



Webinar transcript: Keeping Kids Healthy in Schools

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Rachel Donahoe: Hi, everyone, this is Rachel Donahoe with Children Special Health Services, glad to be chatting with you today. I just have a couple of our programs and services that I'm going to talk about today. Children's Special Health Services is in the Family and Community Health Bureau of the Department of Public Health and Human Services in the Public Health Division, of course. Other programs that are in Family and Community Health include WIC home visiting, women's and men's health, and all our title five maternal child health Block Grant programs.

This is the mission and the vision of Children's Special Health Services. Our work is really focused around supporting and improving the medical home and transition services within the system of care for children and youth with special healthcare needs.

So, I primarily wanted to tell you about our financial assistance program today. We have a financial assistance program that is for qualifying families to help with out-of-pocket expenses and you can see some details of the program right here. It runs on the state fiscal year so if a family qualifies for this program they can receive the benefit every year that they qualify and I'm sorry that I can't give you this definitive information right now, but our federal poverty level is changing and it will be changing sometime in September. I don't know the exact date yet, we did an administrative rule change. So, this program has always gone to about two hundred and fifty percent of the federal poverty level and we're bumping that up to three hundred percent of the federal poverty level. So, to put that into perspective, for a family of three that would be an income of about sixty thousand dollars per year, for a family of four it would be 72.

So, any families, and this would primarily be for families that have private insurance because CHIP and Healthy Montana Kids, or Medicaid, and CHIP program are pretty robust in the services that they provide, so we don't really end up covering things that they do not provide. In fact, I don't think we have done anything for years for kids who are covered under those programs because they primarily get picked up by those programs, so this is primarily for folks who are uninsured or underinsured with private health care, private health insurance, and this can be used of course for medications, DME, co-pays, deductibles, therapies, all kinds of things for those kiddos who have chronic conditions. It's not for acute or emergency care.

We also have funds to pay for genetic testing and this is for everyone in Montana, this isn't just for children, we will pay for genetic testing for all Montanans who are uninsured or underinsured. It does go by a process to ensure that it's medically necessary and will help with diagnosis and treatment, but this



is another program that we manage. You can find applications for both of these programs on our website which I have included at the end of this presentation.

We also manage the Montana Medical Home Portal. There we go, everyone should be able to be looking at the medical home portal so the Montana medical home portal is a resource for families, providers, and service agencies. There's diagnosis and treatment information, information about the medical home, and local and state resources for Montana. The great thing about the portal is the diagnosis and treatment information is vetted and regularly read, regularly reviewed and updated by the University of Utah so this is a great place to send families with a new diagnosis. You can feel comfortable that they'll be getting up to date information and won't just be you know, googling all over the place about their child's diagnosis. I just wanted to show you, here's where you can find information about specific diagnoses and of course asthma is here, there's information specifically for parents, again particularly helpful for a new diagnosis. There's information about treatment and management and then there's services for parents and families.

You can see here they actually link directly to our Montana services directory so you can click. There's also information specifically for parents here that tells you about the importance of having a medical home, the same for professionals and providers that talks about building a medical home, care coordination I think I've seen under, specifically under asthma, and of course there's many other conditions here listed. It can be very helpful. I think there is specific information about care coordination, different resources, related issues, there's lots of good stuff here. There's even some prevalence and demographic information.

MACP: And then Rachel, I know you had mentioned if people see that something's not listed in the Montana services directory then they can provide information to update that as well, right?

Rachel Donahoe: Yes, this is a fairly new resource that we have invested in and Children's Special Health Services would really appreciate your help in getting resources up here that might not be available. You'll see we do have a quite a bit of resources, one thing that we've worked really hard on in our section is getting the specific clinics, medical clinics available throughout the state, pediatric medical clinics, but there are areas that are still in need of updating.

So, you can look at what we have for asthma right now and it is lacking in some areas, so if you notice that things are missing here we would really appreciate your help in updating the portal and you can just contact me directly and we can make that happen so if you have services that you'd like to have up here even that aren't related to asthma we'd love to hear from you as well.

So, this is our website you can get directly to the medical home portal here and you can also get those financial assistance applications here and find more information about the financial assistance program. And you can contact me here directly.

Are there any questions?



MACP: Okay everyone, feel free to type in questions for Rachel in the chat box. She's going to have to leave us shortly but we'll make sure that you're able to contact her as well, you can always get in touch with me and I can make sure that you're able to reach Rachel. These are just some resources that are available through your State Health Department and we wanted you to be aware of them. Otherwise thanks, Rachel, and we can move on to BJ.

BJ Biskupiak: All right, great, thanks. So, I'm going to provide kind of an overview of what resources we have available for schools and child care providers throughout the state and then can share some information about how health care providers can, can interact with those, with those teachers and with those childcare providers in those settings to get that extra education about asthma or extra resources about asthma to those, to the families and students who may need that extra help.

So, the first thing that I want to, that I want to highlight was our training manuals and guide books. This creating asthma-friendly schools in Montana resource guide was developed by the Montana Asthma Control Program in 2010 and it was last updated actually May of 2017. So, this resource guide really highlights the seven steps schools can take to improve that learning environment for students with asthma.

Those seven steps I'll just run over those really quick with you. They're identifying students with asthma, allowing students easy access to their inhalers, create creating school-wide protocols for handling asthma episodes, identifying and reducing common asthma triggers, enabling students with asthma to participate in activities, educating staff and parents and students about asthma, and then finally collaborating with families, students, and staff, and connecting them with health care providers.

So those two that really stand out are allowing students easy access to inhalers and then collaborating with families, students, staff, and health care providers. That's where you can make that connection as a provider. So, we also, we've also included authorization to self-carry and administer medication in this resource guide as well as sample health history forms and asthma action plans as well.

Now I know that asthma action plans aren't as popular with some providers as others but what we want to keep in mind with those asthma action plans is that they are for the families and for the teachers, for the child care providers, who may not know as much about asthma and just need that extra, that extra education, it can be laid out in front of them and then this guide also lists roles and responsibilities of health care providers such as educating students and parents on proper inhaler techniques and assessing whether or not they can self-carry or should self-carry, and then ensuring that all school-aged children in your practice with asthma have proper forms signed and submitted to schools. In some cases, they may even need a pretreatment protocol if they have exercise-induced asthma and that will just depend on the school and the teacher and kind of what extra information they need, so just knowing that that, that's another, another way that you can help out families that have students with asthma, that have children with asthma.

The next manual that I want to share with you is the asthma education for childcare providers booklet. This was actually created by the San Diego asthma, or San Diego childhood asthma initiative with the



support of the American Lung Association in 2010. This includes basic asthma pathophysiology, triggers, education, self-management tools, and then what childcare providers can do for children with asthma, and the second half of this guide we do have Montana specific forms that were added with the permission of the San Diego childhood asthma initiative. Those are things like medication administration logs, authorization forms, over-the-counter medication authorization forms, and then a guide and process for medication administration in that child care setting.

Okay so this training booklet was last updated in 2016 and copies of this booklet and of that creating asthma friendly schools manual are free and available upon request, so those might be something that you want to have on hand in your, in your office to hand out and give families if they are looking for ways that they can kind of work with the provider or teacher to have a safer, safer learning environment for their, for their children.

So, this guy you may have seen, hopefully you've seen, especially with our air quality being a little bit, a little bit poorer this year, but this is the recommendations for outdoor activities based on air quality. So, this is a document that is that was made for schools and childcare facilities but it could be used by anyone who is looking for help on visibility guidelines during poor air quality events. This was actually created with the Montana Department of Environmental Quality, the Office of Public Instruction, and MT DPHHS and this was just updated at the end of last year to make sure that we're using those NowCast concentrations and the most up-to-date visibility guidelines. And so, the backside of this resource actually includes instructions on how to read the table and then it also has links to today's air website as well as a list of items to consider when planning for poor air quality during the school year.

We also have steps on how to estimate air quality again based on those visibility guidelines. A PDF of this can be found on the Montana Asthma Control Program homepage as well as the Montana School Health website, it's up on the OPI website as well and many others. So, if you, a simple google search will find this for you, but just going to that DPHHS.MT.GOV/Asthma will take you to our home page where you can find these guidelines as well. This would be a great resource to get out to families who are worried about the air quality events in their area.

Some additional resources that we offer for schools, child cares, and families are the EPA indoor air quality tools for school action kit, this is public, it's obviously not one that we have developed but one that we partner with EPA to help promote. We also promote green cleaning tips and emergency protocols as you can see here on the right, that kind of yellow highlighted document there, just a really simple protocol for responding to an asthma episode but with a nice laminated sheet that we have here. We have plenty of copies of those that we try to get out to all school teachers, childcare providers, so they can put that up in the office or put it up on the wall so anyone can see that if there is an asthma exacerbation.

The three documents you see at the bottom there are just some different coloring books and comic books that we also have here in the office that we try to get out around the state. The dusty the asthma goldfish trigger book, kids breathe free, and then that one on the left there is what's up with max is



actually from MediKids and they have several versions that that actually look at epilepsy, diabetes, asthma, a whole collection of other chronic conditions. So that's just a fun resource for some of the younger population out there and again we do have many copies of these that upon request we can get out to you and you can get out through your office as well.

So, one of the initiatives that really helps us spread trainings and asthma awareness is our school health mini grant program. Through this program applicants can receive mini grants from 500 to 1500 dollars. \$500 would go to an individual applicant, \$1,500 for groups of three, three or more, we in the past, the eligibility for this has been school nurse or a city county public health nurse so we've expanded this to include school nurses, Head Start nurses, those City County public health nurses again, certified asthma educators, school counselors, and school administrators.

So, if you work in an area that doesn't have school nurse services or full-time school nurse services but an administrator would like to, like to do asthma projects you can partner with them and possibly do some education for staff there or some teaching asthma self-management education and they can choose from several projects that you can see there at the bottom. Attend, grantees can attend an asthma or diabetes conference or education event like the certified asthma educators training that the Montana Asthma Control Program facilitates or helps facilitate every year, they can also choose an asthma home visiting program referral project where they actually identify students who have uncontrolled asthma and then link them up to our MAP program, or our asthma home visiting programs.

What grantees actually receive when they apply through these grants and are awarded they receive training templates and educational resources as well as, as well as other support materials like those training guidelines and educational resources. The funding may be used to purchase much-needed equipment in the school and several past grantees have actually purchased spacers, FEV1 readers, and even nebulizers. So as a provider when it comes to these grants you can encourage partners in the school setting to apply for one of these grants or even help them conduct the projects as your schedule might permit. Local nurses or school personnel might actually reach out to local health departments or clinics or hospitals for support in some cases so you might be another resource for them in that way.

And then we touched on this a little bit with those training guides, but we actually can go out and provide in-person trainings for schools and child care providers. We use these resource guides and kind of follow along throughout those guides and then provide more of a hands-on learning experience as well. The trainings usually last between an hour and, what about an hour and a half and two hours and those include again that basic asthma pathophysiology, common triggers, state laws, federal laws, emergency protocols, and then demonstration of use of inhalers, spacers, and even peak flow meters.

So, these trainings are housed on the DPHHS website, you can find more information there at that link. We actually have online trainings as well, so from the provider side you know if a parent was interested in making sure that a child care provider had asthma knowledge they could direct them to this site have them take an online training or setup an in-person training with us. There are free continuing education credits also attached to these trainings just to provide that extra incentive for teachers and providers.



Hundreds of, hundreds of child care providers and teachers have actually taken these trainings over the past five to six years. They're evidence-based and we try to update that information yearly and then really the, the why behind why teachers should take these trainings or child care providers for that matter is that asthma exacerbations, as you know, can occur at any time. Students spend most of the day in school or in that childcare setting and then they may not know triggers in the school setting and then just also just for that emergency preparedness piece, and to educate students, their fellow students on their condition.

So, although these are, you know, really designed for school and child care staff, it may be helpful to even have a parent watch one of these trainings if they're looking for more information. They can take these regardless of whether they need those continuing education credits or not, they can access them from our asthma website, and then lastly this resource that I wanted to highlight, the School Health website. This serves as a sort of information hub for families, school staff, and childcare providers. The site provides evidence-based resources, resources developed to help create healthy learning environments for all students including those with chronic conditions such as asthma.

The links on this page are actually organized into the following sections, so we do have wildfire smoke information right now up on the website with tools for schools, including the Montana self-carry medication, self-administration forms, checklists for school districts addressing the needs of students with asthma, the EPA's managing asthma in the school environment resource, and then under Montana resources we have links to that Montana Asthma Control Program website, the school nurse section of the school health website, which provides more in-depth information on how a school nurse can work with parents and a provider to get that documentation needed, and then also to provide further training for school staff if a parent feels that's necessary. And then we also highlight those school health grants and trainings on that school health website as well and on this you can also find some Montana asthma data when we have that available.

We have a link to some national asthma resources. As is the case a lot of the time, these resources are developed by the national partners and so we, we don't recreate the wheel but we try to get that information out. So, we link to that Allergy and Asthma Network, American Academy of Allergy, Asthma and Immunology, American Lung Association, and others.

The school health website also has information on a variety of other chronic conditions as well, and we try to provide information not only on chronic conditions but on safe school environments, communicable disease, wellness and prevention, equal education opportunities, and then teacher professional development. And so, if you're in your, if you're in the clinical setting or in your office this might be a good way to direct parents and families to some more resources and kind of help save time that you might not have if they're looking for additional guidance.

MACP: Okay, so we'll go ahead and move on to Erica and Erica I've unmuted you so you should be able to chat, and then Erica I'm also going to make you the presenter so that you will be able to move your own slides around.



Erica Harp: Okay, well, thank you guys for inviting me to be with you today. I'm Erica Harp I am the lead nurse at Great Falls Public Schools so when I'm talking today I will be speaking more specifically to schools that have at least maybe a part-time nurse or nurse available in their district, but I'll also try to speak to maybe a few scenarios of where there is no school nurse available if that's relative.

In the district of Great Falls, we have 10,000 students and currently we just hired a few more nurses so we're at 11 nurses including myself, and so we just got under the one nurse per thousand students mark. When I started five years ago we had four nurses, so I can kind of speak to different examples. Some of our nurses have two to three schools, some of our nurses have one school, so it can be different in each situation. The National Association of School Nurses provides the following definition for the school nurse. I'm not going to really read it to you because it's lengthy but just to kind of give you an idea of what I'll be, who I'm speaking about, these are nurses that are usually hired and employed by the school district.

The National Association of Nurses recognizes school nurses as being an RN-prepared nurse, but we certainly have LPNs working as school nurses in Montana as well, and what makes a nurse is what makes a nurse a school nurse. We practice evidence-based practice and are professional nurses, so this is kind of the standards of, standards of practice that we follow. It's not, I just wanted to put this up there just to kind of give an idea of what we're doing every day. It's not just necessarily band-aids in the health room, it's a lot of care coordination which I'll speak about when dealing with asthma students, quality improvement which can certainly relate to looking at those policies that affect students with asthma, the community public health piece can be advocating for those students and may be partnering with providers, and the leadership piece could be working to improve any education that's needed in regards to asthma or improving any of the policies. This guides us in our student-centered care provision.

As I said this is kind of, a day in life, every day in the life of a school nurse is different. Case management can be just, you know, managing students with chronic health conditions, making sure that we have care plans all completed and that we're following them, providing those daily assessments of acute episodic issues and then some of those chronic health issues, trying to do referrals as needed, education and health promotion is a huge piece, and educating students and staff. I'll talk a little bit about how we've done that in regard to asthma and Great Falls and again every school district is very different, the caseloads would vary, and again many of our school nurses are not full-time. A lot of times I'll be on call for various schools when situations arise, we don't always have a school nurse in the building, so a lot of our job is preparing our unlicensed school staff to be able to handle emergencies.

This is from the 2015 assessment of school nurses in Montana. We'll be doing it again this year and I do anticipate some improvement to be noted. You'll notice that there's only four counties that meet the national guidelines for one school nurse for 750 students, but I do know that Great Falls is not alone in being a school district that's hired more school nurses lately so I do anticipate some of the colors to change. But we'll still have quite a few students with no school nurse in Montana.



This slide is also from that survey but I think it shows a good example of numbers in our schools. At the beginning of every year we kind of take, we see what is on our radar as far as students with chronic health conditions, and asthma is always probably one of those health conditions that have the most students. But oftentimes we have the least amount of time to work with those students and so that's where some of those care plans, asthma action plans come into place.

On this slide, you'll see the numbers. I know that for my personal experience and many of our nurses type one diabetics do take up most of our time, but to kind of give you a different scenario I've probably called more ambulances for asthmatic issues and I'll kind of speak to that later, but and we of course have the life-threatening allergy students too which take up a little bit more of our time as well just in preparing to make sure that they're protected and safeguarded and hopefully we're not calling 911 for those students. So, these are just some of the issues that we face when dealing with these students with asthma.

We have a lot of students on our radar that when they fill out their health history form as they enter in school mark asthma as an issue and then when I try to follow up with that family or that doctor they may have received an inhaler in a walk-in setting which I know isn't usually maybe the most common best practice but I do have quite a few families that have never really followed up after they've initially received a rescue inhaler. And we also have students that maybe haven't been following up with their primary care doctor in general and so their asthma care isn't completely managed. We have a lot of students that might have that diagnosis that do not have any rescue meds at school that may need them, definitely an inconsistent use of controller medications at home and, and we most commonly try to provide further education to staff and then families when we can about proper use of medications and helping identify triggers.

Ideally, we would be able to work with families of every student with asthma, but we know that in the real world it's oftentimes putting out fires until we can get to the point where we can maybe work more constructively with that family. So that's where kind of having these pieces in place kind of help us create maybe a protective bubble or structure around the school that can help these students so the asthma action plan, they really help the unlicensed individuals in the school especially feel comfortable and that they have something in front of them that will help them help the student with asthma.

It also helps them a little bit understand the symptoms and maybe when to call the parent, when to call 9-1-1. I think it gives them encouragement to call the parent and 9-1-1 if needed, most of the times when we're calling 9-1-1 it's because we cannot get ahold of the parent, they don't have the needed meds or they're not seeing relief in their rescue inhaler, there's no nebulizer, so those are definitely situations where unlicensed people definitely feel that well, this is just asthma I shouldn't need to call anyone we should be able to treat it, and it's good to remind them you know, follow that care plan and go ahead and notify 9-1-1 and keep trying to contact the parent. That's a very typical situation that we find ourselves in and as a nurse too, it's my background in emergency room medicine where you have all of the tools at hand where you could probably help somebody having an asthma attack, but in a school setting you feel so limited in what you have to provide care to these students sometimes that you know



that at least getting a first responder there you could at least maybe provide further medical intervention that would help that student initially.

Access to medications is also key and that's why that asthma self-carry form is really important, just making sure that those students have access, that's one of the number one complaints I'd hear from parents is saying that a teacher or principal said they couldn't carry their inhaler and that's where we remind staff and parents that this, it's nice to just have a form that's supported throughout the state as the right of a student to carry their medication. And then we've also partnered, we've also used those school mini grants that BJ talked about to assess our asthma safe policies and protocols and those, all those resources that BJ spoke about are really helpful in communicating the importance of those asthma safe policies and protocols to schools, even in a school that doesn't have a school nurse that would definitely be easy to use any of those materials that we just spoke about.

This is kind of a typical process, so you find that a student has asthma and one way or another they bring an inhaler to school in their pocket or their parent filled out a form. The school nurse usually tries to contact the family and get those plans rolling and definitely in some situations the parents come prepared with those forms to the school, and then as needed we can further follow up with those students, make any other plans or arrangements as necessary, and then any referrals as necessary as we work with the student and get to know them. These are the questions and conversations that we have with parents and that you could certainly have with parents especially if there's no school nurse in the school.

Sometimes just because sometimes unlicensed, you know the secretary, might not think of these, maybe they are just going to throw all of the inhalers in the same drawer and not really think about the next step. Where is this inhaler going to be kept, is it appropriate for the student to self-carry, are they able to self-administer? And if they can't, that's definitely important to communicate to the school.

I always appreciate when there's notes on medication orders or anything that indicates that this child needs help using a spacer or this child you know needs help administering. We do have lots of spacers in our district that we've gotten through the Department of Health and so we are always providing spacers to those students because oftentimes the family doesn't bring one to school or they don't have another one.

Identifying any potential triggers, that's really helpful if that conversation is had with the parents so we can see if there's anything that they might be subjected to at school. And then a plan for PE and sports is definitely important, that's also a place where we've educated unlicensed staff because they used to think, some would think that they're just coming in and using their inhaler when they don't need to because it's before PE and they don't see those symptoms, and so we've definitely been trying to encourage, you know, these students should be using their inhaler before PE that's what is advised and we include that on our asthma action plans. So then again, it's more support for that student in getting the proper treatment.



Field trip concerns, it might just be simple, they need to take their inhaler with them or you know if there's other added, a seasonal allergy, maybe you have to prepare for that, and then the student's ability to manage their care. Identified triggers, so all these things might not be on that asthma action plan but we might need to include it on an individualized health plan for that student and again with the number of our asthmatics and the varying degrees of their asthma not all students will have those more detailed forms but those are definitely still conversations we should have with the parents.

Again, these are just some more reasons why we have that asthma action plan, but I feel the most important thing is it should just help guide school staff and providing appropriate care for that student. It encourages them, it encourages them and then protects that student's rights and just having access to their medication and the proper treatment. And nice thing is it can travel, it can go to sporting events with them if needed, we can share it with teachers as appropriate, and then make sure that everybody is familiar with those plans.

Here's a way that we can collaborate to maybe help this process go more smoothly. Those asthma action plans and self-carry forms are all available on that school health website I believe that BJ spoke about, I know they're on the Montana Department of Health website in other areas but even just knowing it's beginning the school year do you guys have the forms that, does my patient have the forms they need to go to school, getting those to the parents before they go to school. It's always really helpful, maybe they're at their annual physicals for sports, if they can get those self-carry authorizations completed at that time and bring to school. It really helps the school to not have to chase those down and as I said, any assessment notes for the staff or school nurse such as use of spacers or any help that they may need, you know we have really quiet, timid students that might be too afraid to ask to use their inhaler, to go get their inhaler, so oftentimes that's where a school nurse might put in some extra steps for that student. But if that's something that the parent expresses a concern about or you have a concern about you can always put those on any of the notes you send in to the school.

Use of ROI, release of information, as needed if you have any concerns or you want to see how often the student is checking in and using their inhaler, if it's that type of situation we've shared information with providers with our ROIs in the past. We've also worked with some of our health nurses that have been part of the Montana Asthma Home Visiting Program in following up with students and making sure that their concerns are being addressed in school, and also when you're working with parents whether they have a school nurse or not - just really encourage them to be advocating for their children in school.

As I said, parents, their number one concern is if their students have access to their inhaler, so making sure they have that conversation and if you feel that the student might need more of a plan whether it's a 504 or an IHP, if you don't know what any of those letters or numbers mean you can ask me in the chat box, but I think doctors and providers are some of the best advocates to get parents to go in and talk to their schools about what their student really needs and to know that their child, their needs deserve to be met in school and they have rights for all of those issues to be met.



That's mostly what I've put together for today, again I think in situations where there is not a school nurse, again schools can still follow those asthma action plans and still use those forms for self-carrying of medications or whether they're not at self-administering if they need help. And then as BJ spoke about there's tons of resources for those schools if you have a patient who's at a school without a school nurse you might want to again really direct that parent to that website that BJ spoke about.

MACP: Awesome, thanks, Erica. Here's a question from one of our participants. Erica, Billings school district 2 requires nurse for administration of inhalers but nurses are not always available so they are sending forms back asking for self-carry what age do you recommend for ability to self-carry?

Erica Harp: That's a very good question. Really, I think that that could be an opportunity to take it, I feel that it should be individualized. We have a preschool at Great Falls Public Schools, and most of our preschoolers cannot self-administer and when they're in kindergarten I'm still pretty concerned. By 1st and 2nd grade I think that they're more able to self-carry but again you have those students that maybe just are too timid, are just not aware enough of their body and their health condition, so I think it's pretty individualized. I'm a little uncomfortable on speaking against the policy, but with the way that the delegation laws have changed now for nursing it is also a delegable task. If they could train staff, I know that Billings view that a little bit differently than I do, but as a parent, if I were going to be taking a parent perspective and I didn't think my child is going to have access to their inhaler or be able to give it to themselves and I was concerned about that, I would definitely take some education and information to the school board, just because I don't think it's a one-size-fits-all answer. Sorry, that's not a direct answer to the question, but I do think there's plenty of resources for educating the policymakers.

MACP: Great, thanks Erica. We also got a question if you're comfortable with us emailing out your contact information then we can do that as well when we send out the links for the evaluation. We're getting some people asking if they can contact you for more information.

Erica Harp: Sure, yes, you can email, email is always the best way to get ahold of me especially at the beginning of the school year but I'm certainly willing to collaborate with anybody. Great, we can send that out. And learn from anybody.

MACP: Awesome, thank you. If there are any other questions, feel free to type them in the chat box you can also unmute yourself and speak over your phone line. Hopefully this webinar today just gave some ideas of ways that you can help support kids and parents as they go back to school with asthma and remembering that there are also other chronic conditions on that school health website that you can review on there as well and certainly information on the Montana medical home portal. If there are no other questions, then that's all the information that we have for you guys today. We'll be holding our next webinar in January and we look forward to seeing you then! Thanks so much!