


MEMORANDUM

November 20, 2019

TO: Health and Human Services Committee
Education & Culture Committee

FROM: Vivian Yao, Legislative Analyst 

SUBJECT: Update: School Health Nurse Staffing

PURPOSE: Receive an update on school health nurse staffing and consider moving forward with a special appropriation for additional school health nurses

Those expected to participate in the worksession include:

- Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
- Dr. Travis Gayles, County Health Officer and Chief of Public Health Services, DHHS
- Lindsay Lucas, Office of Management and Budget (OMB)

The Joint Committee has been briefed on the inadequate staffing and large workload of school health nurses (SCHN) for several years. The Joint Committee has requested that the Executive add funding to increase school nurse staffing (see ©1-2) and has itself recommended increased staffing in previous budgets. Most recently, the Joint Committee recommended placing \$1,234,200 to the Reconciliation List in six increments of \$205,700 for 2 School Health Nurse positions per increment. (Excerpts of the FY20 Council Operating Budget packet on this issue is attached on ©15-21.) Because of other competing budget priorities, the Council was not able to fund additional positions.

The Chairs of the HHS and E&C Committees continue to be very concerned that understaffing of school health nurses could impact the health and safety of students and requested this update to revisit the issue.

Much support for increasing school nurse staffing has been expressed by advisory groups including the Commission on Health (©3-5) and the School Health Council (©6-7) and in Council correspondence (see, e.g., ©8-14).

The salient points on this issue include:

- **Increasing enrollment and school size:** As schools have increased in size due to growing enrollment and facility additions, SCHN to student ratios have grown with no increase in staffing or change in school assignments.
- **Increasing complexity of health conditions and regulatory requirements:** The health conditions managed by SCHNs have increased in complexity and changes in regulatory requirements have increased SCHN's workload. School health staff provide support for teen pregnancy, opioid use, anaphylaxis, diabetes, new immunization requirements, sickle cell disease, trauma, anxiety, suicidal ideation, and dysautonomia. They also provide health education, case management for social determinants of health like homelessness, and a safety net for marginalized and high risk students. (See also ©19-21 for more information about changes in SCHN workload.)
- **Noncompliance with American Academy of Pediatrics Standards:** The Academy recommends a full-time nurse in every school. Currently, SCHNs are assigned to 2-4 schools.
- **Unacceptably high SCHN to student ratios:** The nurse to student ratio of 1:1,824 in FY19 was nearly three times that recommended by the National Association of School Nurses for the general population (1:750). The ratio also far exceeds that in all other jurisdictions in Maryland often by 200-300%. See ©16. The Commission on Health's letter to the Executive concludes that the high workload of SCHNs leads to a high nursing turnover rate, and as a result of being understaffed, there is the potential for medical errors and less than optimal health outcomes for students.
- **Consequences of high SCHN workload:** The large demands placed on school health nurses create stress for all school health staff, result in high turnover of SCHN staff, and ultimately compromise the care and safety of students.

Council staff requested information on the numbers of additional school health nurses needed to have a dedicated nurse in each high school, in each middle school, and in each elementary school with at least 850 students. This information was not available at the time of packet publication.

Council staff recommendation: The Joint Committee should request information from the Executive about adequate SCHN staffing – how many more positions are needed to provide a dedicated nurse in each high school, in each middle school, and in each elementary school with at least 850 students. The Joint Committee should consider moving forward with a special appropriation for additional school health nurses in FY20 to cover at least one SCHN in each MCPS high school. The Joint Committee should also request that the Executive include funding for adequate school health nurse staffing in his recommended FY21 budget.

The packet contains the following attachments:


| | <u>Circle #</u> |
|--|-----------------|
| April 29, 2019 letter from the Chairs of the HHS and E&C Committees to the County Executive | 1-2 |
| November 18, 2019 letter from the Commission on Health to the County Executive | 3-4 |
| Commission on Health FY20 Priority Statement to the HHS Committee | 5 |
| January 28, 2019 letter from the School Health Council to the County Executive and Council President | 6-7 |
| Examples of Council correspondence supporting additional SCHN staffing | 8-14 |
| Excerpts from the May 13 Council FY20 Operating Budget packet on items reviewed by the Joint HHS and E&C Committee | 15-21 |




MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

April 29, 2019

TO: Marc Elrich, County Executive

FROM: Gabe Albornoz, Chair
Health & Human Services (HHS) Committee 

Craig Rice, Chair
Education & Culture (E&C) Committee 

RE: Request for Budget Adjustment for School Health Nurse Staffing

At the April 26 Joint HHS and E&C Committee meeting, the Joint Committee were briefed on the inadequate levels of School Health Nurse (SCHN) staffing.

As schools have increased in size due to growing enrollment and facility additions, SCHN to student ratios have grown. At the same time, health conditions managed by SCHNs have increased in complexity and changes in regulatory requirements have increased SCHN workload, including pregnancy, opioid use, anaphylaxis, diabetes, new immunization requirements, sickle cell disease, trauma, anxiety, suicidal ideation, dysautonomia and others.

There has not been a corresponding adjustment to the number of schools assigned to SCHNs. Currently, SCHNs are assigned to 2-4 schools, based on an acuity tool that School Health Services utilizes to group school assignments. The Montgomery County School Health Council recommends an increase in funding to increase the number of SCHNs so that there is a dedicated nurse in all Montgomery County high schools, middle schools, and the largest elementary schools. This recommendation is consistent with the 2016 policy statement from the American Academy of Pediatrics that recommends a full-time nurse in every school.

In addition, the student to nurse ratio in Montgomery County far exceeds those in other jurisdictions in the State, as the following table shows.

| School Health Services – Other Maryland Jurisdictions – Feb 2019 (DHHS internal document) | | | | |
|--|-----------|-------------------|--------------------------|---|
| COUNTY | # SCHOOLS | ENROLLMENT | # RN – School-based only | RATIOS (Other jurisdictions ratios are lower than the below ratios, as their ratios include multiple nurses assigned to small special needs schools (2 or 3 nurses for < 50-100 students). |
| Prince George's | 209 | 131,730 | 190 | 1 RN: 693 students 1 RN per building with few exceptions |
| Baltimore County | 174 | 113,814 | 176 | 1 RN: 647 students 1 RN per school; additional (non-RN) staff at identified high needs some special schools |
| Anne Arundel | 128 | 83,000 | 87 | 1 RN: 954 students 1 RN per secondary school; 1 RN/2 elementary school. CNA in every school |
| Howard | 77 | 57,900 | 58 | 1 RN: 998 students 1 RN per high school and all except 22 schools that are clustered with full time HA and divided RN 58 CNA in identified schools |
| Harford | 54 | 37,828 | 58 | 1 RN: 652 students 1 RN per school plus additional staff at large / special schools |
| Carroll | 41 | 25,300 | 45 | 1 RN: 562 students 1 RN per building plus additional staff at special school and several others |
| Montgomery (minus 16 SBHWC/special schools) | 206 (190) | 162,680 (147,777) | 98 (81) | 1 RN: 1,660 students (1RN:1,824 students) 1 CNA/CMT per school RNs assigned based on acuity covering multiple schools |

The Joint HHS and Education & Culture Committee requests that the County Executive send the Council a budget adjustment that includes funding for 12 additional school health nurses in the FY20 Operating Budget, with the goal of having a dedicated school nurse in every County high school and reduce the school nurse to student ratio to 1:1600. The Joint Committee believes that this funding is needed to support the health and safety of our school population.

Thank you very much for your consideration.



Montgomery County Commission on Health

November 18, 2019

Mr. Marc Elrich, County Executive
Office of the County Executive
101 Monroe Street, 2nd Floor
Rockville MD 20850

Dear Mr. Elrich:

The Montgomery County Commission on Health supports fully funding the Department of Health and Human Services budget to cover an additional 26 school health nurses in your 2021 County Operating Budget.

The current nurse-student ratio in Montgomery County Public Schools (MCPS) has been a concern for some time and is not consistent with policy recommendations from pertinent professional organizations. The American Academy of Pediatrics specifically recommends no less than one full-time registered nurse (RN) in every schoolⁱ. Currently, 100 School Community Health Nurses (SCHN) are assigned to 206 MCPS schools, with 81 SCHN covering 190 schools – a rate of .43 nurses per school. The National Association of School Nurses (NASN) recommends a ratio of 1:750 for the general population of students, and 1:225 for students requiring daily professional services. In FY19, the nurse-student ratio was nearly three times (1:1824) the NASN recommendation of 1:750 for the general population of students. Montgomery County lags significantly behind *all* other counties. Montgomery County nurses have, on average, three schools to cover while Prince Georges County has a nurse for every school. Anne Arundel County has a nurse for every high and middle school. Howard County has a nurse for every high school and Baltimore County has a nurse for every schoolⁱⁱ. This deficit leads to a high nursing turnover rate as a result of being understaffed and the potential for medical errors and less than optimal health outcomes for studentsⁱⁱⁱ.

MCPS is the largest district in Maryland and the student population continues to grow. In addition, the reality of more complex medical needs places increased pressure on already overtaxed SCHN and School Health Room Technicians. According to Montgomery County school health services data, the number of visits to school health rooms last school year neared 900,000, higher than the previous years. Though this number is staggering, it still does not fully grasp the high acuity of many of these visits or all of the responsibilities that the nurses hold. The complexity of the visits has also increased, such as opioid use, anaphylaxis, diabetes, trauma, anxiety, suicidal ideation, teen pregnancy, and dysautonomia, as well as case management for social determinants of health like homelessness or providing health education.

While School Health Room Technicians (SHRT) are vital members of the school health team and certainly help to address some of the health needs that students face, their training and capacity is limited. They primarily support the RNs, who are also responsible for their training and supervision. SHRTs must have a high school diploma, 1 year experience working in any capacity with children, and receive training upon hire as employee orientation. On the contrary, SCHN's hold a minimum 4-year college BSN degree, are Registered Nurses, and have 2 years previous experience working in pediatrics, women's health or public health. SHRTs simply are not adequate replacement for fully staffing SCHN's at high schools and middle schools.

Ultimately, school-based health services provide a critical role in stabilizing students so they can learn, along with handling the increased volume and complexity of medical needs facing students today. School health services are also a source of primary care to hundreds of families. In addition to care planning and implementation, medication management, triage and treatment for acute illnesses, SCHN's provide a safety net for marginalized and other high-risk students, including LGBTQIA. This workload cannot be sustained without a fully staffed work force.

The quality of care provided by school health services will be compromised without adequate funding. Despite returning 91% of students to class ready to learn, it will be impossible to meet the critical health needs in the future, provide necessary education, linkages to services, home visits and follow-up care because of understaffing and unmanageable caseloads.

For all these reasons, the current nursing staff is simply inadequate to meet the needs of those they serve which include the most vulnerable populations. We strongly urge you to provide funding for School Health Services so that health rooms can be fully staffed by RNs in FY2021. Like you, we are all committed to the safety and well-being of all MCPS students and school nurses are an important component to that objective.

Sincerely,



Desiree de la Torre
Chair, Montgomery County Commission on Health

Cc: Montgomery County Council, Richard Madaleno, Director of Office of Management and Budget,
Raymond Crowel, Director Montgomery County DHHS

¹ American Academy of Pediatrics. <https://pediatrics.aappublications.org/content/137/6/e20160852>

² Montgomery County Council Health and Human Services Committee and Education & Culture Committee Work Session, April 26, 2019.

https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2019/20190426/20190426_HHSEC1.pdf

³ National Association of School Nurses. <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-medication>



Montgomery County Commission on Health (COH) Fiscal Year 2020 Priorities

The Commission on Health (COH) respectfully submits its Fiscal Year 2020 Priorities. The COH is focused on three key public health priorities: **school health, vaping and smoking, and communicable diseases**. We plan to coordinate and align these efforts with our fellow Boards, Committees, and Commissions that have identified the same or similar priorities. In addition, we plan to align our priorities with Executive Marc Elrich's Transition Report. We recognize an opportunity to partner on the Thriving Youth and Families priority that aims to get "all children off to a good start in life" because it has "innumerable long-term benefits for our community, including a stronger economy, lower poverty, and less crime. Children need healthy, supportive families, great schools, and caring communities." Together, we believe we can address the following public health priorities.

A. School Health

Studies have shown that poor health can put education at risk – kids with poor health tend to have higher absenteeism rates, lower academic concentration, and higher risk of learning disabilities. Conversely, education can create opportunities for better health – adults with a good education tend to have better jobs, access to health care, live in healthier neighborhoods, and live longer lives.

Our initial efforts will focus on the need for additional school nurses in Montgomery County Public Schools. We are significantly concerned with the current level of school health nurse staffing that would ensure the health and safety of students given the high school health nurse to student ratios and increasing complexity of health conditions and regulatory requirements. Our assessment will include outreach to school administrators, parents, students, and government agencies. We will also identify the current barriers and opportunities for additional funding.

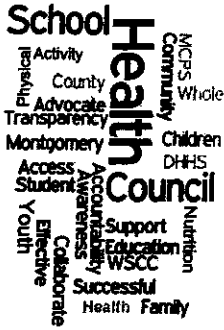
B. Vaping and Smoking

According to Dr. Gayles, there have been 15 reported cases of severe respiratory illness related to vaping in Maryland and three MCPS students have been transported from school after collapsing. We look forward to analyzing the impact and engaging with the community on current legislation that both you, Councilmembers Gabe Alborno and Craig Rice, have developed to prohibit e-cigarette and vape manufactures, like Juul, from distributing their products near schools. In collaboration with the Alcohol and Other Drug Abuse Advisory Council, we will identify needs/gaps and other important issues related to vaping and smoking and where we need additional resources for public health planning.

C. Communicable Diseases

Montgomery County has experienced an increase in sexually transmitted infections (e.g. gonorrhea, chlamydia) that mirror state and national trends, and a rise in both active and latent tuberculosis cases. A closer examination of the epidemiological data shows a number of conditions with increasing trends and demonstrated disparities by race/ethnicity, age, sex, and geographic area. We plan to review this data and advise public health planning to better target efforts and resources to meet the evolving needs of a changing population in the County.

We look forward to working with our government leaders, community organizations, and community as we work together to achieve health equity.



Montgomery County School Health Council

Rockville, MD

<https://www.montgomerycountymd.gov/HHS-Program/PHS/SchoolHealthCouncil/SHC.html>

January 28, 2019

Dear County Executive Elrich and County Council President Navarro,

The Montgomery County School Health Council recommends an increase in funding for the Department of Health and Human Services to increase the number of School Community Health Nurses so that there is a dedicated nurse in all Montgomery County high schools, middle schools, and the largest elementary schools. This recommendation is consistent with the 2016 policy statement from the American Academy of Pediatrics that recommends a full-time nurse in every school. We understand the budgetary and logistical difficulties involved in hiring nurses; however, the last few years, there has been a significant increase in the volume and complexity of medical issues presented in our secondary schools. While every school in Montgomery County has a health technician, who is a nursing assistant, each school nurse generally is responsible for several schools. We do not believe that health technicians have the necessary skills to handle the increasingly complex medical issues presenting in our school health rooms. Accordingly, we believe that the solution is to place a highly trained School Community Health Nurse in all high schools, middle schools, and the largest elementary schools.

According to a report given by the Senior Administrator for School Health Services at our last School Health Council meeting, over 850,000 students visited school health rooms this past year, an increase over the last few years. We are even more concerned about the increased complexity of the medical and mental health issues that these students are experiencing, which include pregnancy, opioid use, anaphylaxis, diabetes, trauma, anxiety, suicidal ideation, dysautonomia and others. In the last few months, nurses administered three doses of Narcan to students who overdosed on opioids during the school day. Epipens have also been administered 120 times to students who experienced anaphylaxis. Last year, a school nurse diagnosed a student with new onset diabetes and referred her to the ER. Had she not referred this student to the ER, the outcome could have been much worse for this student. Last year, a school nurse delivered a baby in a high school restroom to a student who did not even know she was pregnant. The baby and student had a good outcome, and the student remains enrolled in school.

These complex medical issues require management by a well-trained medical professional. Whereas the health technicians provide support to the school nurses, they lack training needed to manage the medical needs of the school population. Currently, school nurses are managing students at multiple schools and are often not available for emergencies, which we find extremely concerning. In addition to the increasing complexity of medical issues is the increasing social needs of our MCPS

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students. Many do not have access to adequate primary care outside of school or do not have transportation to a doctor or hospital when needed. School Community Health Nurses should be available to provide education regarding illness management as well as information regarding health resources outside of school.

We strongly believe that additional funding is needed to increase the number of nurses in our schools. As many of us on the School Health Council are medical professionals, and most of us have children in the Montgomery County School System, we are committed to the safety and the wellbeing of all MCPS students. We hope that you will consider our request for the 2019 budget.

Sincerely,

Gail Warner, M.D.
Daniel Russ, Ph.D.

Co-Chairs of the Montgomery County School Health Council

cc: Gabe Albornoz, Chair, Montgomery County Council HHS Committee
Evan Glass, Montgomery County Council HHS Committee
Craig Rice, Montgomery County Council HHS Committee

Richard Madaleno, Director, Montgomery County Office of Management and Budget

Montgomery County School Health Council members

AAS

V4

Guthrie, Lynn

From: Navarro's Office, Councilmember
Sent: Friday, November 08, 2019 12:37 PM
To: Council President
Subject: FW: School Nurses URGENTLY NEEDED
Attachments: lettertoerlich.docx

From: Hartwig, Brenda <Brenda_Hartwig@mcpsmd.org>
Sent: Friday, November 08, 2019 12:29 PM
To: Albornoz's Office, Councilmember <Councilmember.Albornoz@montgomerycountymd.gov>; Friedson's Office, Councilmember <Councilmember.Friedson@montgomerycountymd.gov>; Glass's Office, Councilmember <Councilmember.Glass@montgomerycountymd.gov>; Hucker's Office, Councilmember <Councilmember.Hucker@montgomerycountymd.gov>; Jawando's Office, Councilmember <Councilmember.Jawando@montgomerycountymd.gov>; Katz's Office, Councilmember <Councilmember.Katz@montgomerycountymd.gov>; Navarro's Office, Councilmember <Councilmember.Navarro@montgomerycountymd.gov>; Rice's Office, Councilmember <Councilmember.Rice@montgomerycountymd.gov>; Riemer's Office, Councilmember <Councilmember.Riemer@montgomerycountymd.gov>
Subject: School Nurses URGENTLY NEEDED

[EXTERNAL EMAIL]

Good Morning Mr. Elrich and County Council Members,

I am a School Health Room Technician and this is my 20th school year. I love my job! I love what I do and I love being able to make a difference with the children in this county. Many things have changed over the last 20 school years that I have been doing my job. The job has become more complex and more difficult. We have so many more children in this county. Many of these children face poverty, trauma, mental health concerns and SO MANY face challenging health conditions. We deal with things like asthmatics, diabetics, seizures, cardiac conditions, anaphylaxis, sickle cell disease, as well as physical, learning and mental disabilities. Many children require routine medications or treatments to be done while in school, while many more require emergency life saving medical care while in our care.

Over the 20 years, our management team has grown by double. But those of us working in the trenches aka schools, have only increased in the number of new school buildings being built or an increase in the School Based Health or Wellness Centers. We have not grown in the overall number of school nurses.

As you know, Montgomery County has the highest number of students to nurse ratio in comparison to every other county in this area. Our numbers are vastly different than any of the other school districts. Many school nurses have 2500 or more students in their care. THIS IS NOT SAFE! They have so many students and are dealing with case management, creating and updating health care plans for students, making sure to keep up with the often changing laws for care of students with diabetes, asthma, anaphylaxis, sickle cell, seizures, cardiac conditions, etc. Students come to school with diabetic pumps that are changing and evolving every day. We have children that require a nurses attention for many interventions every day. We have pregnant and parenting teens, we have children that need medical or dental care that we are often assisting with.

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Our school nurses are stressed. We continue to lose great school nurses; many sitting at their exit interview that the work load is impossible to keep up with. We have lost over 18 school nurses in a short time period. The work load is too much for anyone to safely navigate. It is affecting our mental and physical health. Our nurses average age is mid 50's. What is being asked of the school nurses to safely do day in and out is not possible. Many things are being delegated to the school health techs like myself. I do not mind helping out, but it is taking a toll on me too. We do not have down time in our jobs. But it's beyond that sir. We are missing out on giving the best care possible. We have schools that have recess that runs almost all day. We have kids that fight, that come in upset and crying because of trauma in their lives, we have children that we are often providing specialized treatments and care for that takes us away from the emergencies that walk in our doors. We give life saving emergency medicines like epinephrine auto injectors for anaphylaxis, diastat for seizures that do not stop, inhalers or nebulizers for severe asthma, and naloxone for drug over doses. We use AED's for cardiac arrest, perform CPR, and treat many injuries and illnesses. But when so much of the work is delegated to me on top of my already hefty work load, it makes my job even more challenging.

We need more school health techs too. As employees retire or move on, it takes forever to move subs into merit positions. Many of the subs that we have leave for other full time jobs with benefits because the average wait time for a merit placement is well over a year. I hear often from others that they leave because they need a steady and consistent paycheck with benefits. So all that time and money spent on training these subs goes to waste. Just yesterday, there were 38 sub techs in work status and we will still had schools that were uncovered. **THIS IS NOT ACCEPTABLE!**

I plead with you to please fund the hiring of more school nurses. The children of this county deserve to have more school nurses and school health technicians. Your School Health Services workforce deserve to have more!

Thank you,
Brenda Hartwig,
School Health Room Technician
Union Steward with MCGEO
Bargaining Team Member
Montgomery County Life Long Resident

Brenda Hartwig SHRT II CNA CMT
Judith Resnik Elementary School
Health Room
(240) 740-3242 Direct Line - NEW
(240) 740-3240 Main Office - NEW
(301) 840-7135 Fax

UFCW Local 1994 MCGEO Union Steward

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I am a School Community Health Nurse In Montgomery County. I work for the Department of Health and Human Services, School Health Services.

It is a gratifying sentiment to see a school-aged asthmatic demonstrating the correct method in using an inhaler, to hear a parent say, "Thank you, your persistence saved my son's life" or have a MCPS staff member insist that your presence is needed in a meeting.

The role of a school nurse is no longer limited to Band-Aids, stomachaches and soiled clothing. Today's school nurse supports and provides care to the student who self mutilates, new onset Type 1 diabetic, and the embryonic gender transitions. The school nurse, confronted with complex chronic social and medical issues, often acts autonomously in coordinating the care and support for the students and their families.

In the hospital setting, a medical cache that includes, laboratory, Radiology, Medical and Nursing Directors affects care and outcomes. Many of which will never meet the in-patient. In the public school Health Room setting, the school nurse's experience, education, training, and gut feelings have propitiously affected the outcomes of many students in the MCPS.

At any given time students are returning to the school setting after major and minor surgical interventions (brain, organ transplants, gastro-tube placements, kidney stones, fractures, abortions) and psychological hospitalizations to report to the school nurse or not for follow up and case management. The health room for many students is a place of respite.

The school nurse and health room is a source of care and advice for the MCPS staff. Our role in the school setting includes support to the staff that entails blood pressure monitoring, first aide, blood sugar testing and on occasion a 911 intervention. Nurses and health room staff are the first responders; providing health care, food supplies, clothing and our time.

Thirty-seven years as a nurse with experience in many diverse roles and environments has been useful in the MCPS setting, from removing

aberrant piercings and contact lenses, embedded ticks and lice to assessing victims of physical abuse and illegal substance users.

Nurses rank as the most trusted profession in the United States consecutively for 17 years in the past 20 years and yet nurses have relentlessly petitioned their worth at every undertaking. I am currently covering over 2700 students, a high school and an elementary school. My colleagues have provided our latest statistics; nevertheless, there has been an increase in the number of students entering MCPS with Type 1 Diabetes, history of Asthma, mental health problems, and anaphylaxis to peanuts and other foods. Clearly, members of your council do not value our worth, the safety and well-being of the MCPS community. We need more nurses; the council should want the best and brightest early in their nursing careers to seek employment in MCPS.

Reconsider your position.

Robin R. Ingram, MS, BSN, RN

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Dear Council members,

I am a School Community Health Nurse in Montgomery County. I work for the Department of Health and Human Services, School Health Services.

I do not work for MCPS

I am beyond frustrated that you, once again, are not keeping your end of the bargain with regard to the agreed upon contract. How can we trust you in the future when you vote yes, then turn around and do your own little private straw vote to stop what has been agreed upon??????
What kind of administrators are you? **YOUR WORD IS YOUR WORD!!!!!!!!!!!!!!**

When you fund MCPS, it does not include more nurses.

In so doing, you told a group that is 99% female that we are not as important as the Contract you did approve for Firefighters and police, which is predominantly male. This is not a coincidence!!

With 165,000 students in MCPS schools, there are now less than 100 nurses. That's it! Do the math.

Have you forgotten that there were 850,000 visits to the health room (91% returned to class), 800 911 calls

120 Epipens given

anaphylaxis diagnosis ~1000

Asthmatic ~2,000

355 insulin dependent (a shot) diabetics??

So basically, you are ok with this! You are good that each nurse could handle about 1600 students????? One nurse and one tech. So you are good with this if your own child comes in with symptoms of a life threatening allergy or difficulty breathing due to asthma, or a puncture wound that has completely perforated the skin and there are 8-10 other students in the health room for that one person to deal with, plus routine medications to give and students cutting and saying they don't want to live anymore????????? This is good for you???

Not me, I expect better from the Montgomery County government ELECTED officials!

18 nurses have left county employment, the majority citing work load.

I am concerned not only your total disregard for the safety and welfare of the students, but your blatant lack of understanding of who I even work for...YOU!

Wake up!!!!!!!!!!!!!!!!!!!!!! This is not a joke. It's not just about you or your own agenda.

Thank you for your attention, and **I will be following the HHS Budget meeting on May 23, 2019**

Gail Michaels RN, SCHN

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Email Viewer

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| Source | | | |

HTML

Good afternoon,

You will be voting on the items in the Reconciliation list that you can fund this year. See highlighted text below.

Please vote yes for all 12 nurses on this list.

We have lost 18 nurses in the past year. There will be more. There is a serious Nursing shortage in this country. Nurses will go to jobs that pay more and are less stressful... Please know that all the new State of Maryland laws enacted that pertain to health in the schools....need nurses to assure they are continued.

The safety and well-being of the students depends largely on the health care they receive at school.

Please vote yes to fund this most critical need.

◆ Add \$1,234,200 to the Reconciliation List in six increments of \$205,700 to add two School Health Nurse (SCHN) positions per increment. The Joint Committee expressed concern that the current level of SCHN staffing would not assure the health and safety of students given the high SCHN to student ratios and increasing complexity of health conditions and regulatory requirements. The Joint Committee added funding to the Reconciliation List after hearing that the Executive would not be sending a budget adjustment as requested (see ◆11-12).

Respectfully,

~Nancy

Nancy T. Austin, RN
School Community Health Nurse

Diabetes Support Team
240-777-4273
Fax: 240-777-1860

<https://www.montgomerycountymd.gov/HHS-Program/PHS/SchoolHealth/Index.html>

Close

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PH 4-8-19
OP BUD

| | | | |
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| Message | Details | Attachments | Headers |
| Source | | | |

HTML

From: "Amadei, Celeste M" <Celeste_M_Amadei@mcpsmd.org>
 Date: 5/17/2019 9:58:40 AM
 To: "County.Council@MontgomeryCountyMD.gov"
 <County.Council@MontgomeryCountyMD.gov>
 Cc:
 Subject: Seasoned School Nurse

As a school nurse in a challenging high school both physically and mentally, one which is targeted for a Wellness Center due to the acuity of health conditions, I am appalled at the council's decision not to approve our requests for funding.

Perhaps, coming to one of our schools and experiencing the high level of acuity, paperwork, and the risks we take every day with our license, you might understand why there a few nurses who remain in this risk taking and poorly paid job!

If you have children attending Montgomery County schools, you might want to consider the risk YOU are taking with your child!

Celeste M. Amadei, PsyD, MS, RN
 Community Health Nurse II
 Kennedy High School
 1901 Randolph Rd.
 Silver Spring, MD 20902
 (240)740-0115
 Celeste_M_Amadei@mcpsmd.org<mailto:Celeste_M_Amadei@mcpsmd.org>

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A. SCHOOL HEALTH SERVICES

The Executive's budget proposes \$30,420,761 and 275.47 FTEs for School Health Services in FY20, an increase of \$1,782,894 and 5.58 FTEs, compared to FY19.

The program provides health services to students in Montgomery County Public Schools. The services include: first aid and emergency care; health appraisal, medication and treatment administration; health counseling, consultation, and education; referral for medical, psychological, and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens; hearing and vision; and Lead Certification screenings. Immunizations and tuberculosis screenings are administered at School Health Centers, primarily to international students enrolling in MCPS. Primary health care is provided to students enrolled at School-Based Health Centers or High School Wellness Centers. The program also provides health, dental, and social services to Head Start children and their families in collaboration with HHS, Office of Community Affairs, MCPS and contracted community-based child care centers

1. Funding for School Health Room staff for new school facilities **\$456,287**

The Executive is recommending additional funding to support mandated school health services at the new Clarksburg Elementary School and for programming that began in FY19 at the MacDonald Knolls Early Childhood Center, two locations for the Blair Ewing School, and full-year programming at Arcola and Roscoe Nix Elementary Schools.

2. Implementation of the Atticus Act (vision and hearing screening for children) **\$71,339**

The recommended funding supports required hearing and vision screening for students in Grade 1 and 8 and new kindergarteners. Council staff understands that not only are more students required to be screened, but there are additional requirements in delivering the screening that affect staff workload.

3. Multi-program Adjustments **\$1,255,268**

Multi-program Adjustments include negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

School Health Nurse Staffing

The Joint Committee has previously been briefed on the inadequate levels of School Health Nurse (SCHN) staffing. As schools have increased in size due to growing enrollment and facility additions, SCHN to student ratios have grown.

At the same time, health conditions managed by SCHNs have increased in complexity and changes in regulatory requirements have increased SCHN's workload, including pregnancy,

opioid use, anaphylaxis, diabetes, new immunization requirements, sickle cell disease, trauma, anxiety, suicidal ideation, dysautonomia and others. (See also ©54-56 for more information about changes in SCHN workload.)

There has not been a corresponding adjustment to the number of schools assigned. The Montgomery County School Health Council recommends (©28-29) an increase in funding to increase the number of SCHNs so that there is a dedicated nurse in all Montgomery County high schools, middle schools, and the largest elementary schools. This recommendation is consistent with the 2016 policy statement from the American Academy of Pediatrics that recommends a full-time nurse in every school.

Currently, SCHNs are assigned to 2-4 schools, based on the “Acuity Tool”² School Health Services utilizes to group school assignments. Although each school has a School Health Room Tech, there is large difference between the SCHN and Tech in the training, skills, and functions they can perform. See also ©53.

Council staff also notes that the student to nurse ratio in Montgomery County far exceeds those in other jurisdictions in the State, as the following table shows.

| School Health Services – Other Maryland Jurisdictions – Feb 2019 (DHHS internal document) | | | | |
|---|----------------|-------------------|-------------------------------|--|
| COUNTY | NUMBER SCHOOLS | ENROLLMENT | NUMBER RN – School-based only | RATIOS (Other jurisdictions ratios are lower than the below ratios, as their ratios include multiple nurses assigned to small special needs schools (2 or 3 nurses for < 50-100 students). |
| Prince George’s | 209 | 131,730 | 190 | <ul style="list-style-type: none"> • 1 RN: 693 students • 1 RN per building with few exceptions |
| Baltimore County | 174 | 113,814 | 176 | <ul style="list-style-type: none"> • 1 RN: 647 students • 1 RN per school; additional (non-RN) staff at identified high needs some special schools |
| Anne Arundel | 128 | 83,000 | 87 | <ul style="list-style-type: none"> • 1 RN: 954 students • 1 RN per secondary school; 1 RN:2 elementary school. • CNA in every school |
| Howard | 77 | 57,900 | 58 | <ul style="list-style-type: none"> • 1 RN: 998 students • 1 RN per high school and all except 22 schools that are clustered with full time HA and divided RN • 58 CNA in identified schools |
| Harford | 54 | 37,828 | 58 | <ul style="list-style-type: none"> • 1 RN: 652 students • 1 RN per school plus additional staff at large / special schools |
| Carroll | 41 | 25,300 | 45 | <ul style="list-style-type: none"> • 1 RN: 562 students • 1 RN per building plus additional staff at special school and several others |
| Montgomery (minus 16 SBHWC/special schools) | 206 (190) | 162,680 (147,777) | 98 (81) | <ul style="list-style-type: none"> • 1 RN: 1,660 students (1RN:1,824 students) • 1 CNA/CMT per school • RNs assigned based on acuity covering multiple scho |

Because of these factors affecting SCHN workload, the Council added funding to the Reconciliation List for additional SCHN staffing during consideration of the FY18 Operating Budget. However, the funding was not ultimately approved because of competing priorities and fiscal constraints.

² The Acuity Tool factors in student enrollment, level of school, health room visits, ever FARMs, mobility rate, ESOL, treatments, medications, and activities of daily living.

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| FY18 – Watkins Mill Cluster Project Multi-A | % of Clients that Improved per Family Stability Assessment |
|---|--|
| Employment | 88.8% |
| Family Mental Health & Substance Abuse | 50% |
| Family Safety* | 0%* |
| Family Conflict | 0% |
| Financial Resources | 87.5% |
| Health Status | 66.6% |
| Residential Status | 66.6% |

*No FY18 clients reported experiencing significant difficulties with regards to family safety at intake.

- What is the rationale for delaying implementation of the Paint Branch and Springbrook Cluster Project? Why is the delay showing a savings of \$287,275 when the total FY19 approved budget for the expansion was \$134,190?
Given the current fiscal situation, the CE recommended postponing this new project until FY21 in lieu of cutting existing services or programs being offered to the residents of Montgomery County. The delay shows a greater savings than the total FY19 approved budget because the project was originally scheduled to start at mid-year. (\$134,190 was the cost for implementing the project starting January 2019; \$287,275 would be the cost to operate the project for all FY20).

School Health Services

- **How many FTEs and positions are in School Health’s personnel complement for SCHN and Tech positions in FY19 and FY20 recommended?**

FY19: 81 SCHN (64.67 FTE), 218 SHRT (158.10 FTE)
 FY20: 82 SCHN (65.67 FTE), 223 SHRT (162.24 FTE)

- **What is the current staffing model for SCHN and Techs (how many and what level schools are they assigned)?**

While DHHS has a goal of one SHRT at each school and one SCHN at every HS, MS and ES >1000 students, and 1 SCHN for every 3 ES, current staffing levels are generally 1 SHRT per school, with SCHN’s assigned 2-4 school based on the “Acuity Tool” SHS utilizes to group school assignments. The acuity tool factors in student enrollment, level of school, health room visits, ever FARMs, mobility rate, ESOL, treatments, medications, and activities of daily living.

- **What is the difference in training requirements for SCHNs and Techs?**

| Requirements | School Community Health Nurse | School Health Room Technician |
|--------------------------|--|--|
| Education | 4 year college degree – BSN | High School diploma |
| License | Registered Nurse | NA |
| Experience | Minimum of 2 yrs prior experience working in pediatrics, women's health or public health | 1 year experience working in any capacity with children (ie daycare, summer camps). |
| Required Courses | Maryland Board of Nursing /MSDE Delegating Nurse course – 16 hours | On-going training by SCHN on delegated nursing task |
| Certification | NA | Certified Nursing Assistant (100 hour course provided by SHS RNs as part of employee orientation) |
| Certification | NA | Certified Medication Technician (20 hour course provided by SHS RNs as part of orientation) |
| CPR (6 hrs) / 2 yrs | Yes | Yes |
| First Aid (6 hrs) / 2yrs | Initial orientation only | Yes |

Additional SCHN required skills:

- Emergency medical response and ability to work independently - critical thinking and decision making skills needed in addressing emergencies or unique and evolving situations without input/guidance from other licensed professionals
- Only Registered Nurse can delegate tasks to SHRT.
- All DHHS school nurses have taken the National Association of School Nurses course on Diabetes.

SHRT:

- Must work under the license of a Registered Nurse.

- **For FY18 and FY19, please provide the SCHN:Student ratio.**

Please see chart below.

- **How does the workload for SCHNs in Montgomery County compare to other jurisdictions in MD in terms of number and levels of school assigned and SCHN:Student ratios?**

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- **What changes to school health nurse workload or regulatory requirements have occurred in the last few years? Please describe how school health nurses manage the health needs of MCPS students and the extent to which the severity or complexity of these needs have changed in recent years? What are the most complex situations that school nurses deal with?**

Several recent legislative mandates have impacted school nurse workload. These include:

- **Anaphylaxis:**
 - Development of individualized and emergency care plans
 - Increased training mandates:
 - General Awareness training of all 20,000+ MCPS staff.
 - More detailed training of 400 SHS staff and 600+ identified MCPS staff- ES,MS,HS.
 - Individualized training of on average 6 staff per 6,549 students identified with anaphylaxis (3190) in FY18/19 (half with their own Epipens in school). 19K staff trained.
 - Documentation required for all above training.
 - State form filled out every time an Epipen is administered (100-125 times per year).
- **Opioid Overdose and Awareness:**
 - Narcan was administered to students during the school day 6 times since September 2017.
 - Opioid Awareness training and Narcan available in every school.
 - Narcan administration training of 400 SHS staff and 600+ MCPS- ES,MS and HS.

- Documentation required for all above training.
- Diabetes
 - Increased training for SCHN on new and constantly changing technologies and intensive insulin therapy as best practice for the care during the school day of children with diabetes.
 - **MSDE/MDH Maryland State SHS Diabetes Guidelines (April 2017)** – SCHN provides 3 Levels of Training (see below)
 - **Level 1:** General Awareness (PPT) for all 20K MCPS staff and all SHS staff – documentation required.
 - **Level 2:** Additional two hours for each person trained - SHS staff and MCPS teachers, PE, Art, Music, security, transportation, coaches, ie. any staff responsible for students with diabetes.
 - **Level 3:** Additional 4 hours for each person trained – Individualized Student specific training for those students not independent, requiring 1:1 assistance – all SHS staff PLUS identified MCPS staff (ie. paraeducators assigned to identified diabetic students).
- Immunization changes – new requirements for Tdap/MCV upon entering Grade 7 (12K students) and second varicella in Kindergarten
 - Tracking of close to 5K students each year of other required immunizations which are in process.
- Vision and Hearing – the new legislation requires all tested students (not just failures) to receive results and additional educational materials. In FY18, 32K children were screened and 6K did not pass and were contacted. The new legislation requires outreach to the remaining 26k+ students and their families.
- Sickle Cell – planning of individualized health and emergency care plan and enhanced training and awareness training regarding prevention and treatment of sickle cell crisis for additional school system staff

These are in addition to the routine requirements of monitoring every students' immunization status, assessing new students health concerns and developing care plans, completing mandated reporting requirements, assisting families to access health care, participating in educational management team, 504 and IEP meetings, addressing emerging communicable diseases and dealing with routine care as well as emergencies. There were 847,000+ unplanned student visits to health rooms, 120 EpiPens administered and approximately 800 "911" calls made last year during the 200 days school was in session.

In addition to the above mandates, there is are increasing workload requirements and complexity of health care needs. Some of the factors include:

- Complicated medical technology:
 - Diabetes – As of April 2019, there are 354 children with diabetes (primarily Type 1 – juvenile diabetes) enrolled in MCPS. The number of students with diabetes has, over the years, remained relatively consistent; it is the *best practice* for their medical care which has changed – it is called intensive insulin therapy. These children all REQUIRE, multiple times every day, the injection of insulin via insulin pen (needle) or insulin pump, for all meals and most snacks, throughout the day, to stay alive.
 - The insulin pumps and CGMs (continuous glucose monitors) are new, evolving and complicated technology.
 - These are medical devices, inserted into children's bodies, requiring dosing calculations and adjustments by a school nurse throughout the day to deliver insulin or check blood sugar.
 - They are used in diabetic children as young as 4 or 5 years old – too young to understand how to use them.

- In FY10, out of 314 diabetic students, there were 9 diabetic students who needed assistance getting insulin during the school day.
- At the start of FY19, out of the 325+ children with diabetes in MCPS, there were 159 children at 88 different schools (very young, newly diagnosed, or developmentally unable to do so) requiring a school nurse to work with them multiple times each day, especially at lunch time. This number of students is greater than the total number of nurses in the school system, so this has a great impact on each and every nurse.
 - Vagus Nerve Stimulator – for seizures- wand-like devices run across areas of the body with implanted mechanisms that are activated to send impulses to the brain to stop a seizure.
 - New modalities of continuous delivery systems of medications (ie under the skin) for medical conditions such as pulmonary hypertension.
- Increasing mental health signs and symptoms presenting in health rooms, from elementary through high schools, including suicidal ideation and attempts, anxiety, homelessness, fighting, cutting, high risk behaviors, multiple substance use during the school day, trauma, Adverse Childhood Experiences (ACEs)
- 7 middle school pregnancies to date in FY19
- Vaping (juuling) of unknown substances (perhaps K-2 and spice) during the school day, resulting in multiple students taken to the health room – in high schools and middle schools - with hallucinations and paralysis, with 911 being called.
- Overdoses using opiates, by three separate students during the school day, at three separate high schools in a week during October 2018. Narcan was administered and 911 was called.

Students with complex health conditions are able to attend school, more frequently, when the right supports are in place and school staff are aware of their health needs. As children with familial dysautonomia, epidermolysis bullosa, Long Q-T syndrome, Prader-Willi, PANDAS, POTTS syndrome attend school every day – nurses have to know about many diverse and sometimes rare medical conditions and the most recent strategies for medical management including the use of technology and then must advise teachers on how to accommodate their health needs in the school setting.

- **Does the high workload and complexity of student health issues impact staff recruitment and turnover, and if so, what can the Department do to support staff?**

SHS is successful in the recruitment of school nurses. In FY18, 24 SCHNs were hired. Five were hired in as merit and 19 as sub SCHNs. In FY19, 20 SCHNs were hired. 13 were hired in as merit positions; 7 into sub SCHN positions. Retention is a significant problem. In FY19 to date, 18 school nurses left SHS merit positions, with 14 of these nurses citing the workload and concerns regarding their nursing license (the ability to provide safe nursing care). DHHS has been working with OMB to have newly created positions to be year-round positions that can cover summer school as a way to support staff and schools better.

- **What is the cost to add SCHN position?**

SCHN cost: The cost for a 1.0 SCHN FTE is 102,841.

- **What is the FY19 and recommended FY20 funding to support the ICAP? Please provide an update on ICAP activities or other teen pregnancy prevention or teen parenting support services offered in FY18 and FY19 to date. In what schools did SCHNs offer support groups for pregnant or parenting teens? What is latest data on the status of teen pregnancy rates in the County?**