Ensure All Children Are Ready to Learn
by Placing Licensed Nurses in Every OCPS School:
Opportunities & Recommendations for Consideration
EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

During the 2012-13 school year, the Orange County Public Schools (OCPS) Philanthropic Strategic Plan (PSP), developed by the Orange County School Board, Orange County Public Schools Superintendent and the Foundation for Orange County Public Schools (FOCPS), was released outlining eight priority initiatives which address known gaps in academic achievement, academic progress, college and career readiness, early childhood development, student wellness, and technology needs of OCPS students. Under the first goal of “Ensure All Children Are Ready to Learn” an initiative was established to “Provide a licensed practical nurse, registered nurse, or nurse practitioner in every OCPS school to reduce absenteeism, improve student performance, and support student health.” In January 2014, leaders from the Orange County School Board, OCPS, Orange County Health Department, Winter Park Health Foundation (WPHF), Florida Hospital, Orlando Health, Nemours Children’s Hospital, and other healthcare providers convened to discuss the PSP priority related to school-based healthcare. During that meeting, these stakeholders agreed that further exploration of the issues and options for implementing and funding a school-based healthcare program was an important step in moving forward. The WPHF and Florida Hospital agreed to jointly commission a consultant to conduct the following activities:

- Analyze the level of need within OCPS schools and the state;
- Inventory current school and community-based healthcare services for children;
- Conduct research on school-based healthcare services in peer school districts and statewide best practice models;
- Identify reimbursement and funding opportunities for school-based healthcare; and,
- Explore areas of opportunity including recommendations and next steps.

This report, and accompanying presentation, is the result of the aforementioned research and analysis.

School nursing is a specialized practice of professional nursing that advances the well-being, academic success and life-long achievement and health of students. School nurses facilitate positive student responses to normal development; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning. School nurses serve as case managers, bringing providers, families, and schools together to support the health of our children and youth. They facilitate children’s access to medical and dental “homes” and coordinate the care essential to addressing and improving their health. The school nurse is often the healthcare provider that a student sees on a regular basis.
A well-researched body of evidence indicates the impact social determinants have on health and the ability to address health concerns. Where and how children live and play impacts their health. Lower socioeconomic status is linked to poor health outcomes due to stressed environmental conditions, risky health behaviors and limited access to health care. Students and families affected by these challenges increasingly rely on access to school nurses for care.

Each school year, key metrics on school health services and reported health conditions are collected and analyzed by individual school districts then transmitted to the Florida Department of Health (DOH). During the 2014-15 school year, OCPS school nurses provided assessments to over 1.1 million students, up from approximately 925,000 students during the previous school year. Daily health room visits during the 2014-15 school year totaled 6,516. The number of medication doses administered was slightly down from 284,436 the previous school year to 244,224. While the number of medication doses decreased, it is important to note that compared to other large districts, such as Broward and Palm Beach, OCPS administers a higher volume of medications. All of these key metrics, and others, paint a picture of a typical school health room/clinic – it is very busy and vital to keeping students in school and learning.

An important measure of keeping students in class and learning is the “return to class rate,” which is the percentage of students returning to a classroom setting after a health room visit has occurred. During the 2014-15 school year, OCPS had an 82% return to class rate meaning these students were able to be assessed and provided care when needed so they could resume their studies. School clinic staffing models have been shown to effect return to class rates. When a clinic is staffed with a licensed nurse (RN or LPN) vs. a School Health Assistant (SHA), a higher return to class rate is experienced as the nurse can triage and treat a greater number of conditions. In addition to student learning, the ability for a child to stay in school has tremendous impact on a family's economic health. If parents and/or caregivers do not have to leave their jobs to care for an ill child or take their child to an unplanned doctor’s office visit, parents are less likely to suffer from job loss or lost wages due to an ill child. In general, from school years spanning 2011-15, OCPS saw a steady increase in students with chronic disease conditions requiring more skilled care in public schools, including a rise in rates for students with asthma, ADD/ADHD and diabetes. Chronic health conditions play a role in student and parent absenteeism. Keeping children in school, when appropriate, is critically important for the student, family and the local economy.

In the past several years, OCPS has made significant progress in increasing the number and scope of community partnerships to help address the healthcare needs of students. Primary community partners include the Florida Department of Health in Orange County, Orange County Citizens Commission for Children, Winter Park Health Foundation, Florida Hospital, Nemours Children’s Hospital and Orlando Health. In 2014, Orange County had the highest percentage of uninsured children – 12.4% -- among the seven large urban school districts in Florida. Partnerships to
serve this vulnerable population should be supported and expanded. Pilot initiatives should also be sought to bring innovative health care delivery models to students facing transportation and other barriers to access care.

Opportunities also exist to capture additional dollars for the OCPS School Health Services budget through Medicaid billing practices. The school district utilizes a process to seek reimbursement via both Medicaid Administrative Claiming activities and Medicaid Fee-for-Service billing. The district is actively working on efforts to increase and capture more of this funding. Pilot programs that employ best practices in the use of electronic medical records, tele-health services, and dedicated billing practices could lead to additional funding for district-wide implementation.

Research was conducted on best practices in school-based healthcare both throughout Florida with special emphasis on OCPS peer districts (e.g.; the seven large urban school districts in Florida). In particular, best practices were sought for staffing structures, billing/funding processes and procedures, and innovation in delivery of care. Learning from other Florida school districts, with the same State governance, legalities and practices, can inform Orange County’s direction on school-based healthcare. Best practice models ranged from smaller school districts, such as Osceola County, to large urban districts of Palm Beach County and Hillsborough County Public Schools. Examples of best practices include the installation of a dedicated, contracted billing company which focuses solely on ensuring all potential Medicaid reimbursement funding is captured, staffing nurses based on levels of need and acuity, creation of a school nursing substitute pool, and the institution of a tax dedicated to funding school-based healthcare and wellness programs.

Based on analysis of OCPS school health data, extensive research on best practices and the intricacies of school-based healthcare, Medicaid billing systems and practices, and conversations with OCPS and other districts’ school health services staff, providers of health services and administration, the following eight areas of opportunities were identified:

- **Leadership** to identify and carry school health program goals forward;
- **Prioritization** of school health services;
- **Additional analysis** to continue to help inform OCPS and take a deeper look into best practices;
- **Learning** from experts in the field;
- **Sustainability** of a school health program both programmatically and fiscally;
- **Data Collection** through pilot initiatives and the establishment of an electronic health record;
- **Community Partnerships** that could bring new services into the school system; and,
- **Policy and Advocacy** analysis to track legislation related to school nursing and ensure local policies are supported federally and statewide.

Specific strategies and next steps for each of these eight areas are outlined in the full report.
I. BACKGROUND OF OCPS PHILANTHROPIC STRATEGIC PLAN – SCHOOL NURSING INITIATIVE

During the 2012-13 school year, the Orange County Public Schools (OCPS) Philanthropic Strategic Plan (PSP), developed by the Orange County School Board, Orange County Public Schools Superintendent and the Foundation for Orange County Public Schools (FOCPS), was released outlining eight priority initiatives which address known gaps in academic achievement, academic progress, college and career readiness, early childhood development, student wellness, and technology needs of OCPS students. Under the first goal of “Ensure All Children Are Ready to Learn” an initiative was established to “Provide a licensed practical nurse, registered nurse, or nurse practitioner in every OCPS school to reduce absenteeism, improve student performance, and support student health.” This initiative was based on documented needs from across the school district as well as the demonstrated impact of the Winter Park Health Foundation’s (WPHF) Coordinated Youth Initiative (CYI) in partnership with OCPS. The WPHF CYI program serves the twelve public schools located in the Winter Park High School feeder pattern (also referred to as the Winter Park Consortium of Schools/WPC) and is a collection of school-based healthcare services addressing physical and emotional health, and student wellness.

In January 2014, leaders from the Orange County School Board, OCPS, Orange County Health Department, WPHF, Florida Hospital, Orlando Health, Nemours Children’s Hospital, and other healthcare providers convened to discuss the PSP priority related to school-based healthcare. Given the scope and significant proposed expense of approximately $2.2 million annually to implement and sustain enhancements to school-based healthcare services ensuring licensed nurse staffing in all Orange County Public Schools, there was consensus among those in attendance at the January 2014 meeting that all options for funding school-based health services needed to be explored (in addition to the pursuit of philanthropic support). It was also agreed to initiate strategic planning to:

- Analyze the level of need within OCPS schools and the state;
- Inventory current school and community-based healthcare services for children;
- Conduct research on school-based healthcare services in peer school districts and statewide best practice models;
- Identify reimbursement and funding opportunities; and,
- Explore areas of opportunity including recommendations and next steps.

The Winter Park Health Foundation and Florida Hospital agreed to identify and jointly fund a consultant to follow-through on these steps. Susan Nichols, MPH, was commissioned to conduct the research and identify areas of opportunity.
The initial stakeholder group that met in January 2014 included:

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<th>Attendee</th>
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<td>Deb Watson</td>
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Additional conversations post-initial meeting were held with:

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<td>Pam Gould</td>
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II. HISTORY OF SCHOOL-BASED NURSING

A. What is School Nursing?

School nursing is a specialized practice of professional nursing that advances the well-being, academic success and life-long achievement and health of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.

School nurses serve as case managers, bringing providers, families, and schools together to support the health of our children and youth. School nurses facilitate children’s access to medical and dental “homes” and coordinate the care essential to addressing and improving their health. Schools are identified as primary locations to address student health issues, and the school nurse is often the healthcare provider that a student sees on a regular basis. School nursing is a key component of the coordinated school health framework and is included in the Whole School, Whole Community, Whole Child model.

B. Key School Health Positions within Orange County Public Schools

Within OCPS, there are key health services personnel responsible for implementing school nursing services. The positions and qualifications for these positions are:

**Lead Learning Community Registered Nurse (RN)**
Role: Provide supervision and support to school-based health clinic staff. Train and educate school-based personnel in the best, most current medical practices. Participate in and support Florida State mandated health screenings. Assist school based staff in the collection and compilation of clinic services data.

Qualifications: Bachelor’s degree in Nursing from an accredited college or university and two (2) years of previous nursing experience. Certification or be eligible for certification by the Florida State Department of Education. Must have and maintain a valid State of Florida Nursing license. One year of work experience as a school-based healthcare provider.

**Registered Nurse (RN)**
Role: Provide medical care and services to students according to physician prescribed medical care and treatment orders. Responsible for addressing medical emergencies, assessing circumstances, conditions and resolving such according to established procedures and protocols, and providing intensive medical procedures to students.
Qualifications: Bachelor’s degree in Nursing from an accredited college or university and two (2) years of previous nursing experience. Certification or eligible for certification by the Florida State Department of Education. Must have and maintain a valid State of Florida Nursing license.

Licensed Practical Nurse (LPN)
Role: Responsible for addressing medical emergencies, assessing circumstances and conditions, and resolving according to established procedures and protocols.

Qualifications: Certification as a Licensed Practical Nurse from an accredited school is required. A minimum of two (2) years of nursing experience preferred. Must hold and maintain a valid Florida state license as a Licensed Practical Nurse (LPN). CPR/AED and First Aid certification is required.

School Health Assistant (SHA)
Role: Perform school-based health related duties associated with daily operations of the health room/clinic. Employees in this classification function at an entry level capacity and perform basic first aid duties associated with treating sick or injured students.

Qualifications: High school diploma or GED is required. CPR/AED and First Aid certification is required.

Advanced Registered Nurse Practitioners (ARNP)
While Advanced Registered Nurse Practitioners (ARNP) provide services in OCPS schools, they are currently staffed by outside sources, such as Healthcare Providers of Florida, Inc. An ARNP must be a registered nurse and have graduated from a Master’s of Science in Nursing program or received a post-master’s certification, as well as hold a current valid Basic Life Support (BLS) certification.

Currently, ARNPs provide guidance and support health clinic staff while providing medical care to students and the community. Per the Florida Department of Health, the ARNP may interview clients, obtain and record health histories, perform physical and development assessments, order appropriate diagnostic tests, diagnose health problems, write prescriptions, manage the healthcare of those clients for which he/she has been educated, provide health teaching and counseling, initiate referrals, and maintain health records. ARNPs are in place at several Full Service School sites in Orange County as a result of financial support from the Department of Health and Citizens Commission for Children. In addition, within the WPC area, the WPHF funds two school-based health centers, located at Winter Park High School and Glenridge Middle School, which are staffed by ARNPs. School nurses serve as a referral network to the ARNPs located at these sites. Services are funded solely through grant funding and students/families do not pay for services.
C. Why is School Nursing Important?

After the child’s home, school represents the second most influential environment in a child’s life. As more students enter schools with physical and/or mental health problems, pediatricians face the challenge of managing their care throughout the school day. The school nurse represents the health care representative on site. An understanding of the school nurse’s role is essential to ensure coordinated care. There is a recognized relationship between health and learning, as there is between school nurse availability and student well-being and educational success. The role of the school nurse encompasses both health and educational goals. Students today may face family crises, homelessness, immigration, poverty and violence, which increase both their physical and mental health needs. School nurses perform a critical role within the school health program by addressing the major health problems experienced by children. This role includes providing preventive and screening services, health education and assistance with decision-making about health, and immunization against preventable diseases. In addition, school nurses may provide interventions for acute and chronic illness, injuries and emergencies, communicable diseases, obesity, substance use and abuse, adolescent pregnancy, mental health, dental disease, nutrition, and sexually transmitted infections. School nurses need to be physically present in schools to address these responsibilities appropriately. Improved student outcomes result where schools have a full-time school nurse.

D. Social Determinants of Health and Academic Success

A well-researched body of evidence indicates the impact social determinants have on health and the ability to address health concerns. Where and how children live and play impacts their health. Shifting cultural, economic, political and environmental influences result in students and school communities with frequently changing health and social needs. These factors include economic instability, international strife, globalization, immigration, violence, and natural disasters. The U.S. 2010 census revealed that the number of people who spoke a language at home other than English more than doubled between 1980 and 2010, and communication barriers challenge access to health care. Global travel brings students in contact with infectious diseases such as H1N1 influenza, polio, Middle East Respiratory Syndrome (MERS), measles, and Ebola virus. Increased mental health problems in students result from stress, disaster, and trauma. Poverty continues to be a concern. Lower socioeconomic status is linked to poor health outcomes due to stressed environmental conditions, risky health behaviors, and limited access to health care. Students and families affected by these challenges increasingly rely on access to school nurses for care.
E. Importance of School Nurse to Student Ratios

School nurse-to-student ratios were first recommended in the 1970s, when laws were enacted to protect the rights for all students to attend public school, including those with significant health needs. Those laws included The Rehabilitation Act of 1973, Section 504 (2000) and Public Law 94-142, the Education for all Handicapped Children Act (1975), reauthorized in 2004 as the Individuals with Disabilities Education Act [IDEA], (2004).

In addition to the laws that established rights for children with disabilities to attend school, medical advances have increased the number of students with special healthcare needs in schools. The Centers for Disease Control and Prevention estimates that one in eight children who are born prematurely are more likely to have neurologic deficits and cognitive delays, and need lifetime health accommodations and/or require academic accommodations. Students diagnosed and treated for cancer or other life-threatening conditions such as congenital heart disease return to schools sooner and often require special nursing care. Students who in the past would have been cared for in therapeutic settings now attend and must receive care in schools. Furthermore, the percentage of students who have chronic conditions such as asthma and diabetes, which require health care at school, has increased significantly.

According to the National Association of School Nursed (NASN), 32% of children nationally are obese or overweight, 13% of children are prescribed medication for more than 90 days, 6% of children missed more than eleven days due to illness/injury, 10% of children have asthma, and 5% of children have food allergies. Over the past decade, Florida has experienced a consistent rise in the number of school-age children with chronic conditions. A potential outcome of a strong school nurse program is that health care professionals can effectively deal with health-related complications, and teachers will have fewer distractions from teaching.

Appropriate school nurse staffing is related to better student attendance and academic success. When there is a school nurse present, a principal gains nearly an hour per day and teachers an extra twenty minutes a day to focus on education instead of student health issues. Baisch, Lundeen, & Murphy (2011) found that increased school nurse staffing resulted in improvements in immunization rates, vision correction, and identification of life-threatening conditions. Wang et al. (2014) determined that for every dollar spent for school nursing, $2.20 was saved in health care procedures and parent time away from work. Full-time school nurses in the schools studied by Wang et al. (2014) were deemed responsible for the prevention of excess medical costs and to improved parent and teacher productivity.

Inadequate staffing can lead to adverse consequences. Insufficient staffing also leads to inconsistent care of students and to increased nurse turnover, which results in additional costs to school districts.
The determination of adequate nurse staffing is a complex decision-making process\textsuperscript{7,50}. Individual state laws that regulate nursing practice to protect public health, safety and welfare must be followed. Student acuity status must be determined, as well as student care needs, including medications, health procedures, care coordination, case management, and staff training/supervision. In addition, a community health needs assessment can help identify the social determinants that impact the health of students so that school nurses and administrators can plan to address those needs. These may include\textsuperscript{13,16,26,36,45}:

- Health behaviors, health condition and disease prevalence, immunization levels;
- Socioeconomic status, employment, education level;
- Housing status, food security, transportation access;
- Social and cultural supports and influences, discrimination;
- Access to healthcare, health insurance, and social services;
- Environmental stresses; and
- Language and communication barriers.

When determining the appropriate school nurse to student ratio, NASN has used the following guidelines:

- The number of buildings the nurse covers; the travel time and the fact that the nurse is not always present to carry out services such as first aid and medication administration;
- The staffing patterns; the use of unlicensed and licensed personnel such as administrative assistants and LPNs to cover the health office in the nurse’s absence or to augment health services. The delegation of nursing tasks to these persons requires training, supervision and evaluation by the school nurse. Adequate time must be available for these functions; and,
- The amount of time and responsibility the nurse takes for health education; coordination, planning and lesson preparation can require large amounts of time away from other school nursing tasks. The more the nurse is involved with health education the lower the ratios must be to allow for proper follow through in the area of health services.

Prior to May 2016, NASN recommended a nurse-to-school ratio of 1:750 in the healthy student population, a 1:225 ratio in the student populations that may require daily professional school nursing services or interventions such as Special Education inclusions, a 1:125 in student populations with complex health care needs, and 1:1 for individual students requiring daily, continuous professional nursing services. However, in May 2016, NASN revised their long standing guidelines on appropriate school nurse to student population ratios and now endorses the American Academy of Pediatrics (AAP) recommendation for a minimum of one full-time registered nurse in every school. The AAP recommendation, and subsequent NASN guidelines, are due in part to the increasing complex health needs and chronic disease rates seen in school-age children.
According to the Florida Association of School Nurses (FASN; 2015 Annual Conference Presentation), the State of Florida currently reports a 1:2,214 RN to student ratio, a 1:3.02 RN to school ratio. According to the Florida Department of Health, in Orange County (2013-14 school year) the RN to student ratio was 1:3,836, and the RN to school ratio was 1:4.69. The nurse to student/school ratios for OCPS includes ARNP and RN positions only. It does not include LPN or SHA positions, as SHAs are not licensed medical professionals. It also does not include RNs serving the Exceptional Student Education (ESE) population.

According to NASN, Florida currently ranks 48th for its student-to-school nurse ratios. The Florida DOH recommends what they consider a “reasonable” rate of 1:1,500 students, however there is no state policy or mandate.
III. CURRENT SCHOOL HEALTH CONDITIONS WITHIN OCPS

A. OCPS School Health Services in Summary

Each school year, key metrics on school health services and reported health conditions are collected and analyzed by individual school districts then transmitted to the Florida DOH. The Florida DOH creates a School Health Summary Sheet for each district, and posts the summary on its website. The summary sheets provide a yearly snapshot of the items such as average number of health room visits per student, types of illnesses and injuries reported, return to class rates, staffing levels and total school health services department budgets. Listed below are several key OCPS school health data points as reported by the Florida DOH.

Every OCPS Basic, Comprehensive and Full Service school has at least one staff member that provides health services. In 2014-15, there was a total of two hundred and twenty-six elementary, middle, high and combined schools making OCPS the 10th largest school district in the nation. As of October 2015, there were one hundred and eighty-six Basic schools with a total student population of 197,249 including pre-school children.

According to the 2014-15 School Health Summary Sheet, OCPS had a total of 57 RNs, 75 LPNs and 116 SHAs providing school health services. These positions were funded through the school district, FL DOH – Orange County and multiple community partners. There was a slight increase of five RNs from the 2013-14 school year; an increase of eighteen LPNs; and a decrease of the number of SHA positions by thirteen.

In the OCPS Comprehensive schools, services beyond basic school health services include promotion of student health, reduction of risk-taking behaviors and teen pregnancy prevention are provided through expanded nursing assessments, case management/referrals, health education and social interventions to promote healthy lifestyles for at-risk populations.

Full Service schools in OCPS provide services beyond basic school health services as well including part time and full time specialized services with contracted ARNPs who provide well visits (including school entry, sports and Special Olympics physicals), and sick visits for diagnosis and treatment of illness and injury (including prescriptions) plus health education. In addition, Full Service schools partner with community-based providers who provide supplemental services such as mental health, dental care, child abuse prevention and intervention, high risk youth mentoring, and academic tutoring programs.

Health Room Visits and Services Provided
While the annual average number of services per student provided in OCPS school health rooms/clinics has held steady -- 11.19 during the 2013-14 school year and 11.12 in 2014-15, the average number of health room/clinic visits per OCPS student
increased. During the 2013-14 school year, the average number of health room visits was 4.95 per student; this increased to 6.12 per student during the 2014-15 school year.

The total daily health room visits increased from an average of 5,143 visits during the 2013-14 school year to 6,516 visits in 2014-15. The daily administration of medications to students is significant, however it decreased slightly from an average of 1,580 doses administered daily during the 2013-14 school year to 1,357 per day the following school year. The top reason for health room visits was to receive a nursing assessment for an illness or injury, or counseling. Annually, the number of health room visits spiked from 925,740 in 2013-14 to 1,172,916 visits in 2014-15, an increase in nearly 250,000 visits. Following the daily services trend in medication administration, the number of doses administered went slightly down from 284,436 to 244,224. While the number of medication doses decreased, it's important to note that compared to other large districts, such as Broward and Palm Beach, OCPS administers a higher volume of medications.

Return to Class Rate
To succeed in school, students need to be in school. Return to class rates are an important measure in a school’s ability to effectively triage and treat a student so that child can safely return to the classroom learning environment with no risk to themselves or their classmates. In addition to student learning, the ability for a child to stay in school has tremendous impact on a family’s economic health. If parents and/or caregivers do not have to leave their jobs to care for an ill child or take their
child to an unplanned doctor’s office visit, parents are less likely to suffer from job loss or lost wages due to an ill child. According to a 2005 study entitled the Direct and Indirect Costs of Asthma in School-Age Children, parents’ loss of productivity from asthma-related school absences was estimated at $719 million, or $285 per child with asthma, annually. Keeping children in school, when appropriate, is critically important for the student, family and the local economy.

The percentage of students returning to class after health room visits has increased over the past three years from 78.7% (2011-12 school year) to 82% (2014-15 school year), due in large part to a more coordinated data collection effort at the district level. School clinic staffing models have been shown to effect return to class rates. When a clinic is staffed with a licensed nurse (RN or LPN) vs. a School Health Assistant (SHA), a higher return to class rate is experienced as the nurse can triage and treat a greater number of conditions. The chart below compares the 2014-15 school year return to class rates for health room staff in all OCPS schools to the rates recorded for licensed health room staff in the twelve schools in the WPC area. The WPC schools receive financial support from the Winter Park Health Foundation enabling them to upgrade from a basic SHA to either an LPN or RN.

### Annual Per Student Expenditures

The Annual per Student Expenditure for school health decreased slightly from $41.04 for OCPS Basic schools in school year 2013-14 to $39.31 in school year 2014-15.
During the 2013-14 school year, the breakdown of the annual per student expenditure between OCPS Basic schools and the WPC schools supported by the Winter Park Health Foundation was as follows:

**OCPS**
- 176,663 Students
- 172 Schools
- Health Services Expenditures
  - District/schools: $5,696,090
  - Health Dept: $1,145,556
  - Other Partners: $410,197
  - Total: $7,251,843
- Annual Expenditure/Student: $41.04

**Winter Park Consortium/WPHF**
- 10,429 Students
- 12 Schools
- Health Services Expenditures
  - District: $235,807
  - Individual Schools: $89,919
  - WPHF: $256,469
  - Total: $582,195
- Annual Expenditure/Student: $55.82

*Does NOT include Winter Park Consortium/WPHF Partner Schools; Basic Schools only.

**Only includes WPHF funding for school nurses/nurse practitioners; does NOT include over $600,000 in additional funding for CHILL Counselors, Healthy School Teams, etc.*

The annual per student expenditure chart suggests that further analysis of how school health services dollars are allocated at the District level should be undertaken. Further exploration should seek to determine if a more direct allocation of funding into the individual schools could provide for upgraded nursing positions.

Overall, the total funding for OCPS school health services in decreased from $7.83 million in 2013-14 to $7.53 million during the 2014-15 school year. This decrease is attributed to a reduction in reported funding from community-based partners.
B. Chronic Health Conditions

As noted earlier in this report, chronic health conditions seen in students attending public schools are on the rise nationally and throughout Florida. In general, from school years spanning 2011-2015, OCPS saw a steady increase in students with chronic disease conditions requiring more skilled care in public schools including a rise in rates for students with asthma, ADD/ADHD and diabetes. Local hospital data also confirms that asthma is on the rise as it’s the 3rd highest diagnosis identified in Orange County Emergency Departments for school-age children, with total visits for asthma numbering 2,835 in one year per the Agency for Healthcare Administration’s 2013-14 Emergency Department Diagnosis for Patients from Orange County report. This assessment covered the period from the third quarter of 2013 to the second quarter of 2014 for children ages five to eighteen.

Chronic health conditions play a role in student and parent absenteeism. More than one-third of the children ages one to eleven and roughly 40% of adolescents living in Orange County suffer from allergies or asthma. Approximately half of the County’s elementary school students have missed school due to asthma, while nearly 40% of their parents missed work due to their child’s asthma. Nearly one-fourth of OCPS adolescents have missed school due to asthma, and nearly 15 percent of their parents missed work because of their adolescent’s asthma.

Obesity has more than tripled among adolescents in the past 20 years, and 33% of students are obese or overweight, with related mental and physical health issues, including depression and the growing incidence of Type 2 diabetes. In Orange County, 32% of 1st, 3rd and 6th graders are considered obese or overweight.

The national, state and local hospital data directly corresponds to OCPS data (FDOH, 2014-15 School Year Summary of School Health Services), which reports types and numbers of health conditions below:

<table>
<thead>
<tr>
<th>Type of Health Condition</th>
<th>Number of Conditions Reported</th>
<th>Percent of Total</th>
<th>Comparison to Previous School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>15,203</td>
<td>38%</td>
<td>Up 18%</td>
</tr>
<tr>
<td>Allergies: Non-Life &amp; Life Threatening</td>
<td>11,459</td>
<td>28%</td>
<td>Down 6%</td>
</tr>
<tr>
<td>Attention Deficit/Hyperactivity Disorder</td>
<td>6,173</td>
<td>15%</td>
<td>Up 14%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>860</td>
<td>2%</td>
<td>Up 6%</td>
</tr>
<tr>
<td>All Others*</td>
<td>6,690</td>
<td>17%</td>
<td>Up 10%</td>
</tr>
<tr>
<td>Total</td>
<td>40,385</td>
<td></td>
<td>Up 9%</td>
</tr>
</tbody>
</table>
Other chronic disease conditions include seizures, psychiatric disorders, cardiac conditions, sickle cell anemia, cancer, cystic fibrosis and kidney disease.

C. Criteria for Determining School Health Needs

In OCPS, schools are ranked as having Critical, Substantial, or Moderate need for school health services. This assessment was determined by the OCPS School Health Services Department primarily based on the number of clinic visits recorded per day. Schools deemed to be in the Critical need category experience thirty or more clinic visits per day; Substantial need schools have between fifteen to thirty visits per day; and, Moderate need schools have less than fifteen clinic visits per day. Among the schools identified in the Critical need category, 29 employ SHAs, 6 are staffed by LPNs, and none have RNs.

In 2014, there were thirty-five schools with Critical need, fifty-one with Substantial need and thirty with Moderate need.

The table published on the next page provides a breakdown of the schools by category of need, as determined by the OCPS School Health Services Department. This list does not include those schools that serve a “medically fragile” population and therefore are staffed by RNs serving the student population in a classroom. Medically fragile schools or clusters relates to Exceptional Student Education (ESE) students who need a greater level of consistent care throughout the day such as tube feeding or suctioning.
<table>
<thead>
<tr>
<th>Critical Need Schools</th>
<th>Substantial Need Schools</th>
<th>Moderate Need Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andover ES</td>
<td>Apopka MS</td>
<td>Apopka ES</td>
</tr>
<tr>
<td>Avalon ES</td>
<td>Bonneville ES</td>
<td>Arbor Ridge K-8</td>
</tr>
<tr>
<td>Avalon Park MS</td>
<td>Bridgewater MS</td>
<td>Azalea Park ES</td>
</tr>
<tr>
<td>Chickasaw ES</td>
<td>Camelot ES</td>
<td>Carver MS</td>
</tr>
<tr>
<td>Citrus ES</td>
<td>Cypress Creek HS</td>
<td>Castle Creek</td>
</tr>
<tr>
<td>Columbia ES</td>
<td>Cypress Park ES</td>
<td>Catalina ES</td>
</tr>
<tr>
<td>Corner Lakes MS</td>
<td>Dover Shores ES</td>
<td>Chain of Lakes MS</td>
</tr>
<tr>
<td>Cypress Springs ES</td>
<td>Eagles Nest ES</td>
<td>Clay Springs ES</td>
</tr>
<tr>
<td>Dillard Street ES</td>
<td>Ecedleston ES</td>
<td>Conway MS</td>
</tr>
<tr>
<td>Discovery MS</td>
<td>Englewood ES</td>
<td>Fern Creek ES</td>
</tr>
<tr>
<td>Dr. Phillips HS</td>
<td>Forsyth Woods ES</td>
<td>Howard MS</td>
</tr>
<tr>
<td>Dream Lake ES</td>
<td>Freedom MS</td>
<td>John Young ES</td>
</tr>
<tr>
<td>East Lake ES</td>
<td>Hidden Oaks ES</td>
<td>Jones HS</td>
</tr>
<tr>
<td>Edgewater HS</td>
<td>Hillcrest ES</td>
<td>Kaley ES</td>
</tr>
<tr>
<td>Freedom HS Reg</td>
<td>Jackson MS</td>
<td>Killarney ES</td>
</tr>
<tr>
<td>Hunters Creek ES</td>
<td>Keene's Crossing ES</td>
<td>Lake Como ES</td>
</tr>
<tr>
<td>Lake Nona MS</td>
<td>Lake Gem ES</td>
<td>Meadow Woods ES</td>
</tr>
<tr>
<td>Lancaster ES</td>
<td>Lake George ES</td>
<td>Meadow Woods MS</td>
</tr>
<tr>
<td>Legacy MS</td>
<td>Lakeview MS</td>
<td>Oak Hill ES</td>
</tr>
<tr>
<td>Lovell ES</td>
<td>Lakeville ES</td>
<td>Oakridge HS</td>
</tr>
<tr>
<td>Millennia ES</td>
<td>Lee MS</td>
<td>Pinar ES</td>
</tr>
<tr>
<td>Moss Park ES</td>
<td>Liberty MS</td>
<td>Pine Castle ES</td>
</tr>
<tr>
<td>North Lake Park ES</td>
<td>Little River ES</td>
<td>Pineloch ES</td>
</tr>
<tr>
<td>Ocoee ES</td>
<td>Lockhart ES</td>
<td>Ridgewood Park ES</td>
</tr>
<tr>
<td>Ocoee HS</td>
<td>Lockhart MS</td>
<td>Rock Lake ES</td>
</tr>
<tr>
<td>Ocoee MS</td>
<td>McCoy ES</td>
<td>Rosemont ES</td>
</tr>
<tr>
<td>Palmetto ES</td>
<td>Oakshire ES</td>
<td>Sunrise ES</td>
</tr>
<tr>
<td>Rock Springs ES</td>
<td>Odyssey MS</td>
<td>Walker MS</td>
</tr>
<tr>
<td>Rolling Hills ES</td>
<td>Olympia HS</td>
<td>Waterbridge ES</td>
</tr>
<tr>
<td>Shenandoah ES</td>
<td>Orlo Vista ES</td>
<td>Wolf Lake MS</td>
</tr>
<tr>
<td>Shingle Creek ES</td>
<td>Pershing ES</td>
<td></td>
</tr>
<tr>
<td>Sun Ridge ES</td>
<td>Pine Hills ES</td>
<td></td>
</tr>
<tr>
<td>Timber Creek HS</td>
<td>Princeton ES</td>
<td></td>
</tr>
<tr>
<td>Ventura ES</td>
<td>Riverdale ES</td>
<td></td>
</tr>
<tr>
<td>Wekiva HS</td>
<td>Riverside ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Creek MS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Southwest MS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Southwood ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stone Lake ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sun Ridge MS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sunset Park ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Three Points ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timber Lakes ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Union Park ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vista Lakes ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Westbrooke ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Westridge MS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wetherbee ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Winegard ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wyndham Lakes ES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zellwood ES</td>
<td></td>
</tr>
</tbody>
</table>
IV. OCPS SUCCESS STORIES

A. Florida Healthy School District Gold Award
On July 8, 2013 OCPS received the Florida Healthy School District Gold Award presented by the Florida Coordinated School Health Partnership (CSHP), Florida Action for Healthy Kids, the Florida Association of District School Superintendents and the Florida Healthy Kids Corporation. OCPS is one of only eleven districts in the State to receive this designation. The Gold award recognizes OCPS as a leader in the state when it comes to supporting school/student health and wellness through district infrastructure, policy, programs, and practices identified from national and state guidelines, best practices, and Florida statutes. The award period spans for two years. The District was again awarded a Gold designation for the 2015-17 school years.

In the award letter it was noted that OCPS not only scored well overall, but also had an outstanding score in the areas of Health Services and Family and Community Involvement. In Health Services, the district was highly regarded for its annual review of its policy and procedures manual; its community referral processes for vision, hearing, medical, dental, mental health, social work and parenting; as well as the electronic method of collection of state mandated health screening data and reporting results. In Family and Community Involvement, the district was highlighted for its School Health Advisory and Wellness (SHWAC) Committee and the continuous quality improvements to district policies and procedures to encourage recruitment, training, and volunteer opportunities for families, community members, and business partners.

OCPS is also a member of the Healthy District Collaborative (HDC). The HDC is a group of school districts that has made a high level commitment to meeting the health needs of students and staff in order to remove barriers to learning and maximize district resources.

B. Community-School Partnerships
In the past three years, there has been a significant increase in OCPS partnering with the Florida Department of Health in Orange County (DOH-Orange County) and other community partners to improve and enhance school health services. These include:

- DOH-Orange County creation and implementation of an Attendance Surveillance Tool based on data provided by OCPS Health Services for the past 3 years;
- Three immunization events held in partnership with OCPS, DOH-Orange County, and community partners at the School Board main office;
- Implementation and use of a CDC BMI data collection tool across the district in all schools (FDOH; School, Adolescent and Reproductive Health Section School Health Program Monitoring Tool for County Input; November, 2014);
- BMI pilot program initiated by the Winter Park Health Foundation in partnership with OCPS and DOH-Orange County;
• Continued growth and impact of the District School Health and Wellness Advisory Committee (SHWAC); and,
• Improved communication and increased community support between OCPS Health Services, DOH-Orange County School Health Program - Immunizations and Epidemiology.

OCPS Health Services and the DOH-Orange County also do an excellent job in meeting the state required vision and hearing health screens. Over the past three years the percentage of students screened in Kindergarten, 1st, 3rd, and 6th grade for vision through a contract with Florida Vision Quest was noted at 110.37%; 15.3% above the state goal of 95% and 6 percentage points higher than the state average. Hearing screenings for Kindergarten, 1st, and 6th grades were totaled at 99.82%; 4.82% above the state goal of 95% and 5 percentage points higher than the state average.

The top five funding and staffing partners for school and student health services are the Florida Department of Health – Orange County, Winter Park Health Foundation, Orange County Citizens’ Commission for Children, Florida Hospital and Orlando Health. For the 2013-14 School Year, these community partners provided support valued at $1,812,222 in funding for school health services in Orange County, FL. This represented 23% of the total funding for the 2013-14 school year.

The OCPS School Health Services program collaborates with many community partners on student health initiatives. Listed below are several examples of organizations and their programs providing services to students at OCPS schools:

**American Lung Association of the Southeast (ALASE)**
The Southeastern regional office of the ALA provides a 6-week “Open Airways for Schools” program at select elementary schools to help students manage chronic asthma. ALASE provides the curriculum and trained volunteer instructors (and in some cases, the school’s nurse) to implement the ALA curriculum.

**Primary Care Access Network (PCAN)**
A dynamic collaborative among Orange County Government, primary health care centers, community agencies, hospitals and other social services, PCAN’s mission is to improve the access, quality and coordination of health care services to the underinsured and uninsured populations of Orange County. Students and their families can be referred to local free clinics and affordable primary health care medical homes. PCAN partners include: Aspire Health Partners, Community Health Centers, Inc., Dental Care Access Foundation, Florida Hospital, Florida Department of Health – Orange County, Grace Medical Home, Nemours Children’s Hospital, Orange County Government Health Services (including SpecialCare), Orange County Healthy Start Coalition, Orlando Health, Shepherd’s Hope, Inc. and True Health.
Nemours Children’s Hospital
Nemours Children’s Hospital provided financial support for the establishment of the School Based Health Center (SBHC) located on the campus of Cheney Elementary School. Referred to as the Cheney Wellness Cottage, the center provides adult and pediatric primary care services including annual school entry physicals, immunizations, lab services, health education, referrals and pediatric dentistry. In addition to community-based health education and screenings, Nemours also provides educational in-service education for OCPS school nurses regarding pediatric health issues.

Orange County Citizen’s Commission for Children (CCC)
Through a contract with Health Care Providers of Florida, the Citizen’s Commission for Children (CCC) funds an ARNP position at Lake Weston Elementary School for two days per week; an ARNP at Walker Middle School, located at the Neighborhood Center for Families (NCF), two days per week; and an ARNP at Tangelo Park Elementary School for two days per week. Note: Health Care Providers of Florida, Inc. also provides healthcare services via Advanced Registered Nurse Practitioners (ARNP) in other OCPS schools through funding from Orange County Public Schools (district and individual school budgets), FL DOH – Orange County and Florida Hospital (for Edgewater HS) and the Winter Park Health Foundation (for Winter Park High School and Glenridge Middle School).

CCC also contracts with the Florida DOH to provide four Registered Nurses at four NCF locations. Part of the RN duties is to provide support services, for example immunizations, screenings, and education, to the following schools:

- Bonneville Elementary
- Columbia Elementary
- Cypress Park Elementary
- Durance Elementary
- East Lake Elementary
- Englewood Elementary
- Union Park Elementary
- Weatherbee Elementary
- Corner Lakes Middle
- Meadow Woods Middle
- Stonewall Jackson Middle
- Union Park Middle
- Cypress Creek High
- East River High

Florida Department of Health - Orange County
The FDOH-Orange County provides additional health staff for Full Service Schools. Similar to CCC, FDOH-Orange County contracts with Health Care Providers of Florida to provide ARNP services at Orange Center Elementary one day per week; Grand Avenue Elementary twice per week; Colonial High four days per week; and
Edgewater High for two days per week. FDOH-Orange County also funds a Health Services Technician at Colonial High. A Registered Nurse and Health Services Technician “float” between these schools to help support the nursing program.

The FDOH-Orange County also staffs a school health team, which provides support to school health programs located in Basic Schools. Located at the FDOH-Orange County office are two RN-level positions, a School Health Coordinator and a School Health Nursing Supervisor. These two positions provide oversight to the school-based nurses funded by the FDOH, including seven RNs and two Health Services Technicians. These nine positions do not report directly to a school but provide assistance to schools for data collection, screenings, collaboration efforts and audits.

FDOH-Orange County also provides nursing positions to three Comprehensive Program schools, including one LPN at Hiawassee Elementary; and one RN and one Health Services Technician each at both Meadowbrook Middle and Robinswood Middle.

The FDOH-Orange County Mobile Dental Unit provides a limited dental examination by a licensed dentist, prophylaxis cleaning, dental sealants, and oral hygiene instruction to second grade students. The mobile unit visits OCPS schools three days per week. In 2013-2014, the following student dental services were recorded:

- Number of first time visits by DOH-Orange: 988
- Number of patient visits: 1,543
- Number of dental sealants placed: 2,022
- Total number of services: 4,994

The mobile unit provided services to:

- Eccleston Elementary
- Fern Creek Elementary
- Grand Avenue Elementary
- Hungerford Elementary
- Lake Weston Elementary
- Maxey Elementary
- Millennia Elementary
- Mollie Ray Elementary
- Orlo Vista Elementary
- Rock Lake Elementary
- Washington Shores Elementary
- West Oaks Elementary

Post-exam, students without a dental home needing additional services are referred to the FDOH Hoffner Dental Clinic for comprehensive treatment.
Florida Hospital
In partnership with the FDOH-Orange County, and through contract services from Health Care Providers of Florida, Florida Hospital sponsors an ARNP position at Edgewater High School two days per week to staff their school clinic. Additionally, in collaboration with United Way, Florida Hospital sponsors the dental “SWISH” program one day per week at two elementary schools located in the Bithlo community.

Winter Park Health Foundation (WPHF)
With the philosophy that “Healthy Kids Make Better Students and Better Students Make Healthy Communities,” the WPHF funds and oversees a collection of school-based health and wellness services, known as the Coordinated Youth Initiative (CYI) at the twelve OCPS schools in the Winter Park High School feeder pattern (known as the Winter Park Consortium/WPC). The CYI is a legacy initiative of the WPHF and was established approximately twenty years ago. The schools served by the WPHF Coordinated Youth Initiative are:

- Aloma Elementary
- Audubon Park Elementary
- Brookshire Elementary
- Cheney Elementary
- Dommerich Elementary
- Hungerford Elementary
- Lakemont Elementary
- Lake Sybelia Elementary
- Glenridge Middle
- Maitland Middle
- Winter Park 9th Grade Center
- Winter Park High School

The CYI is comprised of the School Nursing Initiative (SNI), School Based Health Centers (SBHCs), CHILL mental health counseling program, and Healthy School Teams (HSTs). The WPHF provides funding to staff and operate the CYI services through the Foundation for OCPS, and contracts with Health Care Providers of Florida and its sister agency, Health Care Providers and Associates to assist with implementation of the SBHCs and CHILL program. Visits to the clinics and SBHCs are captured via a computerized health record system that was developed and funded by the WPHF to enhance the provision of school-based health services and measure the impact of the CYI programs. Data and analysis of numbers and types of clinic visits, return to class rates, medications administered and other metrics are captured and shared with Foundation leadership and OCPS, both on the individual school and District levels.

Through the SNI and in partnership with the twelve OCPS schools, either an LPN or an RN staffs each school’s clinic. The WPHF funds the upgrade of the position’s salary from a basic SHA to a licensed nurse, as well as an extra hour per school day
for data input and administrative work, plus five extra days per school year to include two pre-planning and three post-planning days. Nurses are therefore able to receive compensation for attendance at important school functions, such as back to school and meet the teacher (and your school nurse) events at the start of the school year.

The WPHF also funds in full two ARNP positions at SBHCs located within Glenridge Middle and Winter Park High School. The SHBCs provide entirely free pediatric primary care services to all children living within the Winter Park Consortium (WPC) from ages birth to eighteen years. The Foundation funds an additional part-time LPN at Winter Park High School due to its school population size and volume experienced in the clinic. The WPHF also provides funding for clinic supplies at all 12 schools in the CYI partnership. Key to the SNI is the funding for an ARNP to serve as a coordinator to provide oversight and guidance to the thirteen nurses within the CYI. This added layer of oversight assists the OCPS Lead RNs, who cover approximately thirty to forty schools within each Learning Community. Added oversight includes guidance on cases, case management, reporting through a computerized health record system, educational presentations at quarterly meetings, and support in general.

Known as the CHILL program, the WPHF provides funding to fully support licensed mental health counselors in each WPC school. Eleven WPC schools have full-time counselors; one school, Hungerford Elementary, has a part-time counselor due its small population size and other counseling services available on campus. The CHILL counselors, as well as license-eligible interns, provide critical one-on-one, group and family counseling to students and families. The CHILL program is a prevention program meaning its goal is to provide and promote mental and emotional health counseling before a diagnosis is needed. The counselors also develop and make presentations on key topics such as stress management and coping skills to students, families and school staff.

The concept for Healthy School Teams were piloted in the WPC area before expansion into the District Wellness Policy and ultimately, the State of Florida Department of Agriculture Wellness Policy governing all schools within the State. Based on a Centers for Disease Control and Prevention (CDC) model for coordinated school health, the HSTs engage OCPS staff from eight key disciplines that support health and wellness at a school; examples include school leadership, the cafeteria manager and physical education teacher. The HSTs meet regularly to discuss ways in which to promote and implement health and wellness initiatives within their schools, from running groups to healthy celebrations. The WPHF supports HSTs in several ways. First, through funding for a contracted staff person to provide technical support (for example, assistance with seeking and writing grants for additional funding) and guidance; funding of stipends for each HST leader at the twelve schools; funding of HST activities; and finally, WPHF regularly brings the HST leaders together to share ideas and opportunities.
SEDNET
SEDNET 7A coordinates the provision of community school-based mental health services to OCPS. OCPS has Cooperative Agreements with twelve local community agencies that provide a variety of services to students who are in need of emotional or behavioral support. Services are typically funded through Medicaid, Family Services Planning Team, private insurance, or by other funding streams available to the agencies. The model for service delivery is for the agency staff to provide services both at school and at home to the child. Services provided at school take place during non-core academic time and include individual or group counseling for students.

Florida Action for Healthy Kids
Technical support and grants acquisition assistance is provided to Healthy School Teams throughout the District. For example, the Healthy Kids Challenge (HKC) was initiated to offer creative ways to get kids excited about school meals through the HKC Ready, Set, Cook and Eat event; and programs have showcased how nutrition education is easily integrated into science and math curriculum.

Orlando Health
Orlando Health underwrites funding for the Teen Xpress program. Teen Xpress is a free mobile health clinic for at-risk uninsured or underinsured youth, and operates within Central Florida. The Teen Xpress mobile unit operates between multiple schools, which can vary from school year to school year, and provide the following services:
- Physical exams (such as annual check-ups)
- Immunizations
- Vision screenings
- Assistance finding dental care
- Mental health counseling (for depression, stress and more)
- Nutrition counseling
- Treatment for common illnesses (colds, sore throats, asthma, etc.)

Teen Xpress also can help identify early signs of more complex health issues, such as diabetes, heart disease and high blood pressure. The mobile health clinic team can connect teens and families to specialty physicians who treat adolescents with more complicated medical problems when appropriate.

Florida Vision Quest
Florida Vision Quest (FVQ) has been in operation for approximately twenty years. FVQ partners with school districts, county health departments and school personnel throughout the State to identify at-risk children in need of vision care, and employ one of two models to help children and their parents access vision services and/or access to an optometric physician. Vision referrals are checked in office to verify program eligibility, determine the best way to serve each child’s needs, and notify parents of services available to them. FVQ also maintains both a network of caring
and dedicated optometric physicians who provide in-office vision care. For those children with limited or no access to local vision care, FVQ deploys one of its state-of-the-art mobile vision clinics, which travels directly to schools and other facilities to provide on-site comprehensive vision services for children in need.

Dental Care Access Foundation
The Dental Care Access Foundation (DCAF) provides free oral hygiene education, toothbrushes, toothpaste, floss and fluoride varnish application to children up to age eight per signed permission slip from parents. The DCAF utilizes a core of volunteers to implement its programs. Students who need additional care are identified through this process and a referral system allows OCPS school health staff to provide parents and caregivers with contact information for dentists involved with the DCAF. DCAF also sponsors community-wide events such as Give Kids a Smile program for uninsured or underinsured students. DCAF serves students in the following OCPS schools: Ivey Lane, Cherokee, Nap Ford, and Pineloch elementary schools.

University of Central Florida
The University of Central Florida’s (UCF) Center for Community Partnerships is leading the University’s efforts to establish community schools in Central Florida, beginning with the Evans Community School located at Evans High School in the Pine Hills community. The Center facilitated the development and strategic planning for the Evans Community School, which was launched in October 2013, and contributed technical expertise in building community partnerships to address student needs including physical and emotional health. The Center also coordinates the placement of UCF interns at the community school and the contributions of other UCF colleges, including the College of Education.

Wrap Around Orange
Wrap Around Orange was developed to “wrap” a child and his/her family in a system of care that helps them uncover and address root problems, build resiliency and create natural community supports that will continue after the child “graduates” from the program. In Orange County, an estimated 12,500 children and teens have social, emotional and behavioral health challenges, and each year as many as 500 youths under age twelve are referred to the Department of Juvenile Justice. For children in Orange County, the first contact with the juvenile justice system includes an introduction to Wrap Around Orange and the services it provides. Wrap Around Orange also receives direct referrals from OCPS. This is an evidenced based model that strives to keep families intact, improve outcomes for kids, allows parents to get a paying job, and cuts long-term costs to the community.
V. SUPPORT FOR UNINSURED CHILDREN

In addition to the organizations listed above, there are many not-for-profit organizations in Orange County that strive to serve the primary health care needs of uninsured and underinsured children and their families. As noted in the charts below the percentage and numbers of uninsured children in Florida and Orange County is significant. In 2013, 11.1% percent of the children in Florida were designated as being uninsured, ranking Florida 47th in the nation, with 445,035 uninsured children.

![Percent of Uninsured Children](chart)


The State of Florida also has the highest uninsured rate for children in the South:

![Map of Florida](map)


In 2014, 12.4%, of all Orange County children ages birth to eighteen were uninsured. This represents 35,429 children. Among the seven Florida counties with
the largest school districts in the state, Orange County had the highest percentage of uninsured children.

<table>
<thead>
<tr>
<th>County</th>
<th># of Uninsured Children (age 0-18)</th>
<th>% of Uninsured Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval</td>
<td>17,138</td>
<td>8%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>14,628</td>
<td>9%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>26,639</td>
<td>9%</td>
</tr>
<tr>
<td>Miami-Dade</td>
<td>64,806</td>
<td>12%</td>
</tr>
<tr>
<td>Broward</td>
<td>48,217</td>
<td>12%</td>
</tr>
<tr>
<td>Palm Beach</td>
<td>33,233</td>
<td>12.2%</td>
</tr>
<tr>
<td>Orange</td>
<td>35,429</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

With such a high number of uninsured children in Orange County it is imperative that Orange County families are made aware of health services that are available within the community as well as how to go about enrolling in affordable insurance coverage and government assistance programs so their children can access and receive comprehensive health care services.

Most uninsured children are eligible for health insurance coverage under Medicaid, Florida KidCare or the State’s Children’s Health Insurance Program (CHIP), and with the Affordable Care Act in place, Florida is slowly improving by enrolling more children in these programs.

In order to meet the primary and secondary care health needs of the uninsured children in Orange County there are several not-for-profit organizations that readily provide services to OCPS children and their families. These include:

Grace Medical Home
Grace Medical Home (GMH) provides comprehensive, primary care pediatric and adult medical services to patients at a minimal cost at its freestanding clinic in Orlando. GMH serves uninsured residents of Orange County who live at or below 200% of the federal poverty line. GMH referral forms are available through the OCPS Health Services Department. They provide the following pediatric services:

- Immunizations
- Comprehensive Care
- Pediatric Vision
- Developmental Specialists
- Mental Health Services
- Diabetes Education
Shepherd's Hope
Shepherd's Hope (SH) offers non-emergency care for children and adults in a free clinic setting in five locations throughout Central Florida. SH serves uninsured residents of Orange County who live at or below 200% of the federal poverty level and are not eligible for government assistance programs. SH partnered with Nemours Children’s Hospital to offer back to school physicals in 2014 with an estimated one hundred and five physicals performed for students in Orange County.

Federally Qualified Health Centers
There are three federally qualified health centers (FQHC) providers in Orange County - True Health (formerly Central Florida Family Health Centers, Inc.), Community Health Centers Central Florida, and Healthcare Center for the Homeless/Orange Blossom Family Health. According to the U.S. Department of Health and Human Services, FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits, by serving an underserved area or population, offering a sliding fee scale, providing comprehensive services, implementing an ongoing quality assurance program, and having a governing board of directors. These not-for-profit organizations provide healthcare to the insured, underinsured and uninsured at an affordable cost. Services include comprehensive medical, pediatric, dental, and pharmacy care. Local FQHCs provide primary healthcare and dental care to over 38,000 Orange County children ages birth to seventeen.

True Health currently is the only FQHC providing services at school based health centers in OCPS schools. These centers are located at Cheney Elementary and Evans High.

Healing the Children
Healing the Children, Florida Inc. (HTC) is a non-profit, volunteer organization dedicated to providing donated healthcare to a limited number of children in need. HTC is a primary and secondary care referral source that serves mostly children who are uninsured, who do not qualify for Florida KidCare due to their immigration status, and for families that may have insurance but are unable to meet the required deductible to obtain services. Healing the Children looks at each case individually. Children are referred through the social workers in the schools or the DOH-Orange County. Children are screened and, if eligible, their families are assisted in registering for Medicaid and Florida KidCare coverage.
VI. SCHOOL HEALTH EXPENDITURES AND BILLING STRUCTURES

A. School Health Expenditures
OCPS identifies as part of a grouping of schools known as the “Big 7” or Urban districts within Florida. The seven school districts are located in the counties of Broward, Duval, Hillsborough, Miami-Dade, Palm Beach, Pinellas and Orange; and represent the counties with the highest populations in the state. When researching best practice models and comparing statistics, these districts were of particular interest as they are considered peers for OCPS. One such measure, the annual student health expenditure per County provides insight into the amount of funding in the respective school districts budgets and how it is applied to directly support students’ health. Since the funding streams for school health come from a multitude of sources – health departments, school districts, community partners and in some instances, healthcare taxing districts – the funding is defined as being broader than the district; in other words, it is viewed as funding on the County level. Below is a table summarizing the annual student expenditures per the seven large, urban districts as well as other districts that are located within geographic proximity to Orange County or have provided insight into best practices.

Please note that the expenditure for Broward County appears to be a misreported figure. In school year 2012-13, Broward County allocated $44.80 per student, placing it 3rd below Miami-Dade. Palm Beach, Miami-Dade, Broward and Alachua counties all implement a voter-approved health care tax to support their school-based healthcare programs.

Annual Student Health Expenditure Per County, 2013-14 SY:

<table>
<thead>
<tr>
<th>County</th>
<th>Annual Expenditure/Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palm Beach</td>
<td>$95.24</td>
</tr>
<tr>
<td>Miami-Dade</td>
<td>$56.49</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>$41.95</td>
</tr>
<tr>
<td>Orange</td>
<td>$41.87</td>
</tr>
<tr>
<td>Pinellas</td>
<td>$35.75</td>
</tr>
<tr>
<td>Duval</td>
<td>$34.63</td>
</tr>
<tr>
<td>Broward</td>
<td>$19.18</td>
</tr>
<tr>
<td>Osceola</td>
<td>$46.61</td>
</tr>
<tr>
<td>Seminole</td>
<td>$35.98</td>
</tr>
<tr>
<td>Alachua</td>
<td>$43.03</td>
</tr>
<tr>
<td>Brevard</td>
<td>$41.53</td>
</tr>
</tbody>
</table>
B. Medicaid Administrative Claiming

OCPS has a system in place to support Medicaid Administrative Claiming and to capture Medicaid Reimbursement dollars. Funds generated from the Medicaid Administrative Claiming (MAC) program can be used to provide basic health services to all students and to enhance services for ESE students.

Types of administrative activities performed by district staff and can be reimbursed through MAC include:

- Referral to Health Services
- Health Care Planning and Coordinating
- Linking Families to Medicaid Services
- Program Planning and Monitoring

Staff must be designated based on, in part, their job function and qualified in order to participate in the administrative claiming process. To be reimbursed for their administrative activities, the District conducts a Random Moment Sampling (RMS) Survey on a quarterly basis and requires participants to describe their activities for a specified period of time. Participants may include ESE Administrators, ESE Teachers, Principals, Counselors, Nurses, and Social Workers. The RMS is used to determine the amount of time staff spends performing Medicaid outreach activities, and the results of time studies are then used to determine the percentage of school district cost that can be reimbursed. District staff is working to increase the number of participants (staff with administrative claiming ability) under the federal requirements to enhance this pool of funding. Below is a chart containing the three-year totals for MAC in the urban districts. While Orange County has steadily increased this funding stream, as noted above, the District is continually working to enhance and maximize its MAC efforts.

Three-Year Totals for Medicaid Administrative Claiming (MAC)

<table>
<thead>
<tr>
<th>District by Size (Largest to Smallest)</th>
<th>SY 2012-13</th>
<th>SY 2013-14</th>
<th>SY 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami-Dade</td>
<td>$13,874,588</td>
<td>$17,931,110</td>
<td>$14,203,182</td>
</tr>
<tr>
<td>Broward</td>
<td>$9,569,385</td>
<td>$10,946,882</td>
<td>N/A</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>$8,556,246</td>
<td>$9,161,630</td>
<td>$8,217,867</td>
</tr>
<tr>
<td>Orange</td>
<td>$3,903,475</td>
<td>$4,589,437</td>
<td>$4,936,197</td>
</tr>
<tr>
<td>Palm Beach</td>
<td>$5,830,398</td>
<td>$6,927,672</td>
<td>$7,235,904</td>
</tr>
<tr>
<td>Duval</td>
<td>$4,239,417</td>
<td>$3,547,336</td>
<td>N/A</td>
</tr>
<tr>
<td>Pinellas</td>
<td>$2,279,079</td>
<td>$2,489,510</td>
<td>$1,235,386</td>
</tr>
</tbody>
</table>
C. Medicaid Reimbursement

Between 1997 and 2008, OCPS billed Medicaid eligible services through an internally developed system known as the SMART system. The system was utilized only to capture and submit Medicaid eligible services with limited abilities. In 2009, the District moved to a new system called MAXCapture. This online system is used to capture all service documentation for all ESE students with filters in place to maintain Medicaid requirements and to submit eligible claims for reimbursement. Those services that match Medicaid requirements for “billing” are submitted to Florida’s Agency for Health Care Administration (AHCA) for reimbursement.

Beginning in 2013 through 2015, the District reviewed positions funded through the Individuals with Disabilities Education Act (IDEA) federal grant program and moved eligible providers into the general budget. This allowed these groups of providers to participate in the Medicaid reimbursement project.

OCPS staff currently eligible to bill for services, pending maintenance of licensure/certification and supporting documentation requirements, include:

- School Psychologists
- Social Workers
- Speech Language Pathologists
- Occupational Therapists and Certified Occupational Therapy Assistants
- Physical Therapists and Physical Therapy Assistants
- Registered Nurses
- Licensed Practical Nurses
- School Health Assistants

In 2013 (calendar year as opposed to school year), the Fee-for-Service Certified Match Reimbursement totals for the seven large, urban districts in Florida were:

<table>
<thead>
<tr>
<th>District by Size (Largest to Smallest)</th>
<th>Certified Match Reimbursement</th>
<th>Enrollment</th>
<th>Total # of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami-Dade</td>
<td>$1,408,457.98</td>
<td>356,241</td>
<td>466</td>
</tr>
<tr>
<td>Broward</td>
<td>$1,692,475.32</td>
<td>262,680</td>
<td>327</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>$1,164,432.40</td>
<td>203,431</td>
<td>278</td>
</tr>
<tr>
<td>Orange</td>
<td>$413,638.51</td>
<td>187,092</td>
<td>225</td>
</tr>
<tr>
<td>Palm Beach</td>
<td>$350,506.74</td>
<td>182,899</td>
<td>234</td>
</tr>
<tr>
<td>Duval</td>
<td>Not Available</td>
<td>127,559</td>
<td>179</td>
</tr>
<tr>
<td>Pinellas</td>
<td>$1,029,508.15</td>
<td>103,391</td>
<td>144</td>
</tr>
</tbody>
</table>
The school year fee-for-service Medicaid reimbursement retrospective (see chart below) shows a mostly consistent reimbursement range for OCPS. However, it’s important to note that during times of economic crisis, for example the most recent recession beginning around 2007, the district may receive alternative sources of funding to assist with school health and other district functions. This was the case with the provision of economic stimulus funding during which billing for Medicaid reimbursement was not allowed for services covered under stimulus dollars, preventing “double dipping” in the funding system.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Reimbursement - All Services</th>
<th>Nursing Services Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>$156,871.68</td>
<td>$83,560.20</td>
</tr>
<tr>
<td>2010-11</td>
<td>$666,427.46</td>
<td>$11,228.12</td>
</tr>
<tr>
<td>2011-12</td>
<td>$533,958.95</td>
<td>$61,921.21</td>
</tr>
<tr>
<td>2012-13</td>
<td>$403,726.11</td>
<td>$46,468.20</td>
</tr>
<tr>
<td>2013-14</td>
<td>$299,027.69</td>
<td>$52,969.66</td>
</tr>
<tr>
<td>2014-15</td>
<td>$582,288.72</td>
<td>$77,865.88</td>
</tr>
<tr>
<td>2015-16 *Q1-3 only</td>
<td>$688,074.49</td>
<td>$41,423.50</td>
</tr>
</tbody>
</table>

The OCPS Health Services Department district staff is continually educating health support staff on how to capture and document all allowable Medicaid Certified Match services so OCPS can earn more reimbursement dollars from Medicaid.
D. School Health Staff Salaries

In looking at a comprehensive picture of school health expenditures, salaries for nursing positions must be addressed. The chart below identifies nursing position salaries, where available, for the urban districts in order of size/student enrollment for the 2013-14 school year. The listed figures do not include benefits.

<table>
<thead>
<tr>
<th>District</th>
<th>RN</th>
<th>LPN</th>
<th>SHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami-Dade</td>
<td>$63,719</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Broward</td>
<td>$45,220</td>
<td>$29,943</td>
<td>N/A</td>
</tr>
<tr>
<td>Orange</td>
<td>$42,377</td>
<td>$20,167</td>
<td>$14,321</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>$40,562</td>
<td>$24,393</td>
<td>$19,005</td>
</tr>
<tr>
<td>Pinellas</td>
<td>$29,326</td>
<td>$21,293</td>
<td>N/A</td>
</tr>
<tr>
<td>Palm Beach</td>
<td>N/A</td>
<td>$33,833</td>
<td>N/A</td>
</tr>
<tr>
<td>Duval</td>
<td>N/A</td>
<td>$29,163</td>
<td>N/A</td>
</tr>
<tr>
<td>Osceola</td>
<td>$41,753</td>
<td>$24,844</td>
<td>$18,286</td>
</tr>
<tr>
<td>Seminole</td>
<td>$46,747</td>
<td>$25,746</td>
<td>$15,992</td>
</tr>
<tr>
<td>Alachua</td>
<td>$37,750</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Brevard</td>
<td>$35,553</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Of all the districts for which data was available, Orange County ranks 3rd in highest salary for RNs among the urban districts, and 4th overall among all the listed districts. However, the salary for an LPN position is the lowest for the both the urban and smaller, nearby or best practice districts. It will be important for the district to review its salary structure in order to be competitive with the local market, including hospital systems such as Florida Hospital, Orlando Health and Nemours Children’s Hospital, which are currently facing a shortage of viable nurse candidates to fill positions.
VII. STATEWIDE BEST PRACTICE MODELS

Research was conducted on best practices in school health both in the urban counties/peer districts and throughout Florida. In particular, best practices were sought for staffing structures, billing/funding processes and procedures, and innovation in delivery of care. Learning from other Florida school districts, with the same statewide governance, legalities and practices, can help to inform Orange County’s direction on school based health care by vetting long standing models and benefitting from the experience of others. The identified best practices are listed below in alphabetical order by county.

Alachua County Public Schools
Alachua County, home to the University of Florida in Gainesville, is a significantly smaller school district than OCPS. There are approximately 31,000 students in fifty-six schools. However, the majority of their schools, forty-one, are staffed by an RN. In fact, the district places an RN in every high school and most middle schools. There is an LPN in every elementary school.

Alachua County has been proactive in funding for school health services with an ad valorem tax, championed by the district’s superintendent. The ad valorem tax has been in place since 2002, and will sunset in 2017. The tax-generated funding is administered under the guidance of the Children’s Services Council of Alachua County, also created in 2002. Their school health program is administered by the Department of Health – Alachua County, which deploys nurses to schools in the district.

Brevard County Public Schools
Brevard County Public Schools (BCPS) is also smaller in size compared to OCPS with approximately 71,000 students and one hundred schools. The BCPS school health model, in partnership with the DOH – Brevard County, has been in existence for eighteen years. The DOH - Brevard entirely manages the program in cooperation with the school district, with the district providing funding to cover staff positions and other school health program needs. The nurses are not located at one school permanently; the DOH analyzes the level of need at each school and staffs accordingly. As the nurse is an independent position in the school, he or she is totally focused on the provision of school health services.

At the DOH – Brevard, the Medical Director is a full-time position, and readily available at all times for consult. The DOH also has a Medicaid billing structure in place to bill for all Medicaid students, not solely those in the ESE program. The total annual budget for school health services in BCPS is approximately $2.9 million. From a staffing perspective, there are six RNs, fifty-nine LPNs and fifteen health aides.
Hillsborough County Public Schools
Hillsborough County is one of the “Big 7” urban districts, and larger in size than OCPS with approximately slightly over 200,000 students and two hundred and seventy-eight schools. Their school health program includes just over one hundred RNs, one hundred and forty-five LPNs, and fifty-four certified nursing assistants (CNAs), which are in the process of being phased out for replacement with RN and LPN positions. In addition, the district provides six ARNPs and one Medical Director. The ARNPs each cover a Learning Community, and make scheduled appointments at schools for students as well as conduct physicals for students.

Hillsborough County Public Schools model is based upon the level of medical needs at each school. High schools are staffed with a full-time RN and LPN; middle schools employ full-time LPNs and in those schools with a high number of care plans, five full-time RNs help to provide support amongst the schools. There is either an RN or LPN at most elementary schools, with the CNAs being phased out to place an RN or LPN at every school. The Health Services Administration Director, an ARNP-level position, supervises the nursing staff.

It has been reported that the school district aggressively bills for Medicaid Administrative Match and Medicaid Reimbursement dollars. The District utilizes a third-party vendor, AmeriGroup, to bill students’ insurance plans, including Medicaid Health Plans. ARNP and Medical Doctor services are billed for reimbursement via this structure. Total annual funding for their school health services program is approximately $6.5 million.

Osceola County Public Schools
Osceola County Public Schools is a significantly smaller sized district located immediately to the south with 57,000 students in forty-seven schools. In 2005, however, district staff noticed an increase in the complex medical needs of their students. In 2006, the district mandated that each principal have at least one LPN employed in their school’s health clinic. The funding for the LPN position comes directly from the individual school budget. The district has forty-seven LPNs and nine RNs. There are no health aide positions. In addition, the Osceola County Health Services Department funds five Lead RN positions, which cover ten assigned schools and provide guidance on cases and case management. The DOH-Osceola County funds an additional three RNs to provide oversight to the schools. This staffing model has led to a low staff turnover rate noted in the district. Total annual funding for the school health services program is approximately $2.7 million.

Unique to Osceola County's model is the creation of a “substitute” nursing pool, comprised of nurses who are familiar with the intricacies of school health and the processes and policies of the district. The substitute nursing pool helps to ensure that students will receive the same standard of care as with the permanent nurse, and that policy and procedures will be followed in keeping with the district’s protocol.
Miami-Dade County Public Schools

Miami-Dade County Public Schools is the largest urban district in Florida with over 350,000 students and four hundred and sixty-six schools. One hundred and fourteen RNs, forty-three LPNs and one hundred and forty health aides service district schools.

In September 2002, voters of Miami-Dade County voted to approve a referendum establishing an independent special district to provide a dedicated funding source for children’s services entitled “The Children’s Trust.” The Trust was reauthorized in 2008, and established in perpetuity, meaning the tax is not scheduled to sunset. The Children’s Trust generates just over $20 million in total annual funding dedicated primarily for school health services.

The Children’s Trust also established the HealthConnect program which is partnership with the Miami-Dade County Health Department and Miami-Dade Public School system for a three-tiered, comprehensive approach to health. The system:

- Connects children and families to low cost medical insurance options and health services with the help of health navigators;
- Provides information and support through home visitations by family coaches to all new and teen mothers; and,
- Provides a team of nurses/nurse practitioners, social workers and health aides to public schools to provide needed comprehensive health and mental health services.

Palm Beach County Public Schools

Palm Beach County Public Schools (PBCS), one of the seven large urban districts in Florida, has enrolled approximately 182,000 students in two hundred and thirty-four schools. The school district began a partnership with the Palm Beach County Health Department and Health Care District of Palm Beach County in 1997 with the goal of creating a new, sustainable school health program that would staff RNs in every PBCS school. Today, there are two hundred and seventeen RNs, three LPNs and ten health technicians that provide health services in over one hundred and seventy of the schools. The ten health technicians carry out student screenings for hearing, vision scoliosis and Body Mass Index (BMI). The Health Care District trains school health employees and provides oversight and guidance to the nursing staff, and keeps detailed electronic health records.

The Health Care District’s enabling legislation grants it the ability to annually levy ad valorem taxes up to 2.00 mills per $1,000 of taxable value on Palm Beach County properties and has been in existence for twenty-six years. The ad valorem tax levied by the Health Care District is capped at one-quarter of a mill from the amount levied by the Health Care District in the previous year. Approximately $19 million in annual funding supports school health services in Palm Beach County Public Schools.
VIII. AREAS OF OPPORTUNITY

Based on the analysis of the OCPS school health data; extensive research on best practices and the intricacies of school-based healthcare and Medicaid billing systems and practices; as well as interviews with OCPS and other districts’ school health services staff, providers of health services and administration; the following eight areas of opportunities were identified:

- **Leadership** to identify and carry school health program goals forward;
- **Prioritization** of school health services;
- **Additional analysis** to continue to help inform OCPS and take a deeper look into best practices;
- **Learning** from experts in the field;
- **Sustainability** of a school health program both programmatically and fiscally;
- **Data Collection** through pilot initiatives and the establishment of an electronic health record;
- **Community Partnerships** that could bring new services into the school system; and,
- **Policy and Advocacy** analysis to track legislation related to school nursing and ensure district policies/practices are aligned and supported federally and statewide.

Below are recommended next steps and strategies for each of the eight areas of opportunities:

A. **Area of Opportunity One: Leadership**
   - Identify and appoint a contracted staff position dedicated exclusively to implementing next steps;
   - Individual must have expertise and experience in school health services programming and financing; and,
   - Accountability to Senior Executive Director-level position with direct connection to OCPS Superintendent.

B. **Area of Opportunity Two: Prioritization**
   - Maintain Gold achievement status for Florida Healthy District Award through ongoing and conscientious efforts to remove barriers to learning;
   - Adopt and actively promote the *Whole School-Whole Child-Whole Community* model which engages all sectors in support healthy child development; and,
   - Elevate the existing SHWAC and organize around the *WS-WC-WC* framework, develop an action plan, and ensure accountability for achievement of its goals.
C. Area of Opportunity Three: Additional Analysis

- Review and refine definition and selection of critical, substantial and moderate need schools;
- Consider new community health data;
- Pilot deeper data collection efforts among highest need schools;
- Determine if current funding is being directed to highest need schools and make necessary adjustments; and,
- Analyze current school health services staffing conditions (i.e. expertise, capacity, retention rates) at all levels – the district office, learning community and school, and consider ways to address challenges:

  District Level -
  - Enhance district level clinical expertise/capacity and administration for school health services including quality of care, level of services and potential to acquire more reimbursement
  - Increase level of communication and guidance from district and/or learning community staff in hiring/staffing of school level health positions
  - Develop and implement orientation/training programs and case management services

  Learning Community Level -
  - Increase the number of Lead RNs in each learning community; consider reallocation of FDOH-Orange County funding and collaboration for this purpose
  - Add one ARNP per learning community for support, oversight and guidance

  Individual School Level -
  - Conduct salary survey and ensure all salaries are competitive (especially for LPNs)
  - Conduct orientation and training for nurses prior to student clinic visits

D. Area of Opportunity Four: Learn from Others

- Assemble and send a team representing Orange County/OCPS to upcoming national conferences – National Alliance for Medicaid in Education (NAME), National School-Based Health Alliance (NSBHA) and National Association of School Nurses (NASN);
- Connect with American Academy of Pediatrics for national policy recommendations and learnings; and,
- Form a community advisory committee/task force to consider best practices, funding for school health, opportunities for enhanced services and implementation of recommendations. Committee members could include School Board members, hospital leadership, foundation or non-profit staff, potential funders and members of the PCAN network.
E. **Area of Opportunity Five: Sustainability**

- Maximize reimbursement for school health services through Medicaid Administrative Claiming;
- Maximize reimbursement via Certified Medicaid Match program for fee-for-services rendered;
- Provide a portion of Medicaid reimbursement directly to individual schools’ budgets for nursing staff and clinic supplies; and
- Continue and expand partnerships with Federally Qualified Health Centers and/or Medicaid Managed Care Organizations to provide and/or bill for qualified school-based healthcare services (delivered by ARNPs, MDs, Dentists, Behavioral Health Specialists, etc.)

F. **Area of Opportunity Six: Data Collection**

- Establish electronic medical recordkeeping (aligned with OCPS Student Information Management System) to:
  - Improve quality of care
  - Increase capacity to maximize reimbursements for school health services
  - Produce reports for schools, district, FDOH, partners, funders, and others to identify trends, submit mandated reports, and evaluate Return on Investment;
- Share data with the School Based Health Alliance Mapping Tool; and,
- Incorporate processes for evaluation up front.

G. **Area of Opportunity Seven: Community Partnerships**

- Establish partnerships with UCF and other academic institutions to supplement school health staffing and increase interest in school health careers via clinical rotations for nursing and nurse practitioner students, physician’s assistant students, and medical students/residents helping to ensure a pipeline of school health practitioners knowledgeable about the unique school health setting;
- Seek funding for three-year pilot program to increase staffing with nurse practitioners, credential nurse practitioners with insurers, implement electronic health record district wide, and initiate billing program;
- Work with area hospitals to evaluate how school health services reduce non-emergency visits to hospital emergency departments;
- Consider how new technology and telehealth services can be used to improve/expedite care, provide school-linked healthcare services, keep students in school and increase reimbursement for services;
- Hold focus groups with parents to discuss school-based health services and potential unmet needs;
- Develop an interactive resource for families to use in seeking health services within and outside of OCPS (PCAN, 2-1-1, etc.); and,
- Help to provide lifelong learning (i.e. increase health literacy) to families & students on extending care outside of the school including how to
establish a medical home, and when and how to make preventative healthcare appointments.

H. Area of Opportunity Eight: Policies and Advocacy

- Join school health advocacy organizations;
- Inventory federal and state policies that support the OCPS goal of placing a licensed school health professional in every school;
- Track and support appropriate legislative efforts (i.e. NURSE Act SB 2572 – federal demonstration grant program funding nurses based on Title I designation); and,
- Engage community partners in advocacy efforts.


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