



ADVOCATING FOR SCHOOL HEALTH SERVICES

Call to Action



Colorado Alliance
for School Health



Addressing student's physical and behavioral health needs leads to better learning.

We know that physical and behavioral health plays an integral role in the success of all students. When students have access to healthcare, health resources and the check-ups they need, they are less likely to miss school and are able to be present and learn. Having school nurses, mental health providers and other health-related services connected to the school can help make a difference for our students.



Research shows a reciprocal relationship between health and education.

We know educational attainment is directly related to school attendance. When students are healthy they can attend school and are less likely to be chronically absent.¹ Additionally, higher levels of educational attainment are linked to better physical and mental health outcomes throughout life.

Research also shows that having one or more caring adults in a student's life increases the likelihood that they will flourish and become productive adults themselves. Schools can be a place where students have caring and trusted adults in their lives.

ADDRESSING THE NEED

Staffing and support for physical and behavioral health in schools are critical to help students thrive, yet we have gaps in the supports, services, and staffing that are available to help our students.

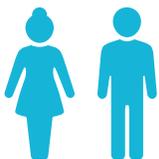
In a ranking that combines indicators of prevalence and access to behavioral healthcare, Colorado has fallen from 19th to 33rd on youth behavioral health since 2016.² This ranking includes depression, alcohol and drug use, special education services and insurance coverage.

Having staff and supports in school to help address these social factors can be key to improving both physical and mental health outcomes.

Social factors are responsible for **more than 75%** of all health outcomes.^{3,4}

- Poverty
- Violence
- Behavioral health
- Substance use
- Housing
- Transportation
- Food insecurity
- Racial and cultural persecution
- Among others

AMONG HIGH SCHOOL STUDENTS



1 in 3 report extended episodes of sadness or hopelessness⁵

1 in 6 seriously considered suicide⁵

1 in 5 didn't have a dental exam in the past year⁵

1 in 3 didn't have a physical check-up in the past year⁵



The Colorado Alliance for School Health (Alliance) is a collaboration of nine education and healthcare organizations. The Alliance works together to transform how healthcare and education partners create sustainable systems and health equity in Colorado schools.

The Alliance aims for every Colorado student to be healthy, learning and thriving.

We value a focus on being equitable, community-focused, innovative and collaborative with a commitment to whole child solutions.

WHAT CAN WE DO?

We are excited to present our Alliance Call to Action. Its intent is to define school health services, elevate the importance of these services, outline opportunities for health and education to work together to meet the healthcare needs of every student, and identify actions we can take right now to improve the health of all Colorado youth.

Impacting health where kids live, learn and play is an ambitious endeavor, and we can't do it alone. When we organized ourselves as an Alliance in 2016, we knew that this massive undertaking of systems-level work would be bold, upstream and extremely difficult; we are doing it anyway.

Colorado Alliance for School Health Members



This work was funded with support from



The Colorado Health Foundation™

We need your help!

We can't do it alone and neither can schools. As a society, we are collectively responsible for the health and education of our children and youth. Together, we can ensure a healthy and bright future for Colorado's students.

This document is intended for local school districts and community partners. We are looking to learn more and identify those interested in partnering with us for a demonstration project.

3 Ways Education and Healthcare Can Work Better Together

The sectors of education and healthcare have shared missions: for every student to be healthy, learning and thriving. While that alignment may seem obvious, there are still some significant roadblocks to greater collaboration. Here is the short list — the call to action — of three realistic ways that education and healthcare can work together to improve the health and achievement for students:

1

Increase Staffing and Support for School Health Services.

- Identify needs and bolster staffing for school nurses, nurse delegates and behavioral health providers, and School-Based Health Centers in areas of need.
- Identify opportunities for workforce recruitment and retention to ensure enough staff are available, trained and compensated.

2

Ensure that Student Healthcare Services are Coordinated.

- Address effective coordination by building partnerships between the school nurse, school behavioral health staff, primary and specialty care providers and the student's family.
- Streamline processes to allow for effective and timely healthcare-related communication between school-based personnel (including school nurses) and healthcare providers.
- Create effective data-sharing methods between education and healthcare providers to ensure health needs are communicated and shared across the community.

3

Ensure Students are Ready to Learn by Expanding or Requiring Well-Child Visits.

- Increase student well-child visits and support the inclusion of immunizations, vision, hearing, oral and behavioral health screenings, as well as assessing for chronic absenteeism from school during visits.
- Determine if these visits could lighten the burden on schools to conduct the screenings themselves, and potentially create a more sustainable payment model (as these services can be billed to both public and private insurers when conducted in a primary care setting).

What are School Health Services?

School health services, also known as school healthcare, has broad meaning. It can refer to preventive care, to acute treatment or long-term supports. These services are usually not based on appointments and must meet the unpredictable needs of the student population throughout each school day.

It can also refer to the supports given to students with chronic conditions such as asthma, chronic behavioral health needs, diabetes, severe allergies and more. Schools are also focused on ensuring all students have equitable opportunities; therefore school health services staff have an increasing number of students impacted by complex medical conditions that require a high-level of expertise and time to support. The school health provider coordinates the care of students with chronic and complex needs with their doctors, other healthcare providers and families.

School health services also include the behavioral health needs of students; these needs often manifest in the clinic or nurses' office when students experience anxiety, depression or other related signs and symptoms.



of interactions between school nurses and students are for behavioral health needs⁶

EXAMPLES OF SCHOOL HEALTH SERVICES

- Addressing student injury or illness
- Communicable diseases
- Immunizations
- Screenings (vision, hearing, oral, behavioral)
- Health education for staff and students
- Medication administration
- Early identification, intervention and referral related to behavioral, oral and/or physical health needs
- Crisis intervention and planning
- Coordinating care for students with their families and providers
- Supporting students with disabilities



Why it's important

Providing services to students is critical to ensure every student reaches their full potential. School health services, provided by qualified and trained staff members, are a critical way to provide supports to all students. Students with persistent health issues are more likely to have challenges with school performance, lower grades and have higher dropout rates.⁷



ACTION 1

Increase Staffing and Support for School Health Services

ADVOCATE FOR INCREASED STAFFING



School nurses



Nurse delegates



Behavioral health providers



School-Based Health Centers

Communities should partner together to advocate for increased staffing for school health services. A focus should also be identifying opportunities for workforce recruitment and retention to ensure enough staff are available and trained, and that those who have been delegated the role to perform specific tasks have adequate training and compensation for this work.

One of the main issues in school health services is having enough staff to provide the level of services needed for students, for both physical and behavioral health. This is often due to the gap in funding for public education, limited availability of qualified staff and competing priorities for limited education funds. However, an investment in these services can have a significant return both in dollars and educational attainment.



Investments in School-Based Health Centers in high-need communities can make an impact on education outcomes

Schools often need more staff to address student's physical and behavioral health needs. Yet, even when resources are allocated for such staffing, the issue of having enough qualified staff can arise. In many areas of the state, particularly rural areas, there is a shortage of qualified and trained physical and behavioral health providers in and outside of schools. These shortages can be caused by a lack of university trainers and licensed supervisors, limited access to training programs, competition for positions from other states or other areas of the state, and lack of a positive working environment. Further, across the state schools and other community or non-profit healthcare and social service systems are competing against a wide range of industries which often can pay better salaries, offer lighter work schedules and provide better benefits.

Colorado must commit to adequately funding school health services in a way that ensures competitive salaries that reward and incentivize a highly motivated and specialized workforce. These issues must be addressed when tackling staffing needs across the state.

Nursing Staff and Nurse Delegates

Often, families and the community believe that a “school nurse” is present at the school all day, every day. In Colorado, however, many schools only have a Bachelor-prepared registered nurse (RN) present for part of the time.



**of elementary schools have a nurse present
< 10 hours per week.⁸**

If school nurse staffing improved, it would allow for more collaboration with local public health agencies and result in improved prevention, early identification and referrals for students.



**School nurses often serve multiple schools and
carry a large nurse-to-student ratio.**

Due to their limited time in schools, nurses “delegate” specific tasks to another school staff member. For example, nurse delegates can be a teacher, school administrator, health office assistant, secretary, paraprofessional, bus driver or other school-based personnel. They are trained on some general safety, CPR, First Aid and emergency medication administration, and can be delegated to by an RN on a specific medication or procedure for a specific student.

In some Colorado school districts, the nurse-to-student ratio is greater than 1:3,000. These delegated staff receive varying levels of general and student-specific training, but it is not a substitute for the clinical judgement from an experienced, Bachelor-prepared school nurse. The delegate is often busy with their other roles at the school; this leads to increased errors with the health services provided to students.⁹

Training and compensation for delegated staff can vary greatly across the state. To increase consistency with this important role, the nurse delegate role could be enhanced by providing consistent training or certification to better prepare them for providing services such as referral for mental health needs, administration of medications, addressing crisis situations and more. Additionally, nurse delegates should receive adequate or additional compensation for these critical duties as they are addressing important physical and behavioral health needs on a daily basis.

In Hawaii, higher education and the state departments of health and education began to collaborate for a higher level of support for school health aides.

In 2013, the nursing program at a community college developed a 75-hour curriculum for nurse delegates.

This included an instructor's visit to each of the school health rooms to evaluate the participant's level of competency as a school health aide. At the completion of the course, participants receive a certification. The new curriculum helps to standardize training across the state and opened new pathways to health-related certificate programs.

“ STUDENT STORIES

In a Colorado Springs school, a fourth-grade teacher noticed one of her students sleeping in class. Unable to rouse the girl, she called the school nurse who responded to the classroom and identified that the student was experiencing a seizure. The nurse took immediate action to ensure the student's safety. Not only are health professionals needed in each building, students would be better served if teachers and other school staff received additional medical training, such as CPR and First Aid.

In northeastern Colorado, a school health aide was the primary health staff available during the day since the school nurse served multiple schools. The school was supporting a student who had been to the emergency room for over twenty visits, had an EPI-pen administered several times and had been intubated over eight times that school year. The health aide, a staff person with limited medical training, supported this student and addressed the very serious health condition of life-threatening allergies and anaphylaxis. This was a challenging role for a non-medically trained staff person.

Behavioral Health Staff

Due to school and community funding constraints, school behavioral health providers, such as psychologists and social workers, are also often only present part of the time and may be restricted to providing services only to students with significant special behavioral and physical healthcare needs, versus the general student population.



24% of educators in Colorado disagreed that students' social and emotional learning is adequately supported in their school.¹⁰

The ratio of social workers, psychologists and counselors to students in Colorado does not meet recommended levels. Often there is only one social worker or psychologist available for more than 1,000 students, and school counselors are often serving over 450 students.

Behavioral health staff can provide universal supports that improve the school climate, offer consistent education on social, emotional and behavioral health skills, and implement other preventive approaches that impact behavioral health and keep students in the classroom and learning. School based behavioral health staff can also bring a direct connection to community providers and resources, ensuring that students and families are supported year-round and with a whole person perspective.

Students who are experiencing health-related needs or have a history of traumatic experiences can often miss more school, have trouble concentrating or finishing homework, and exhibit behavioral signs in the classroom. Unfortunately, these behavioral signs can lead to behaviors that result in the student being suspended or expelled. This discipline tactic merely addresses the symptom and not the root-cause of such behavior, making the intended effects of such discipline ineffective.

A comprehensive literature review of education research demonstrates that overused suspension policies are not effective in reducing school threat, have a negative impact on educational goals and do not act as a deterrent for future behaviors.¹¹ Preventive actions from school health services staff, including timely access to nurses and behavioral health providers, can often help to identify these needs and provide supports to increase attendance and engagement in school and decrease behavioral issues and disciplinary actions.

“ STUDENT STORIES

In a front range high school, a bright straight-A student was experiencing significant and debilitating anxiety and depression due to trauma experienced when she was young. Access to the behavioral health school counselor was limited as only students with a behavioral health Individual Education Plan (IEP) receive significant services. The student developed a severe eating disorder and was eventually admitted for inpatient care. After making tremendous progress, the clinical psychologist and the school counselor worked with the family to place this student on a behavioral health IEP, reintroduce the student to school in a supportive manner, and ensure the student has access, when needed, to care to identify and work on coping skills. The student is still excelling academically, has held a healthy and steady weight, checks-in with the school counselor every morning for 10 minutes, and goes to the counselor as needed throughout the day. Each day can still be challenging, but the student now knows where she can go instead of turning to unhealthy coping mechanisms.

“ To have them have access to mental health that’s immediate - where we, as teachers, can sort of see the signs of that need that might be missed by other adults that they interact with – is really, really important for our students. ”

Colorado Teacher

A student was referred to the School-Based Health Center (SBHC) as part of the school’s Alternative to Suspension (ATS) program, due to suspicion of being under the influence of marijuana at school. This student had been in this same situation several months earlier and had chosen a suspension over the ATS program. However, this second time, the student opted for the alternative and met with the Behavioral Health Provider at the SBHC. She completed a risk assessment screening and anxiety and depression were identified as major concerns that she was ready to address. By the end of the meeting the student had a plan to engage in ongoing behavioral health services through the SBHC. She was able to follow through with services and experienced positive decreases in all symptoms and improvement in school performance. It was likely that this student would not have sought out behavioral health services on her own; however, when the opportunity was provided at a convenient place and time, she accepted help and is now thriving.

Staffing Ratios

In the past, there have been efforts to create a ratio for how many students each school health staff member should serve. The current ratios recommended by professional organizations, compared to current ratios experienced in Colorado, are:

RECOMMENDED RATIO	COLORADO RATIO	
1 per building*	1 : 1,526	nurses
1 : 250	1 : 1,437	social workers
1 : 700	1 : 1,026	psychologist
1 : 250	1 : 376	school counselors

*One full-time RN per building while considering intensity of need, location, size and community resources.

We also know that it is not that simple. Each school district and school building have a unique set of students and a ratio alone may not effectively address the range of needs within any given student population or the variety of school sizes, levels and locations. Criteria needs to be developed to help schools assess their individual needs in this area. One thing is certain: schools need more support to address the physical, behavioral, social and emotional health of students.

Return on Investment

An investment in school health services and the needed staff to provide these services will often show a strong return due to the decreased costs for addressing more serious needs that could have been prevented or addressed earlier. For example, in 2015 alone, hospital and emergency visit costs to treat children in Colorado with vaccine-preventable diseases totaled \$35 million. Access to school health services can play a critical role when nurses and other professionals are able to support families and students with obtaining up-to-date immunizations, leading to longer-term cost reductions.

An economic study on the value of school nursing services was completed in Massachusetts.

The impact of full-time registered school nurses working as part of an early school health services program demonstrated that for every dollar invested in the program, \$2.20 would be gained by society. This was proof of a cost-benefit investment of public money.¹²

Based on a 2016 report, the Colorado School Counselor Corps Grant program expanded the number of school counselors that provided interventions and retained an estimated 995 students during the grant period. Based on calculations from the Colorado Department of Education, the investment saved \$20 for every \$1 invested; this was based on the cost savings by preventing students dropping out of school.¹³



**For every \$1 invested in the program,
\$2.20 would be gained**



ACTION 2

Ensure that Student Healthcare Services are Coordinated

COMMUNICATION IS KEY TO CARE COORDINATION

Schools and local healthcare providers should partner to ensure that student healthcare is coordinated effectively between the school nurse, primary and specialty care providers and the student's family.

- 1 Create effective communication between school-based personnel (including nurses) and healthcare providers
- 2 Create effective data-sharing between education and healthcare providers

To ensure a whole-person approach to student health, it is critical to create smooth and effective communication and data sharing strategies. Processes, such as obtaining parental consent through a Health Insurance Portability and Accountability Act (HIPAA) release to allow their child's primary and/or specialty healthcare provider to share information with school personnel, beyond the school nurse, should be imbedded into the annual school registration forms. This will help to streamline care coordination efforts by school health services staff. Reciprocal effort should be made via a Family Educational Rights and Privacy Act (FERPA) release to allow school staff to communicate back to the healthcare provider. This will help to streamline care coordination efforts by school health services staff. Reciprocal effort should be made via a FERPA release to allow school staff to communicate back to the healthcare provider.



Well-designed consent forms can help with HIPAA and FERPA compliance.

Schools cannot do this work alone. Often, a local public health agency or local behavioral health provider will partner with schools to place workforce within the school and provide services, such as care coordination. Partnerships with local hospitals and healthcare providers can help to ensure student needs are being met with a comprehensive approach. This is particularly important to address continuity of care and to ensure services are consistent after the school day and during school breaks.

“ STUDENT STORY

A school nurse in the Denver Metro area was alerted when a second grade student brought a note from home indicating that the family could no longer send medications to school because they could no longer afford the medication. The nurse contacted the family right away and learned that they had lost their Children’s Health Insurance Program (CHIP) coverage. This meant that the child would not have access to potentially life-saving medication at school and at home. The nurse immediately took action, connecting with the child’s healthcare provider to ensure the student had access to the medication needed. A referral was placed to financial counseling and a patient navigator assisted the family with obtaining a medication waiver. School health services staff served a critical role in coordinating support for the student and family and helped to ensure the student was able to stay healthy at school and learn.



Data Sharing

Health and attendance at school go hand-in-hand. If students frequently miss school, they are less likely to learn. Chronic absenteeism in pre-Kindergarten and early grades can lead to below grade-level reading in third grade, which in turn impacts high school graduation rates.¹⁴ School districts should create systems that gather data on the reasons for school absence, particularly for physical and behavioral health-related absences. Then, this data needs to be shared with local healthcare partners to help inform community health needs assessments.

Health-related conditions are a leading cause of chronic absenteeism.



Defined as missing 10% of the school year, or **2 days / month on average.**

HEALTH-RELATED CONDITIONS INCLUDE:

Asthma	Oral health
Diabetes	Vision problems
Influenza	Behavioral health needs
Obesity issues	Anxiety
Parental health issues	Depression
Seizure disorders	Trauma

Local healthcare providers, health systems and local public health agencies can also share aggregated data with local school districts to provide information on the needs within the community and to understand the scope of healthcare needs being addressed. Similarly, local school districts can share other data relevant to social determinants of health such as percentage of students at reading level by grade three and graduation rates.



SUCCESS STORY

The superintendent of Roaring Fork Schools had become increasingly concerned with equitable access to healthcare throughout the Roaring Fork Valley, specifically that students in one part of the district had more limited access to healthcare services compared to students in other parts of the district. To address the concern, he convened a health advisory committee consisting of the school-based health center staff, the regional accountability entity (RAE) responsible for administering the Medicaid program, the local federally qualified health center, local hospitals and school district leaders. The committee's goals focused on improving access and coordination of school-based health services throughout the Roaring Fork Valley, with a focus on Glenwood Springs. The Colorado Association for School-Based Health Care (CASBHC) was engaged to facilitate conversation, conduct a community health needs assessment and develop a plan to support the committee's goals. Data highlighting strengths and gaps in the community's health services was shared between all organizations at an aggregate level, and the committee subsequently identified shared goals, including:

**Increasing adolescent
depression screenings**

Immunization rates

Dental screenings

Well-child exams

School attendance

The willingness and interest of community partners and healthcare providers throughout the Roaring Fork Valley facilitated the identification of these shared goals and provided the committee with the key data and support needed to pursue a planning grant from the Colorado Department of Public Health and Environment (CDPHE) for opening an additional school-based health center.



ACTION 3

Ensure Students are Ready to Learn by Expanding or Requiring Well-Child Visits

WELL-CHILD VISITS CAN LIGHTEN THE BURDEN ON SCHOOLS

Local healthcare providers should work with schools to promote well-child visits and consider opportunities — at the state and/or district level — to require such visits to attend school. Those visits should include:



Vision

Hearing

Oral

Immunizations

Behavioral health screenings

Addressing healthy weight and hunger

Addressing school attendance¹⁵

These visits will lighten the burden on schools to conduct the screenings themselves, and naturally creates a sustainable payment model as these services can be billed to both public and private insurers when conducted in a primary care setting.

Current research on chronic absenteeism shows that educational level is directly related to school attendance, and the ability to attend school correlates to their Social Determinants of Health (e.g., poverty, violence, behavioral health, substance use, housing, transportation, food insecurity, racial and cultural persecution, and so on) that impact behavioral, oral and physical health.¹⁶

If well-child visits were required and the barriers to getting these services were addressed, these risk factors would be identified and addressed in a timely fashion.

Required well-child visits would increase the opportunity for all students to participate more fully in school.

Similarly, well-child visits can include academic factors on intake questionnaires and during screenings, such as inquiring about attendance, grades and general perceptions on engagement in school.

“ STUDENT STORIES

The parent of a child in a front range school district was notified that their child was not compliant with required immunizations and was referred to the local School-Based Health Center (SBHC), where the child could receive the necessary vaccines. During the visit, the provider recognized that the child had not had a well-child exam in more than 2 years. After discussing with the parent, they agreed to proceed with the well-child exam, in addition to administering the vaccinations. The exam helped to identify that the child had uncontrolled asthma, anxiety and trouble sleeping, in addition to missing school and having issues with academics. The parent informed the provider that there was a recent job loss and the family was experiencing food and housing insecurities. The SBHC staff promptly provided food bags for immediate assistance and connected the family with the Medicaid Outreach Coordinator, the Behavioral Health Specialist and the Care Navigator to help address the long-term needs of this family. The student was prescribed the appropriate medications and provided health education on how to control their asthma. At a follow-up appointment eight months later, the student was sleeping better and attending school on a more regular basis.

Children miss out on precious learning time when at home, due to a preventable illness. In the 2016-17 school year, over 57,000 Colorado Kindergarten-12th students were not up-to-date on school required immunizations, with wide variation across school type and location.

Colorado has recently seen a spike in vaccine-preventable outbreaks with cases occurring in schools and communities where immunization rates are too low.

Conditions such as mumps, varicella (chickenpox) and pertussis, also known as whooping cough, have been on the rise in Colorado and recent outbreaks have been associated with schools and childcare settings.¹⁷



4% - 7% of students miss school due to dental problems

Multiple studies found that children with dental pain are significantly more likely to sleep poorly, miss school, and are less likely to complete all of their required homework. Several studies have associated dental pain with lower grades.¹⁸



22% - 30% of children fail vision screening

About 80% of learning occurs through visual tasks such as reading, writing and using computers; studies conclude that uncorrected vision problems impede a child's ability to read and that correction of the problem improved performance.¹⁸

School-Based Health Centers

In communities where access to care is limited for a large number of children, either because of low-income, lack of health insurance, lack of healthcare providers or geographic location, school-based health centers aim to fill that need. School-Based Health Centers (SBHC) are primary healthcare facilities located inside a school or on school grounds. The centers are staffed by a multidisciplinary team of medical and behavioral health specialists, and sometimes dental professionals, health educators and/or health insurance enrollment specialists.

SBHCs could support required well-child visits, especially where challenges with access and transportation can be an issue.

SBHC staff are funded separately from the school's general budget and provide services to students who are registered as patients for their clinic. They can often diagnose, treat and prescribe. SBHC staff are not school employees and student medical records are kept separate from school records.



There are about 55 SBHC's in Colorado

In a 2018 survey administered to Colorado parents who utilized SBHC's, more than 80% of parents agreed or strongly agreed that their child missed less class time by taking their child to a SBHC versus someplace else.¹⁹

An enhanced staffing model at an urban school-based health center in Maryland resulted in greater impact and return on investment with a social benefit return of \$4.20 for every dollar invested. The increased investment brought full pediatric care to underserved students and reduced their time away from school and impact on parents' lost work time. The societal benefit shows promise for reducing disparities in healthcare access.²⁰



of students confirmed that they learned new health habits and changed behaviors because of visits to their School-Based Health Center

One-third saw improvement in grades and school attendance²¹



STUDENT STORY

In a front range school district, health screeners were at a high school screening 9th graders for hearing, vision and dental concerns. One student was screened during this time and was found to have deep decay with pain in several areas of their mouth. The screeners notified the school nurse, who immediately referred the student to the SBHC. The student was seen by the SBHC dental hygienist and the decay was confirmed. The school nurse was able to enroll the student in a restorative program offered by the district that helps pay for care and connected the student to treatment. Over the course of almost two years, this student has had over nine fillings, an extraction, a root canal, cleanings, x-rays and fluoride applied. Because of this care, the student is better able to attend school, be engaged and smile with confidence. She and her family are now dentally aware and see a dentist regularly.



What's Next

We know that implementing this Call to Action is ambitious. A complex set of factors including funding, staffing availability, coordination, policies and regional differences will impact how these actions can be addressed. However, taking on this challenging work is possible and needed to support Colorado students to be healthy, educated and thriving.

Our next steps will include identifying opportunities for local demonstration projects to learn about effective ways to implement these recommendations. These local partnerships will help shape our work and determine how these actions can be effectively expanded and scaled in the future across Colorado. If you want to get involved or learn more, visit us at coallianceforschoolhealth.org.

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For More Info

If you have any questions or would like more information about the Colorado Alliance for School Health or its member organizations, visit coallianceforschoolhealth.org.

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