



Indiana
Department
of
Health

Childhood & Adolescent Health Integration

Dr. Maria Finnell, MD, MS

Chief Medical Officer, FSSA

Amy Lewis Gilbert, JD, MPH

Chief Science Officer, FSSA

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Note of Thanks

Our work included interviews with the following individuals. We thank them for their time and expertise.

Dr. Matthew Aalsma
Professor, IU School of Medicine

Jolene Bracale
Student Health Services Specialist, IDOE

Dr. Aleesia Johnson
Superintendent, IPS

Jasmine Page
Transformation Project Facilitator, IPHCA

Dr. Sarah Stelzner
Assistant Clinical Professor, IU School of Medicine

Dr. Roland Walker
Gary Health Commissioner

Beth Wrobel
CEO, HealthLinc

Stephen Balko
Director of School Building Security, IDOE

Megan Carlson
Health Services Director, IPS

Dr. Kathleen Kent
Clinical Associate Professor, IU School of Nursing

Lorrie Ramsey
Chief Nurse Consultant, IDOH

Dr. Andrea Tanner
Postdoctoral Fellow, IUPUI School of Nursing

Christopher Weintraut
Executive Director, INAAP

Dr. Tamika Zapolski
Associate Professor, IUPUI

Dr. Sarah Bosslet
Riley Pediatrics

Kathleen Chelminiak
Project Director, IRSCN

Dr. Mary Ott
Professor, IU School of Medicine

Deb Robarge
Executive Director, IASN

Sarah Thompson
Director of Agency Support & ISHN, CKF

Dr. Sarah Wiehe
Associate Professor, IU School of Medicine

Key Themes

Supporting Schools
in the Delivery of
Public Health
Services

Vaccines

STI Surveillance &
Prevention

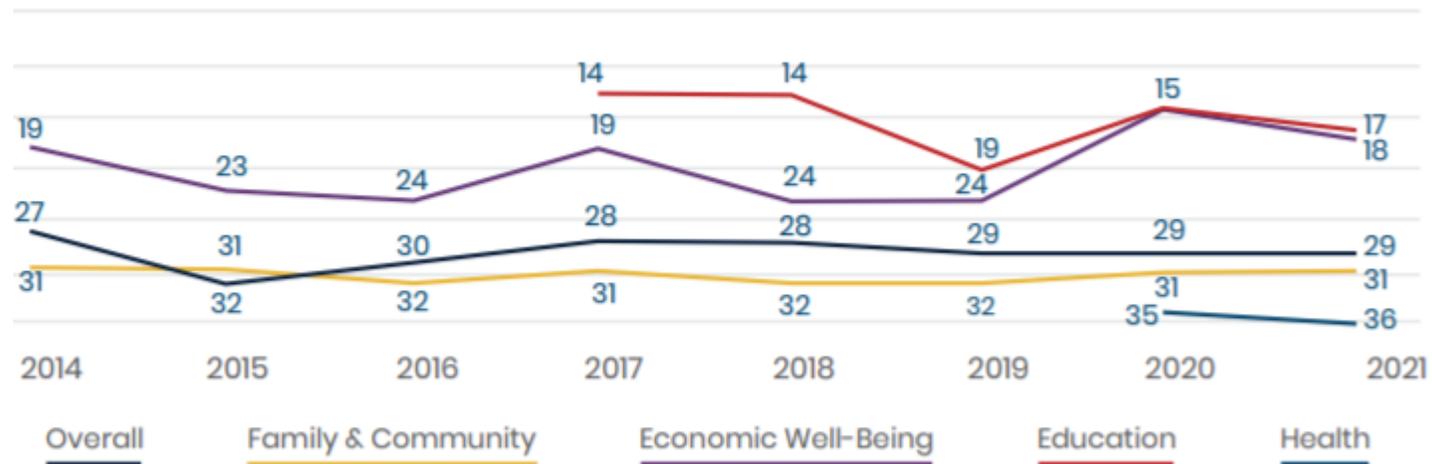
Obesity, Nutrition,
Food Insecurity &
Physical Activity

Substance Use
Prevention

Injury & Violence
Prevention

Current Indiana Outcomes

Child Overall Well-Being and Domain Rankings; Indiana: 2014-2021



Source: Annie E. Casey Foundation

Indiana's National Ranking

- Overall Child Well-Being: 29th
- Family & Community: 31st
- Health: 36th
- Economic Well-Being: 18th
- Education: 17th

Current Access Points

HUMAN SERVICES ORGANIZATIONS

Organizations across the state providing a variety of social services to children and their families



SCHOOLS

1,868 public schools and 413 local education agencies (LEAs*)

HEALTH DEPARTMENTS

94 local health departments



HOSPITALS

171 hospitals, including acute care, critical access, psychiatric, long term acute and rehabilitation hospitals

CMHCs

24 community mental health centers



FQHCs & RHCs

27 federally-funded health center organizations with 244 delivery sites

PRIVATE PRACTITIONERS

766 pediatricians (general), 535 pediatric subspecialists, 21 adolescent medicine specialists, 2,678 family medicine/general practice



Supporting Public Health in Schools

The Link Between Health & Academic Success

- Health-risk behaviors are linked to poor grades, low test scores, and lower educational attainment
- Schools play a crucial role in promoting the health of children and adolescents and assisting students in developing lifelong healthy behaviors
- Research demonstrates the potential for school health programs to reduce youth health risk behaviors and positively impact academic performance

There is a close relationship between health & education. Healthy students are better learners.

School Health Services Requirements

- Prevention
- Assessment
- Intervention
- Referral

Indiana
Administrative
Code requires
school
corporations to
provide health
services

Delivery of Health Services in Schools

Health services in schools are primarily delivered through two complementary mechanisms

	School Nurses	School Based Health Centers (SBHC)
Overview	Leads the school health services team to address barriers to student health & academic success. Serves as public health sentinel within and across school populations and is an advisory resource to teachers and staff.	Health clinic located in or near school & organized through school, community, and health provider relationships. Can serve the school population and surrounding community.
Funding	Employed or contracted by the school district and primarily funded with education dollars.	Insurance reimbursement, foundations, healthcare systems, and community health center funding.
Potential Available Services	<ul style="list-style-type: none">• Identifying and addressing behavioral health issues• Leveling the field on health disparities and promoting healthy behaviors• Enrolling children in health insurance and connecting families to healthcare providers• Handling medical emergencies	<ul style="list-style-type: none">• Primary care• Prevention and early intervention• Behavioral health counseling• Oral health services• Health education and nutrition counseling• Lab work and prescriptions



Delivery of Health Services in Schools

	School Nurses	School Based Health Centers (SBHC)
Location	<ul style="list-style-type: none"> Practice within the school Currently in Indiana, RN may be shared across schools within a district 	<ul style="list-style-type: none"> <u>Traditional</u>: Fixed site on a school campus <u>School-Linked</u>: Fixed site near a school campus through formal or informal linkages with schools <u>Mobile</u>: Specially equipped van or bus parked on or near a school campus <u>Telehealth-Exclusive</u>: Patients access care at a fixed site on a school campus and providers are available remotely using telehealth
Parental Consent	Required to share information with a healthcare provider or for referral to a provider	Parental consent for treatment required
Medical Home Coordination	School nurse technology platforms exist but aren't currently being utilized broadly across the state	May be facilitated via electronic health record, providing potential for broader health record access and coordination



Support for School Nurses

Cost Savings

- In one study, for each dollar spent on school nurses, \$2.20 was saved in parent loss of work time, teacher time, and procedures performed in school rather than in a more costly health care setting

Reduced Absenteeism

- School nurse interventions have been associated with decreased rates of student absenteeism and early dismissals of students due to health concerns

Improved Vaccination Rates

- Research has shown a correlation between use of school nurses and vaccination rates

The American Academy of Pediatrics & National Association of School Nurses recommend a registered nurse (RN) in every school



School Nurses in Indiana

Current Indiana Administrative Code requirements for school nurses are unenforceable and lack a dedicated funding source, contributing to access disparities and low wages. There is no formal statewide data collection on the availability of school nurses.

- School corporations are required to employ at least one bachelor's level RN
- One RN for every 750 students in a school corporation is recommended
- State law permits the governing body of a school corporation to appoint a school physician and RN

2.1% of all licensed healthcare professionals report practicing in school settings. This includes:

- 1,708 RNs
- 359 LPNs
- 53 APRNs

National School Nurse Funding Models

- Nationally, public school nurses are funded primarily through local education dollars
 - Sources have cited this as high as 76.7%
- Additional funding sources (in order of prevalence) include:
 - State
 - Federal
 - Health department
 - Hospital systems
 - Foundations
- Indiana funds school nurses primarily through local education dollars

National School Nurse Examples

Funding Models

- North Carolina
 - Funds allocated to Local Public Health Departments to distribute to schools meeting state-established criteria
- South Carolina
 - Funds appropriated to Department of Education to administer to school districts

Staffing Requirements

- Two states require a full-time nurse in every school but still report shortages
 - Delaware
 - Vermont
- No enforcement mechanism appears to apply

*Additional detail located in Appendix

Current Indiana Funding for School Nurses

- School nurses are funded primarily by school district budgets
- Medicaid reimbursement is available for some school-based services
- Some schools also partner with health systems
- In response to COVID-19, grants available to Local Health Departments (LHD) to boost staffing in schools
 - 77 of 94 LHDs participating

Medicaid Reimbursement Methodologies

Claims Reimbursement

- Schools can submit claims for IEP services
- Recent legislation will expand the school-based services eligible for Medicaid reimbursement

Administrative Claiming

- Provides funding for school administrative activities to assist students with unmet health care needs

There are two Medicaid reimbursement methodologies available to schools

School Participation in Medicaid Reimbursement

Not all schools are seeking Medicaid reimbursement. Stakeholders described the process as confusing and requiring school resources to administer, making larger schools better positioned to claim and widening disparities among schools.

Claims Reimbursement (IEP Services)

SFY	Annual Statewide Total	# LEAs* Claiming (of 413)
2012	\$6,670,194.37	137
2013	\$7,738,004.59	142
2014	\$7,759,195.13	139
2015	\$10,189,919.09	155
2016	\$12,146,403.62	160
2017	\$15,510,923.13	166
2018	\$17,388,854.24	173
2019	\$21,057,992.10	187
2020	\$18,185,173.12	220
2021	\$20,225,356.94	224

Administrative Claiming

SFY	Annual Statewide Total	# LEAs Claiming (of 413)
2012	\$2,556,208.39	80
2013	\$4,296,417.82	89
2014	\$4,430,639.01	98
2015	\$3,343,521.26	119
2016	\$4,876,569.76	135
2017	\$5,648,476.43	148
2018	\$8,005,745.04	164
2019	\$7,082,342.96	179
2020	\$10,703,209.72	189

Support for School Based Health Centers

Educational Outcomes

- Reductions in rates of school suspension or high school non-completion
- Increases in grade point average and grade promotion

Health Outcomes

- Increases in recommended immunizations and other preventive services
- Reductions in asthma symptoms and incidents
- Reductions in ED visits and hospital utilization

Research has found SBHCs effective in improving educational and health-related outcomes. Increased effectiveness was associated with extended hours of availability and increased range of offered services.

Indiana School Based Health Centers

- The development and operation of SBHCs in Indiana has been supported through a variety of initiatives
 - HRSA grant funding for telehealth equipment in participating Indiana Rural Schools Clinic Network (IRSCN) schools
 - Medicaid managed care entity (MCE) sponsorship and “Adopt-A-School programs”
 - Some schools partner with health systems
 - Operation by an FQHC or FQHC Look-Alike

48 total SBHCs (including 3 telehealth-exclusive) as of 2016-17 national survey

Additional 38 telehealth SBHCs launched by IRSCN & 5 more in process

Indiana Medicaid MCE initiatives and partnerships

Behavioral Health Services in Schools

Statutory Requirements

- Schools must adopt policies to increase child suicide awareness and prevention.
- Schools must provide annual instruction on bullying prevention for students in grades 1-12.
- School corporations & charter schools must enter an MOU with a CMHC or mental health provider to provide behavioral health services.
 - Parental consent required

Regulatory Requirements

- School corporations must provide student assistance services coordinated by a school counselor, psychologist, or social worker.
- A ratio of one school counselor, psychologist, or social worker for every 700 students in the school corporation is recommended.

Stakeholders stressed the importance of supporting behavioral health services in schools and noted access variance across the state

*Additional detail located in Appendix

Considerations for Supporting Public Health in Schools

Untether health & wellness in schools from the education budget

Policies aimed at decreasing current school nurse to student ratios

Ensure school nurses are bachelor prepared

Understand challenges to school nurse retention

Increase awareness of link between health and school outcomes

Increase participation in Youth Risk Behavior Surveillance System (YRBSS)*

Support behavioral health access in schools



Additional Public Health Priorities

Vaccines

IN Statutory Requirements

- State law and regulation establish a series of mandatory immunizations for school attendance and provides IDOH flexibility to modify the requirements.
- Schools are required to provide parents with HPV information and vaccine availability, but the HPV vaccine is not mandated.
- Pharmacists are not authorized to administer vaccines to children under age 11 without a physician's order.
 - Allowed during PHE through PREP Act and IN Executive order.
- Medicaid children must receive their childhood vaccines through the Vaccine for Children (VFC) program.

Current Outcomes

- Indiana ranks 36th in the nation for HPV vaccination rates.
- To date, relatively few private practices are providing COVID vaccines, posing risk for negative repercussions for childhood catch-up vaccines.
- The Children and Hoosier Immunization Registry Program (CHIRP) has been noted as an Indiana strength.
- Very few pharmacies in Indiana are enrolled as VFC providers.

Compliance with School Immunization Requirements 2020-21 School Year

Required Vaccine	Kindrgrtn	6 th Grade
Diphtheria	80.9%	N/A
Tetanus	80.9%	N/A
Pertussis	80.9%	N/A
Polio	86.7%	N/A
MMR	89.8%	97.1%
Hepatitis B	92.0%	97.5%
Varicella	89.5%	96.8%
MCV4	N/A	92.5%
Tdap	N/A	87.7%

Vaccine Considerations

Identify opportunities to increase vaccine knowledge and motivation

Vaccine “catch-up” programs in schools provide opportunities to increase vaccine rates but must be balanced with efforts to encourage primary care visits

Facilitate and support private practitioner capacity to administer all recommended childhood vaccines

Some stakeholders spoke of concern families will not attend well child visits if vaccinations are readily available via alternative sites

Obesity, Nutrition, Food Insecurity & Physical Activity

IN Statutory Requirements

- Inclusion of health education in school curriculum
- Daily physical activity for elementary students
- School meals must meet or exceed USDA nutrition requirements

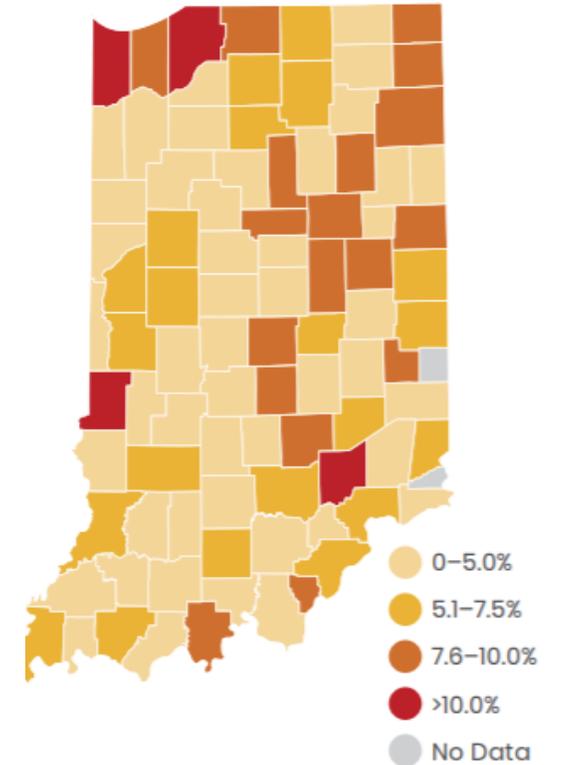
Current Initiatives

- Allowing SNAP beneficiaries to make online orders
- FQHC pilots for freezer access to overcome food bank hour and location limitations
- Healthy corner store initiatives
- Screening for food insecurity (Medicaid application & clinical settings)

Current Outcomes

- 17.5% of Hoosier children are food insecure*
- IN ranked 38th in the nation for children's obesity rates**
- Many communities lack safe spaces for children to play

2015 Percentage of Population Living in Food Desert



*Defined by the USDA as reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns and reduced food intake.

**2018

Considerations for Obesity, Food Insecurity & Physical Activity

Policies and initiatives to support safe outdoor spaces for children to play

Incorporate evidence-based school curriculum to teach students how to prepare and eat healthy foods

Improve the availability of fruits and vegetables in schools

Training and policies to ensure nutritional food and physical activity in daycare and preschools

Policies to support the Food Trust's approach to healthy corner stores

Improving identification of unmet needs and referrals to resources

Substance Use Prevention

IN Statutory Requirements

- Grades K-12 shall receive instruction on the effects of alcohol, tobacco, prescription drugs, and controlled substances
- A tax on vaping products will go into effect in 2022

Current Outcomes*

- The average prevalence of past-month illicit drug use among IN youth was similar to the national average
 - 8.5% vs. 8.2%
- Use of electronic vapor products among IN youth is above the national average
 - 17.1% vs. 13.2%
- Marijuana use among IN youth is lower than the national average
 - 12% vs. 19.6%
- Reported alcohol use in the past month is lower among IN youth than the national average
 - 19.8% vs. 29.8%
- IN ranks 39th in the nation for its tobacco tax rate

*2020 data

Substance Use Prevention Considerations

Curriculum requirements could be strengthened to require “evidence-based” instruction

Account for evidence that tobacco consumption is inversely correlated to tobacco tax rate

STI Surveillance & Prevalence

IN Statutory Requirements

- Throughout instruction on human sexuality or sexually transmitted diseases, a state accredited school shall:
 - Require a teacher to teach abstinence from sexual activity outside of marriage as the expected standard for all school age children.
 - Include in the instruction that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.
 - Include in the instruction that the best way to avoid sexually transmitted diseases and other associated health problems is to establish a mutually faithful monogamous relationship in the context of marriage.

Current Outcomes

- 31.8% of IN high school students are sexually active*
- 15.5% of sexually active IN high school students did not use pregnancy prevention**
- Chlamydia is the most prevalent STD for youth under 25 (23,201 cases in 2018)
- Youth under 25 have the highest gonorrhea contraction rate
- 32 Hoosier children ages 0-19 were newly diagnosed with HIV in 2018
- 8.9% of Indiana high school students have ever been tested for HIV

*Defined as having sex in the past three months

**The last time they had sex

STI Surveillance & Prevention Considerations

Promote HIV/STI screening in detention settings

Develop best practice protocols as statewide resource available to local health departments

Promote STI testing as part of routine screening among high-risk adolescents

Increase provider education on adolescent STI prevention and testing

Increase awareness of access prenatal and postpartum care

Injury and Violence Prevention

Statutory Requirements

- A minimum of a one-semester course on safety education must be taught in eighth grade
- Various federal, state, and local laws addressing injury prevention
 - Private property requirements
 - Rental property requirements
 - Public space requirements
 - Gun laws
 - Food safety
 - Etc.

Current Outcomes

- The leading cause of child and young adult death in IN is accidents
- Suicide is the 2nd leading cause of death for IN youth ages 10-14 and the 4th leading cause of death for youth ages 15-19
- Of IN high school students who rode a bicycle in the past year, 88.7% rarely or never wore a bicycle helmet
- 5.1% of Hoosier parents say they “somewhat or definitely disagree” that their child lives in a safe neighborhood, 25.7% “somewhat agree,” and 69.3% “definitely agree”
- Stakeholders noted Indiana was leading in juvenile justice reform through its participation in the Juvenile Detention Alternatives Initiative

Injury & Violence Prevention Considerations

Addition of evidence-based curriculum on healthy relationships, assertive communication, and injury prevention

Emulate Ohio's Store it Safe (SIS), a partnership of providers, safety experts & community groups to keep youth safe from unintentional firearm deaths and suicide

Providing helmets to low-income children could be coupled with legislation*

*Helmet use is associated with reduced risk of head and facial injury. Bike helmet legislation increases helmet use. 21 states + DC have a bicyclist helmet law.

Additional Considerations

Improve health coverage transition for children aging out of Medicaid or parent's insurance

Increase awareness of Healthy Babies Program

Strategies to increase behavioral health screening

Strategies to address behavioral health workforce shortages outside of schools

Streamline SDOH screenings and improve data sharing between entities



Appendix

Acronyms

- APRN: Advanced Practice Registered Nurse
- CKF: Covering Kids and Families
- CHIRP: Children and Hoosier Immunization Registry Program
- ED: Emergency Department
- FQHC: Federally Qualified Health Clinic
- FY: Fiscal Year
- FSSA: Family and Social Services Administration
- HEA: House Enrolled Act
- HRSA: Health Resources and Services Administration
- IAC: Indiana Administrative Code
- IEP: Individualized Education Program
- INAAP: Indiana Chapter of the American Academy of Pediatrics
- IDOE: Indiana Department of Education
- IDOH: Indiana Department of Health
- IPHCA: Indiana Primary Health Care Association
- IPS: Indianapolis Public Schools
- IRSCN: Indiana Rural Schools Clinic Network
- IU: Indiana University
- IUPUI: Indiana University-Purdue University
- LEA: Local Education Agency
- LHD: Local Health Department
- LPN: Licensed Practical Nurse
- MCE: Managed Care Entity
- PHE: Public Health Emergency
- RHC: Rural Health Clinic
- RN: Registered Nurse
- SBHC: School Based Health Center
- SDOH: Social Determinants of Health
- SNAP: Supplemental Nutrition Assistance Program
- VFC: Vaccines for Children
- YRBSS: Youth Risk Behavior Surveillance System

School Health Services Requirements

Prevention

- Creating a safe and healthful school environment through a continuous health program
- Employing principles of learning and appropriate teaching in the delivery of health education
- Acting as a resource to students, families, staff, and the community regarding health services, health education, and a healthy environment

Assessment

- Maintaining a continuous health program for all students through implementing and monitoring health services
- Using the nursing process to collect, interpret, and record information about the health, developmental, and educational status of students to determine a nursing diagnosis and develop health care plans

Intervention

- Implementing and monitoring a system for the provision of health services and emergency care
- Providing individual and group counseling to students and staff in health-related matters
- Communicating with parents and collaborating with others to facilitate the continuity of services and care

Referral

- Utilizing appropriate health care personnel and resources to meet individual student needs
- Evaluating student and family responses to nursing actions and referrals
- Coordinating health services with families, other school programs, in-school professionals, school-based and community-based resources

511 IAC 4-1.5-6 requires school corporations to provide health services at the elementary and secondary levels

National School Nurse Funding Examples

North Carolina

Funds Appropriated to Public Health (DHHS) and Allocated to Local Health Departments

- Funds accessible only to schools meeting criteria:
 - Greatest need with least ability to pay
 - Current nurse-to-student ratio
 - Community economic status
 - Health needs of area children
 - Percentage of children in poverty
 - Per capita income
- Program has increased local education agencies with 1 RN:750 students but majority aren't meeting recommendation
 - 2002 – 2013: From 10 to 42 (out of 115)
- Achieving either the 1:750 ratio or providing one nurse in every school would cost between \$45 million and \$79 million annually*

South Carolina

Funds Appropriated to Department of Education (SCDE) to Administer to School Districts

- SCDE administers funds to school districts for employing licensed nurses in public elementary schools
- School districts must apply to receive funding
- Funds are restricted to salaries and fringe benefits for licensed nurses
- LPNs may be employed to supplement RNs

National School Nurse Staffing Examples

Delaware

- Required by state law to have at least one nurse per school
- Funding is a combination of state and local funds
 - 70% state
 - 30% local

Vermont

- Each school must have a licensed School Nurse or Associate School Nurse
- There must be no more than 500 students per school nurse
- Schools with less than 500 students shall employ a nurse on a pro-rata basis

Two states require a full-time nurse in every school but report staffing shortages. No enforcement mechanisms appear to apply.

Medicaid Reimbursement Methodologies

Medicaid Claims Reimbursement

- Schools can submit claims for IEP services.
- HEA 1405 passed in 2021 authorizes FSSA to expand school-based services eligible for Medicaid reimbursement beyond those in an IEP.
- Current HB 1192 clarifies the scope of these additional services as those delivered by school-based nurses or licensed providers employed or contracted by a school corporation.
- Participating local education agencies (LEAs*) retain the federal share of Medicaid reimbursements and restore the state-funded portion to state tuition support. LEAs may use their unrestricted federal Medicaid funds as they choose.

Medicaid Administrative Claiming

- Allows public school corporations to recover federal matching funds for state/locally-funded administrative activities that school staff perform to assist students who have unmet health care needs such as:
 - Providing information on health coverage options
 - Translation for health services
 - Referrals and appointment scheduling
 - Coordinating or attending meetings or trainings on health services
 - Developing plans and strategies to improve student health service delivery



SBHC National Landscape

	FY1996	FY1998	FY2000	FY2005	FY2008	FY2011	FY2014	FY2017
Total Funds Dedicated to SBHCs	\$41.9M	\$38.9M	\$59.9M	\$63.7M	\$83M	\$89.6M	\$85.1M	\$91.3M
Total # State SBHC Programs	34	37	31	20	20	18	18	17
Total SBHCs Funded by States	486	650	700	738	855	875	915	855
Total SBHCs	900	1157	1380	1651	1909	1930	2315	2584
% of SBHCs Receiving State Funds	54%	56%	51%	45%	45%	45%	40%	33%

Some states allocate funds to SBHCs. Indiana does not currently.

Over the past two decades, rates of SBHC expansion were nearly double in the states with SBHC funding (65% vs. 36%).

Behavioral Health Services in Schools - Funding

Department of Homeland Security

- Funds to provide grants for school-based behavioral health services.

FSSA

- Funds to contract with social services providers for an evidence-based program that partners with schools to provide social work services and prevention programs to prevent substance abuse, promote healthy behaviors, and maximize student success.

SFY 2021-2023
General Fund
appropriations
included
support for
behavioral
health services
in schools