening • Speech and Language Screening • Vision Screening
Implementing Special Education: Students with Special Needs	• Implementing IDEA • Implementing Part C of IDEA (Formerly Part H) • Implementing Section 504 of the Rehabilitation Act • Special Education Health Assessment
General Guidelines for Administering Medication in School	• Epinephrine Protocol • Authorization/Parental Consent for Administering Medication • Procedure for Administering Medication
Infectious Disease Control	• Prevention Guidelines for Diseases Spread Through Direct Skin Contact • Prevention Guidelines for Diseases Spread Through the Intestinal Tract • Prevention Guidelines for Diseases Spread Through the Respiratory Tract • Prevention Guidelines for Diseases Spread During Sexual Activity • Prevention Guidelines for Sports-Related Infectious Diseases • Selected Infectious Diseases
Other School Health Services	• Managing First-Aid Emergencies, Disasters, and Crises • Referring to Child Protective Services • Home Visits • Nursing Liaison Services to Homebound Students • Students Requiring Specialized Health Care Procedures

Source: JCHC staff analysis of VDH's *Virginia School Health Guidelines, 2nd edition.*

First Aid Guide for School Emergencies. An additional document that provides guidance from VDH is the First Aid Guide for School Emergencies. This guide covers general emergency guidelines, universal precautions, first aid procedures, emergency care procedures, and poisonings. For instance, the guide provides information to help school staff administer emergency assistance to ill or injured individuals until emergency medical personnel arrive. It also advises on the handling of blood and other bodily fluids, how to perform emergency procedures related to choking and CPR, and how to handle situations where individuals have come into contact with a poison.

VDH recommends that teachers, school nurses, clinic aides, and other staff that might have responsibilities associated with student health become familiar with the *First Aid Guide for School Emergencies* prior to the occurrence of an emergency situation. The Department provides the guide in a convenient flipbook that can be posted in an area that can be quickly accessed by the staff.

Both DOE and VDH Provide Guidance Through Training Opportunities

There are training opportunities provided by both DOE and VDH in the areas of student health services. These training opportunities include the areas of emergency and/or crisis prevention and the provision of medical and mental health services. For example, the Student Health Specialist at DOE and the School Health Nurse Consultant at VDH collaborate to provide training opportunities for school nurses. The most recent training provided by those positions included standard topics concerning school health services in the public schools and presentations by the Office of Emergency Medical Services (within VDH) on the school nurse's role in disaster preparedness and the emotional toll of disasters. In addition, both positions are available for consultation to the local schools on school health issues. Also, other agencies can and will provide relevant training at the training opportunities (i.e., Virginia Center for School Safety) provided by DOE and VDH.

There are Opportunities to Collect Additional Data in the Future Based on the Expansion of Current Practices

A variety of data collection efforts are on-going at VDH and DOE. However, for the purposes of a complete review of emergency medical and mental health services, the collection efforts are unable to provide a

comprehensive view of the topic. Each of the collection efforts serves a specific purpose related to required mandates for either agency. The following sections discuss several areas where expansion of efforts might provide a more comprehensive view of school health services at the individual school level, especially in the areas of emergency and crisis response. Additional areas to review might include school safety audits, school health advisory boards, and the nursing services survey. In addition, a section on increased data collection opportunities concerning staffing is presented in the following chapter.

This examination is not suggesting that all of the collection efforts should be changed because the efforts would then be duplicative. This is just to examine several areas where changes could be made to provide more comprehensive data.

School Safety Audits. As mentioned previously, school safety audits are one area where additional data collection might be possible. DOE has developed a document, the School Safety Audit Protocol, which governs the school safety audits. Figure 6 provides for the minimum areas that must be assessed during the audit process. This document provides a good model for schools conducting safety audits. Until 2001, there were no requirements that data be collected as part of the safety audit process. The only requirement was for a certification form to be filed with DOE.

However, Section 22.1-279.8 of the *Code of Virginia* was amended in 2001 to require that the school safety audits be submitted to the Virginia Center for School Safety within the Department of Criminal Justice Services (DCJS). According to DOE staff, the purpose of this amendment was to provide for data collection for the purpose of analysis.

Staff from DOE report that the two agencies "are currently working together to develop an efficient process for school divisions to use to collect and submit data to DCJS for analysis." DOE anticipates that the process will be finalized by January 2003. Also, since the *School Safety Audit Protocol* developed by DOE already contains provisions to review the crisis and emergency management plan, this provides for an opportunity to collect data in this area. Data collection efforts could include a review of procedures and incidents.

Figure 6

Minimum Components of the School Safety Audit Process

- Safety and Security of Buildings and Grounds
- Development and Enforcement of Policies
- Procedures for Data Collection
- Development of Intervention and Prevention Plans
- Level of Staff Development
- Opportunities for Student Involvement
- Level of Parent and Community Involvement
- Role of Law Enforcement
- Development of Crisis and Management Plans
- Standards for Safety and Security Personnel
- Americans with Disabilities Act
- Emergency Response Plans

Source: JCHC staff analysis of the Department of Education's *School Safety Audit Protocol.*

School Health Advisory Boards. As mentioned previously, local school boards are required to establish school health advisory boards (SHABs), which meet at least semi-annually and annually report to the school board, the Department of Health, and the Department of Education. VDH and DOE have surveyed the school divisions on the structure and operation of the school health advisory board, SHAB accomplishments for the school year, and factors that influence SHAB effectiveness.

From the survey information obtained for the school year 1998-99, it is apparent that most advisory boards try to have broad-based community representation and that the majority met at least two times a year as required by the *Code of Virginia*. All but 11 percent of the SHABs provided a report to the required entities within the year. Although this information is useful in determining that the advisory board structure has been implemented, the most useful information concerning the provision of emergency medical and mental health services in the public schools are the goals or accomplishments of the SHABs.

For instance, under the goals/accomplishment section, 51 school divisions reported that they reviewed emergency/crisis medical situations in the school year 98-99. Therefore, it is apparent that the SHABs are looking at issues concerning emergency services in the public schools. However, the information is only descriptive and does not provide specific information regarding the procedures established and the staffing available to deal with these situations. Figure 7 provides some other examples of stated goals and accomplishments of the SHABs.

Another example that is important to note is that 57 schools divisions reported increasing their school nurse staffing to be an important initiative. However, without more specific questions concerning evaluation of school health in such areas as number of incidents (accidents, violent incidents, suicide attempts, etc.) and staffing needs, it is impossible to gauge the adequacy of the services and their staffing.

However, the SHABs could potentially look at the delivery of emergency medical and mental health services, whether increased needs exist in the provision of services, and whether additional staffing is needed in this area as part of their annual "report on the status and needs of student health in the school division." The SHABs are charged with assisting in "the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services." Therefore, a more in-depth survey

Figure 7
School Health Advisory Board Initiatives Reported for 1998-99

Initiative:	Number of Responding SHABs
Develop/improve school health	79
Increase school nurse staff	57
Review emergency/crisis medical situations	51
Review school safety procedures	45
Review school health policies	39
Review counseling services	14

Source: JCHC staff analysis of VDH/DOE report on school health advisory boards, December 2000.

implemented by DOE and VDH could take advantage of the requirements of the SHABs to collect useful information concerning the provision of health services.

Annual School Nursing Services Survey. An annual survey of school nursing services is typically administered cooperatively through DOE and VDH. The survey examines school nurse staffing and a few other selected components on a school division basis. Although the survey focuses mainly on school nurse staffing levels, it could be expanded to collect information about other health service providers. Additionally, the survey could include a provision for the recording of critical incidents at the school level and the acuity-level (medical needs) of students. The incident-level information would be useful in that the number and types of incidents could be reviewed as well as the staff that had to perform the needed service. Ultimately, this information would provide a better understanding of the workload of health services staff, the provision of health services (including emergency services), and the need to reduce or increase health services staff.

Comprehensive View of School Health Services. The previous sections discussed several different data collection efforts that could potentially be expanded to collect additional information about student health services in the public schools (including emergency medical and mental health services). If the goal is to have a comprehensive view of medical and mental health services in the public schools, then additional information is necessary. As mentioned previously, it would be unnecessary to expand all of these efforts mentioned because it would cause duplication. However, the agencies (DOE, VDH, and DCJS) involved with these data collection efforts could work together to examine their existing efforts, determine exactly what additional information should be collected, and how best to collect that information. Again, this could include an examination of the existing efforts that have been mentioned already but, could also include a review of whether some of the data collection efforts could be consolidated to collect more information through a fewer number of requests.

IV.
Evaluation of Medical and Mental Health Staffing

Staffing Information Collected as Part of the Annual Report is Incomplete for the Purposes of this Study

The 2000-2001 Annual School Report represents data that the Department of Education collects as part of federal reporting requirements. The report collects data about the number of full-time equivalents (FTEs) in various positions. This reporting of FTEs includes nurses and psychologists working within school divisions. However, this data is incomplete due to the fact that some school divisions contract with nurses or psychologists to provide their services to the local schools.

For instance, many localities contract with the local public health departments to provide nursing services to their students. The annual report does not currently contain provisions to collect contractual staff numbers. DOE could examine whether it would be feasible to collect information on all positions and contractual arrangements.

The Annual Nursing Services Survey Provides Some Additional Staffing Data

In 1996, the School Nursing Services Project was initiated by the Virginia Department of Health to update its data on the personnel who were providing nursing services to the public schools. Additional survey efforts were conducted by VDH and DOE. The latest published report was completed in August 2001 and reflected information from the 1998-1999 school year. The data provided through the annual nursing services survey does represent data from localities that contract for their nursing services as well as some that did not report any FTEs in the 2000-2001 Annual School Report. Therefore, the survey of school nursing services provides additional staffing information.

Currently, DOE has surveyed the public schools to obtain information concerning the 2001-02 school year. The report summarizing the results is not due for completion until October 2002. Consequently, in this study, the 1998-99 school nursing services survey data was incorporated into the data obtained from the 2001 Annual School Report to get a more complete look at the actual nurse staffing ratios in Virginia's

public schools. However, survey data was only used to determine the staffing for localities that did not report staffing in the annual report.

Additional Staffing Data was not Available for School Psychologists

There were no additional data collection efforts reported by DOE for public school psychologist personnel. Therefore, the data for school psychologists is substantially incomplete. Thirty-two school divisions contained no data for school psychologist FTEs.

Various Groups Recommend Increasing Staffing Ratios

Representatives of the Virginia Association of School Nurses and the Virginia Academy of School Psychologists were contacted as part of this study for their input. Both groups indicated their interest in addressing per-pupil ratio guidelines. The national counterparts for both groups have recommendations on staffing levels. Virginia has recommended guidelines for school nurses of one nurse (R.N. or L.P.N.) per 1000 students. However, there is currently no recommended staffing per student ratios for school psychologists in Virginia.

The National Association of School Nurses (NASN) recommends that there be one school nurse per 750 students in the general school population. NASN also recommends lower nursing ratios when there are mainstreamed populations, severely/chronically ill populations, and developmentally disabled populations. Additionally, the National Academy of School Psychologists (NASP) recommends one school psychologist per 1000 students. In addition, as part of the Student Health Guidelines under the evaluation of school health services, VDH supports lower student to school nurse ratios. The Department of Health's guidelines support the ratio of one nurse to 750 students in the general population and the lower ratios when there are additional medical needs.

Suggested Ratios Would Require Additional Staffing in Some School Districts

The available data used to examine school nurse and psychologists staffing ratios suggests that additional staffing would be necessary to meet suggested ratios. Although the data is incomplete, it is used here to provide a general estimate on the level of additional staffing that might be necessary were the Commonwealth to mandate the suggested ratios.

School Nurse Ratios. The suggested ratio of one school nurse per 750 students would require additional staffing based on the data that is available. However, 49 of the 132 school divisions reporting information (either in the Annual School Report or the nursing services survey) appear to already meet the suggested ratio. Figure 8 provides a view of how many school districts meet various staffing ratios. Based on this information, an additional 584 school nurses would be needed for the entire state to meet the suggested ratio of one nurse per 750 students.

School Psychologist Ratios. The suggested ratio of one school psychologist per 1000 students would require additional staffing based on the data that is available. The data for school psychologists most likely understates the number of school psychologists due to having no data for

Figure 8

Virginia School District School Nurse Staffing Ratios

School Nurse per Student Ratios	School Divisions that Fall Within the Ratio
1:750	49
1:1000	29
1:1500	21
1:2000	10
1:2500	7
Above 1:2500	14
No data available	2
Total	132

Source: JCHC staff analysis of DOE data from the *2001 Annual School Report* and the *1998-1999 School Nursing Services* report.

32 of the school divisions. Most of these 32 school divisions probably contract with a psychologist in order meet special education requirements. However, nine of the 132 school divisions reporting information appear to already meet the suggested ratio. Figure 9 provides a view of how many school districts meet various staffing ratios. Based on this information, an

additional 540 school psychologist positions would be necessary to meet the suggested ratio. Again, this estimate is probably inflated based on having no data available for 32 school districts. For these 32 school districts the number of psychologists is shown to be zero.

Figure 9

Virginia School District School Psychologist Staffing Ratios

School Psychologist per Student Ratios	School Divisions that Fall Within the Ratio
1:1000	9
1:1500	29
1:2000	21
1:2500	27
Above 1:2500	14
No data available	32
Total	132

Source: JCHC staff analysis of DOE data from the *2001Annual School Report.*

Cost Estimates Provided by DOE Show Potential Funding of the Ratios Would be Substantial

Although, the previous sections looked at staffing estimates for implementing increased per-pupil ratios for nurses and psychologists, funding provided by DOE is not calculated based on a staff ratio requirement. Therefore, cost estimates are not directly correlated on a per position basis. Current funding for school nurse and psychologist positions under the Standards of Quality (SOQ) model are based on a prevailing cost methodology. Under the prevailing cost methodology, the "calculations are based on weighted averages of salary and staffing per pupil, not ratios." However, staff from DOE agreed to provide the cost associated with reaching the suggested staff per student ratios for school nurses and psychologists using a ratio methodology and netting out the current funding that is already provided for these staff groups.

Estimated Costs Associated with Suggested Nursing Ratio. As mentioned previously, the suggested school nurse ratio is one school nurse per 750 students. DOE used this ratio and the projected 2003 average daily membership (students) to determine an estimate of the total number of positions needed for school nurses in all divisions. The average cost for salary and benefits for school nurses in most school divisions would be approximately $32,474. However, those divisions in Planning District Eight receive a salary differential, making their costs higher. After netting out the existing state funding of $18.7 million for school nurses, DOE staff estimated that the additional state funding needed to meet the 1:750 ratio would be $11.3 million. On average, the state funds approximately 55% of costs and localities fund 45% of costs. Based on this assumption, the estimated additional funding needed from localities to meet the ratio would be $9.3 million.

Estimated Costs Associated with Suggested Psychologist Ratio. As mentioned previously, the suggested school psychologist ratio is one school psychologist per 1000 students. DOE used this ratio and the projected 2003 average daily membership (students) to determine an estimate of the total number of positions needed for school psychologists in all divisions. The average cost for salary and benefits for school psychologists in most school divisions would be approximately $58,202. However, those divisions in Planning District Eight receive a salary differential, making their costs higher. After netting out the existing funding of $19.4 million for school psychologists, DOE staff estimated that the additional state funding needed to meet the 1:1000 ratio would be $21.6 million. On average, the state funds approximately 55% of costs and localities fund 45% of costs. Based on this assumption, the estimated additional funding needed from localities to meet the ratio would be $17.7 million.

Total Costs Associated with Suggested Ratios. In summary, DOE provided estimates of total state costs of approximately $32.9 million. This would suggest that the cost to the localities would be approximately $27.0 million. However, actual costs may be higher due to the localities receiving funding for positions in a block of funds and the local school divisions are not mandated to use the funding for school nurse and psychologist positions.

Better Staffing and Cost Assessments. If future data collection efforts were to be more comprehensive, better staffing and cost estimates

would be available. Moreover, additional data on staffing workloads would be beneficial in determining the impact decreased ratios would have on service provision and the actual staffing needs for health services positions. Lastly, a more comprehensive examination could review other staff positions to determine what role the other positions have in the delivery of school health services.

Some Funding for Positions Could be Provided Through Existing Programs

As mentioned previously, the School Health Incentive Fund (nursing) and the School Community Health Services Grant both provide funding for either school nursing services or other school health services. According to DOE staff, the School Health Incentive Fund provided the following for the 2001-2002 school year, "forty additional registered nurse positions, ten licensed practical nurse positions, twelve clinic aid positions, and numerous school health office equipment including sixty-eight computers." In addition, the School Community Health Services Grant over a period of ten years provided 101 school nurse positions, eight mobile health units, and medical equipment (includes computers). However, the School Community Health Services Grant was not funded in the 2003-2004 biennium.

If funding were to be provided to help school divisions reach the recommended ratios without funding the entire program, these two existing programs could receive additional funds. This would provide some assistance to school divisions in increasing school nurse positions. However, school divisions might not use funds to increase the number of school psychologists since in the past the funding has only been used to increase nursing positions.

Survey of the District of Columbia and Selected States Reveals that Ratios and Requirements Vary

JCHC staff surveyed the District of Columbia, Kentucky, Maryland, North Carolina, South Carolina, and West Virginia to review whether other states, in close proximity to Virginia, required school nurse and/or psychologist per-pupil ratios. The District of Columbia and most of the selected states did not require mandated per-pupil ratios for either school nurses or psychologists. Figure 10 summarizes the results of the survey as to whether ratios are required and the actual average ratio if it was

available. West Virginia did mandate a ratio of one school nurse per 1500 pupils for K-7. However, those staff members also see students above those grade levels which accounts for the higher average ratio in WV.

Figure 10

Selected State Survey on School Nurse and Psychologist Per-Pupil Ratios

	School Nurse		School Psychologist	
State	**Required Ratio Y/N**	**Average Ratio**	**Required Ratio Y/N**	**Average Ratio**
DC	N	Not available.	N	Not available.
KY	N	Not available.	N	Not available.
MD	N	Not available.	N	Not available.
NC	N	Not available.	N	1:1800
SC	N	1:1208* 1:871**	N	1:1971
WV	Y	1:2500 - 1:3000	N	Not available.

Note: * Indicates the RN per student ratio.
** Indicates the RN & LPN per student ratio.

Source: JCHC staff survey of selected states.

Of the states that had available actual average ratios, most were above national recommendations. However, several states are striving toward the recommended ratios. For instance, South Carolina had pending legislation that would have mandated schools to have one nurse for every 750 students. However, the legislation did not pass because of the lack of available funding.

V.
Policy Options

The following Policy Options are offered for consideration by the Joint Commission on Health Care. They do not represent the entire range of actions that the Joint Commission may wish to recommend with regard to emergency medical and mental health services in the public schools.

Option I: **Take no Action.**

Option II: **Introduce legislation to recommend that the staffing ratio for school nurses be 1:750 students and the ratio for school psychologists be 1:1000 students:**

- **A. Introduce legislation to amend the *Code of Virginia* to make the ratios suggested guidelines that would be phased-in within three years. Provide no funding.**
- **B. Introduce legislation to amend the *Code of Virginia* to mandate the ratios and require the schools to meet the ratios within three years. Introduce a budget amendment (amount to be determined) to provide initial funding.**

Option III: **Introduce a joint resolution directing the Department of Education, the Department of Health, and the Virginia Center for School Safety to examine their data collection efforts to design a plan to provide comprehensive information on the provision of school health services in the public schools. This information should include the provision of emergency medical and mental health services. The interim plan should be reported by September 1, 2003 to the Chairmen of the House Appropriations Committee, the Senate Finance Committee, and the Joint Commission on Health Care with a final report being presented by September 1, 2004.**

Option IV: **Include in the 2003 workplan for the Joint Commission on Health Care, further study and analysis of issues related to emergency medical and mental health services in the public schools. This will include working with the Department of Education, the Department of Health, and the Virginia Center for School Safety to examine their data collection practices to improve and potentially consolidate them in an effort to provide comprehensive information on school health services.** *(Note: Option IV was added at the December meeting of the JCHC)*

Appendix A:

House Joint Resolution 43

HOUSE JOINT RESOLUTION NO. 43

Offered January 9, 2002

Prefiled January 4, 2002

Directing the Joint Commission on Health Care to study the delivery of emergency medical services and emergency mental health services in the public schools of the Commonwealth.

Patron-- O'Bannon

Referred to Committee on Rules

WHEREAS, pursuant to § 22.1-278.1, all public schools in the Commonwealth are required to conduct school safety audits and to develop written school crisis and emergency management plans; and

WHEREAS, school crisis and emergency management plans must include the "essential procedures, operations, and assignments required to prevent, manage, and respond to a critical event or emergency"; and

WHEREAS, the provision of effective emergency medical services and emergency mental health services is inherent in this charge in response to any critical event; and

WHEREAS, school administrators must consult professional school health nurses, counselors, school psychologists, and other mental health providers concerning the elements of the school crisis and emergency management plan vis-a-vis bioterrorism; and

WHEREAS, Virginia will be receiving an estimated $1.5 million focused on meeting the mental health needs of young children and adolescents during the current crisis; and

WHEREAS, children are affected by violence and strife, ranging from world events such as media exposure to the attacks of September 11 and the war in Afghanistan to neighborhood encounters with bullying, peer pressures, and drug-related crimes; and

WHEREAS, school health personnel, such as school nurses and school psychologists, play a primary role in helping children cope with these events; and

WHEREAS, poor health, either physical or mental, is often an impediment to learning and causes underachievement; and

WHEREAS, the numbers and severity of school children's special health care needs have increased; and

WHEREAS, school personnel are required to provide assistance to students with asthma, diabetes, technological dependence, behavioral and emotional disturbance, and other serious medical and mental health needs; and

WHEREAS, because of these issues, school health professionals are now more important and needed more than ever; and

WHEREAS, it appears that the greatest improvement of children's medical and mental health could be achieved through the hiring of sufficient professional school health personnel; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study the delivery of emergency medical services and emergency mental health services in the public schools of the Commonwealth. In conducting this study, the Joint Commission on Health Care shall (i) review the delivery of emergency medical services and emergency mental health services in the public schools; (ii) evaluate the evolving need for nursing and mental health care in the public schools; (iii) evaluate the staffing patterns for school health providers, particularly school nurses and school psychologists; (iv) recommend the staffing patterns needed to result in the greatest benefits to and improvements in the physical and mental health of Virginia's school children; and (v) estimate the cost to the Commonwealth and the localities of any new staffing patterns.

The Departments of Education and Health shall provide technical assistance to the Joint Commission on Health Care. All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care, upon request.

The Joint Commission on Health Care shall complete its work by November 30, 2002, and shall submit its written findings and recommendations to the Governor and the 2003 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix B:

Summary of Public Comments

JOINT COMMISSION ON HEALTH CARE

SUMMARY OF PUBLIC COMMENTS:
Emergency Medical and Mental Health Services in Public Schools
(HJR 43)

Organizations/Individuals Submitting Comments

Four organizations submitted comments in response to emergency medical and mental health services in public schools:

- Department of Education
- Virginia Academy of School Psychologists
- Virginia Association of School Nurses
- Virginia Department of Health

Policy Options Included in the Emergency Medical and Mental Health Services in Public Schools Issue Brief

Option I: **Take no Action.**

Option II: **Introduce legislation to recommend that the staffing ratio for school nurses be 1:750 students and the ratio for school psychologists be 1:1000 students:**

A. Introduce legislation to amend the *Code of Virginia* to make the ratios suggested guidelines that would be phased-in within three years. Provide no funding.

B. Introduce legislation to amend the *Code of Virginia* to mandate the ratios and require the schools to meet the ratios within three years. Introduce a budget amendment (amount to be determined) to provide initial funding.

Option III: **Introduce a joint resolution directing the Department of Education, the Department of Health, and the Virginia Center for School Safety to examine their data collection efforts to design a plan to provide comprehensive information on the provision of school health services in the public schools. This information should include the**

provision of emergency medical and mental health services. The interim plan should be reported by September 1, 2003 to the Chairmen of the House Appropriations Committee, the Senate Finance Committee, and the Joint Commission on Health Care with a final report being presented by September 1, 2004.

Option IV: **Include in the 2003 workplan for the Joint Commission on Health Care, further study and analysis of issues related to emergency medical and mental health services in the public schools. This will include working with the Department of Education, the Department of Health, and the Virginia Center for School Safety to examine their data collection practices to improve and potentially consolidate them in an effort to provide comprehensive information on school health services.** *(Note: Option IV was added at the December meeting of JCHC)*

Overall Summary of Comments

Overall, one commenter offered technical advice (DOE) and three commenters (VASN, VASP, and VDH) stated that they did not support Option I which recommends taking no action. Although two of the parties commenting on the study support Option II (VASN and VASP), they did not ask the Commission to advance this option at this time due to the current budget situation. VDH supports Option IIA (mandate without funding) but recommends that the phase-in period be extended to five years. Three commenters support Option III (VASN, VASP, and VDH) which would allow for the examination of data collection practices to provide a plan for the collection of comprehensive information on the provision of medical and mental health services in the public schools. However, VDH only supports Option III as long as adequate funding is provided for data collection activities.

Summary of Individual Comments

Department of Education

Jo Lynne DeMary, Superintendent of Public Instruction, offered technical suggestions and comments regarding the sources for the information obtained in the study.

Virginia Academy of School Psychologists (VASP)

Delores V. Terry, Legislative Chair, stated, "While VASP strongly believes a ratio of 1:1000 students is most appropriate for school psychologists, VASP is

mindful of the current budget situation for both localities and the Commonwealth. Therefore, we will not ask the Commission to advance Option II at this time, despite our belief that this would be in the best interests of Virginia students.

We concur with the report's conclusion that the extent of the problem cannot be determined with the data that currently is available. The lack of comprehensive information serves as a significant impediment to designing, or even considering, other alternatives to ensure that the needs of students and their families are being met. As a result, VASP is fully supportive of Option III, to require various agencies that collect information on needs and staffing for school health and mental health services to collaborate and develop a plan to ensure that the data collected is non-duplicative and comprehensive.

Finally, VASP believes that taking no action as proposed in Option I is not in the best interests of school students or quality education. Students have mental health needs that interfere with their education. These needs will not go away just because there is not an appropriately qualified professional to intervene."

Virginia Association of School Nurses (VASN)

Elizebeth Morse, Legislative Chair, stated, "Policy Option I suggests that no action be taken. VASN feels this is not appropriate, given the amount of emergency and potential emergency situations nurses face in public schools...

VASN prefers Policy II, ...but we understand that the Commonwealth has more pressing funding needs at this time. Currently, the Code of Virginia recommends a nurse to pupil ratio of one nurse to 1,000 students. However, the General Assembly has chosen not to fulfill the funding requirements to meet this ratio. Therefore, VASN offers support to Policy Option III, to increase and improve data collection efforts by the Department of Education, Department of Health, and the Center for School Safety.

As a general matter, VASN supports efforts to gather information on staffing workloads and increased incident reporting. VASN would like to expand the Annual School Nursing Services Survey to collect information about the number of critical incidents at the school level and the acuity level of students. Data on workloads would reveal the actual staffing needs as well as workplace atmosphere.

In addition, more information on those providing emergency care in schools will allow for a greater collaboration of efforts among the emergency care providers. Traditionally, school nurses and school psychologists have worked closely on emergency management including response to suicide, child abuse, and traumatic events.

VASN also supports every effort to consolidate surveys and data collection. Specifically, VASN agrees with the report's conclusion that a comprehensive review of school health services would reveal areas where the state could save resources by consolidating collection efforts. Fewer requests for information might increase compliance and increase the quality of data collected from localities."

Virginia Department of Health (VDH)

Robert B. Stroube, MD, MPH, State Health Commissioner, stated, "...the Code of Virginia currently recommends, but does not mandate, a nurse to student ratio of 1 to 1,000. Approximately 35 percent of school divisions in Virginia do not yet meet this recommended guideline, representing a need for an additional 263 nurses. However, this need for additional school nurses is not evenly distributed throughout the state. ....

Option I

VDH does not support this option.

Option II

A. VDH supports this option. However, given the current realities of the state's budgetary situation, VDH suggests that this recommended guideline be phased-in over five years, as opposed to the three-year period stated in the policy option. VDH understands that no funding would be provided under this option.
B. VDH opposed this option, given the current realities of the state's budgetary situation.

Option III

VDH supports collaborative efforts to collect data related to the health of school children and school nursing services as long as adequate funding is provided for these data collection activities."

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