Washington’s
SCHOOL NURSE
Case Management Program Manual

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SECTION 1: INTRODUCTION
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PROGRAM MANUAL OVERVIEW
This publication is a guide for the Washington State School Nurse Case Management program model. It is intended for supervisors and staff that plan to, or are implementing, the Model. The program is designed to assist students with healthcare needs to successfully manage medical conditions as a means of reducing barriers to academic performance and increasing engagement in school. The manual covers the practice framework for the nurse case management program and outlines the evidence for effective practices. In addition, the manual provides details of program services and offers tools necessary for program implementation and evaluation.

NEED FOR INNOVATIVE DROP OUT PREVENTION AND REENGAGEMENT PROGRAMS
Nationally, more than half a million students drop out of school each year, with the drop out rate remaining relatively stagnant for the past 30 years (Dynarski, Clarke, Cobb, Finn, Rumberger & Smink, 2008). For the 2009-2010 school year, the percentage of youth who did not graduate on-time (students who entered 9th grade for the first time and graduated in four years) was 22% nationally and 23% in Washington State (Kids Count, 2014). More recent figures provided by Washington’s Office of Superintendent of Public Instruction (OSPI) for the 2012-2013 school year indicate that 76% of students graduated within 4 years. Of the remaining 24%, 13% had dropped out, and 11% were still enrolled for a 5th year (OSPI, 2014). The likelihood of graduation worsens for males and minority students. Both nationally and in Washington State, males are slightly more likely than females to drop out of high school, while Blacks, Hispanics, and American Indians are much more likely to be dropouts than Whites or Asians. Washington State data show that migrant, limited English, and low-income students have dropout rates higher than the rate for all students, a pattern that is also reported for the country as whole.

The possession of a high school degree is widely recognized as the minimal educational requirement for obtaining most jobs in the United States, and increasingly even entry level positions expect some postsecondary education or training as well. This means that dropping out of high school before completion places individuals at a considerable disadvantage in the employment market, a disadvantage that accrues throughout their lifetimes.

Dropping out of high school is linked to poor mental and physical health in adulthood, and dropouts are more likely to live in poverty and be involved with crime (Child Trends, 2013).
Connections to poverty, crime and poor health have economic consequences for society as well. Individuals without a high school education use more societal resources, including health care, welfare, food stamps, and housing assistance. They contribute less to the tax base, have a significantly higher chance of being imprisoned, and experience worse health outcomes and lower life expectancies (Dynarski et al., 2008). The more education one has the better his/her earnings, and thus an opportunity for improved diet, better medical care, and safer housing. More education is associated with healthier behavioral choices and better social support, and there are indications that education is more strongly linked to better health than are the correlated factors of income and occupation (Freudenberg & Ruglis, 2007).

Students dropout of high school for many different and individualized reasons, and these are often interconnected. Factors found to be associated with leaving school before graduation include high rates of absenteeism, low levels of engagement with school, and psychological, social, and behavioral problems such as substance abuse, mental health issues, and being a victim of crime or violence at school. Additionally, work or family responsibilities, pregnancy and early-aged parenting are recognized dropout risk factors (Association for Christians in Student Development 2012; Child Trends 2013; Freudenberg & Ruglis 2007). These factors all contribute to increased absenteeism and poor academic performance, putting the student at greater risk of dropping out.

These contributors to eventual dropping out are demonstrated in the research literature, as are actions associated with strengthening protective factors and reducing risk factors. Impacting these factors requires a comprehensive and coordinated approach that involves the individual, the family, the school, and the community. There are no comprehensive model programs that specifically combat school dropout. There are, however, many programs designed to effectively intervene in one or more of the factors associated with dropping out. In particular, efforts targeted at addressing substance use and mental health problems, violence prevention, and sexual and reproductive health issues may help improve student engagement with school (ASCD, 2012; Freudenberg & Ruglis, 2007). Strategies to help struggling students improve their academic standing such as provision of extra support, tutoring, varied instructional methods, and options for credit retrieval before they drop out also have shown to be effective (Freudenberg & Ruglis, 2007).

Children need to be healthy to learn. Effective school engagement programs therefore must include efforts towards resolving or ameliorating any student health, mental health, and personal problems or needs which impede successful engagement, including school safety. Schools cannot do all of these efforts alone and thus drop out prevention and reengagement programs need to be linked to and partnered with appropriate supportive services in the community.
COMMON HEALTH CONDITIONS IN SCHOOL-AGED CHILDREN

A variety of physical and psychological illnesses can occur in children, which may adversely affect their school attendance and academic performance. In the U.S., chronic medical conditions, including those in children, are on the rise. In 2012, the National Association of School Nurses reported that more and more school children have some form of health impairment (http://www.nasn.org). In fact, more than one in ten children enrolled in public schools (13.1%) today have some type of disability, including learning disabilities, emotional disturbances, hearing and visual impairments, epilepsy, heart conditions, asthma, and diabetes (National Center for Education Statistics [NCES], Fast Facts, nd). According to the Centers for Disease Control (CDC), over 14% of U.S. children have asthma, 11% have attention deficit hyperactivity disorder (ADHD), and 9% have allergies that trigger severe consequences.

Emerging research indicates that adverse experiences or unmet physical or mental health conditions in childhood and adolescence may impact school attendance, academic performance and academic success (Basch, 2011; Dilley, 2009).

Since children spend a large percentage of their day in the school setting, it is critical that schools address these students’ needs and take the steps to maximize their opportunity for academic success.

One of the most frequently used phrases describing children with illnesses is children with special health care needs. These are children who “require above routine health and related services for ongoing physical, emotional, behavioral or developmental conditions” (Bethell, Read, Blumberg, & Newacheck, 2008, p. 2). The number of children with health care needs, including chronic conditions, has rapidly grown in recent years (Perrin, Bloom, & Gortmaker, 2007). Bethell and colleagues (2008), reporting results from analysis of three national surveys, found that 13-18% of children in the U.S. are considered to have special health care needs. Chronic medical conditions experienced by children can cover a wide range of disorders including asthma, diabetes, significant or allergic reaction, eating disorders, obesity, epilepsy and/or social-emotional/behavioral disorders. For some children, medical needs are quite complex. The terms used to describe these particular children include medically fragile, technology assisted, and technology dependent (Spratling, 2014). A few of the more common health conditions in school-aged children are reviewed in the following section.

Asthma

Asthma is a chronic illness affecting millions across the U.S. (CDC, Fast Facts, nd.). It is now the most common chronic illness in children, pediatric asthma rates are reaching epidemic proportions. In fact, in 2011 over 10 million children were diagnosed with asthma (http://www.childstats.gov). Asthma affects the lungs and causes wheezing, difficulty breathing, and chest pain, and is often triggered by environmental factors such as air pollution and secondhand tobacco smoke, exercise, and allergies. A 1997 survey of school nurses in Washington State found that asthma was the most frequent condition encountered by these nurses (State of Washington Joint Legislative Audit and Review Committee, 1997). Asthma has a general negative effect on the lives of affected children and their families, particularly
with respect to quality of life (Horner, Brown, & Walker, 2012). The chronic nature of asthma not only limits the child's ability to participate in any number of play activities, and contributes to high healthcare costs, but also may have an adverse influence on a child's educational potential (Levy, Heffner, Stewart, & Beeman, 2006).

**Diabetes**
According to the CDC, diabetes is another common chronic disease found in children and adolescents, with approximately 151,000 people under the age of 20 currently diagnosed. Each year more than 13,000 young people are diagnosed with Type 1 (juvenile-onset) diabetes (CDC). Of concern to many is the evidence that Type 2 diabetes is now occurring more frequently in youth. The CDC reports that the epidemic of obesity and low levels of physical activity in youth may be contributing to the increase in Type 2 diabetes. Having diabetes entails constant monitoring of food intake and blood sugar levels, along with overseeing required medications such as insulin, a medical treatment requiring careful dosage calculations and delivery by penetration of the skin. Without such detailed care, the consequences from uncontrolled diabetes include hospitalization, frequent illnesses, and alteration in cognitive abilities, damage to eyesight and even loss of limbs from insufficient blood supply (CDC).

**Life-threatening Food Allergies**
A third medical condition that is often ignored or overlooked are severe food allergies which can create potentially life-threatening anaphylaxis reactions. Nearly 8% of all children residing in the U.S. have a food allergy (Gupta, Dyer, Jain, & Greenhawt, 2013). National survey data indicate that the prevalence of food allergies in children has grown by nearly 20% in the last 10 years (Braunum & Luckas, 2009; CDC, 2013). The most common sources of food allergens are peanuts, tree nuts, cow's milk, shellfish, eggs, wheat and soy (Gupta, Springston, & Warrier, 2011). Severe reactions (which occur in nearly 40% of children with food allergies [Lin, Anderson, Shah, & Nurruzzaman, 2008]) can lead to hospitalization and even death if not assessed, recognized and treated immediately and appropriately.

**Mental Health Disorders**
Another area of increasing concern for children's wellbeing is mental health. Also referred to as social-emotional or behavioral disorders, mental health disorders are common among U.S. children, with over 20% (1 in 5) of children, either presently or at some point in their lifetime, being diagnosed with a mental health disorder (National Institute of Mental Health [NIHM]). NIHM reports the lifetime prevalence of having a mental health disorder as 46% for 13 to 18 year olds. The CDC’s National Health and Nutrition
Examination Survey lists the most common mental health disorders in those children from 8 to 15 years of age as ADHD (8.5%), followed by mood disorders (3.7%), and finally major depressive disorders (2.7%). This does not take into account the 20% of students who may have an undiagnosed mental health issue which interferes with their ability to make academic progress (Puskar & Bernardo, 2007).

LINKS BETWEEN STUDENT HEALTH AND SCHOOL ACHIEVEMENT
Health concerns affect not only a child’s capacity to participate in day-to-day activities, but also may interfere with the student’s ability to thrive academically (Levy, Heffner, Stewart, & Beeman, 2006). The potential for educational success begins with ensuring adequate school attendance.

School Attendance and Health Conditions
The literature in nursing, medicine, public health, and education point to evidence that children who often are absent from school, particularly in early grades, encounter an assortment of negative outcomes which are strong predictors of not completing high school (Chang & Romero, 2008). The majority of the literature on the link between illness and school attendance has examined asthma and demonstrated its association to school absenteeism (Moonie, Cross, Guillermo, & Gupta, 2010; Moonie, Sterling, Figgs, & Castro, 2006), accounting for over 14 million lost school days (American Lung Association). Taras and Potts-Datema (2005) reviewed the literature on childhood asthma, school attendance, and academic outcomes and found absenteeism rates higher for students with asthma.

In Minnesota, children with asthma had 2.21 more days of absence compared to children without asthma (Silverstein, Mair, Katusic, Wollan, O’Connell, & Yunginger, 2001). A study conducted in a California school district determined that the prevalence of asthma was between 5.1% and 6.2%, and students with asthma missed school more often (.5 to 1.25 days) than those students who did not have asthma (Taras, Wright, Brenna, Campana, & Lofgren, 2004). Analysis of data from a majority African American urban school district in Missouri revealed that students with asthma (9.7% of students) missed nearly 1.5 days more compared to non-asthma students (Moonie, Sterling, Figgs, & Castro, 2006). The most recent study, reported in 2010, found that students in the Las Vegas, Nevada school system with asthma or asthma and one other health condition had significantly higher odds of missing more than 10 days of school per year compared with healthy students or those students whose medical conditions did not include asthma (Moonie, Cross, Guillermo, & Gupta, 2010).

While the bulk of the evidence indicates that asthma is associated with more missed school (Taras & Potts-Datema, 2005), at least one study by Millard, Johnson, Hilton, and Hart (2009) found that children with asthma in the Dallas Texas Independent School District missed no more school days than their healthy peers. The authors speculated that the aberrant findings might be explained by the fact that 90% of school campuses in the Dallas School District employed full-time school nurses who, as mandated by district policy, had an asthma management plan for every child identified with asthma and also provided bronchodilator treatment to symptomatic children during school hours. Research findings clearly link asthma to adverse effects on attendance. In turn, excessive absence from school may make it difficult for students to successfully reach graduation.
Academic Outcomes

Although it is widely believed that chronic, significant or prolonged illness and associated absenteeism in children contributes to poor academic outcomes, few rigorous studies to support this assertion have been accomplished to date. However, anecdotal information is easily produced in conversations with and stories from school health experts. For the most part, research has focused on the relationship between asthma and academic achievement. Taras and Potts-Datema’s (2005) review of studies examining the links among childhood asthma, school attendance, and academic outcomes found that there was either only a weak association or no association between having asthma and school achievement. Silverstein et al.’s (2001) study of children going to school in Rochester, Minnesota discovered no difference in school performance outcomes (grade point average, grade promotion, and test scores) between children with asthma and those without. Similarly, a cross-sectional analysis of 3812 students who took the Missouri Assessment Program standardized test during the 2002-2003 academic year revealed that academic performance for children with asthma was equivalent to their non-asthma peers (Moonie, Sterling, Figgis, & Castro, 2008). On the other hand, Krenitsky-Korn’s (2011) survey of 28 students with asthma revealed that these students scored lower in mathematics than their non-asthma peers.

In sum, the literature demonstrates a strong association between asthma and school attendance, with limited research studies to support the connection between other medical and/or emotional/behavioral conditions and academic outcomes. The limitations of the asthma studies cited above included small sample sizes, lack of consistent measurement of outcomes, and insufficient number of more rigorous, e.g., randomized control, studies. Despite these shortcomings, progress has been made in demonstrating the positive outcomes that can be achieved through implementation of school nurse case management for students at risk for poor health and thus poor academic achievement.

SCHOOL NURSING - AN OVERVIEW

School nursing, as a specialty area of health professions practice, started in the U.S. in 1902 when a nurse was hired in an effort to reduce absenteeism by intervening with students and families regarding health care needs related to communicable diseases. This nurse, after achieving success within one school in New York City, was able to expand her nursing care to other schools across the city’s schools. Today, school nurses continue in this tradition of assisting students in achieving academic success (Vessey & McGowan, 2006).

The National Association of School Nurses (NASN) defines school nursing as:

A specialized practice of professional nursing that advances the well-being, academic success and lifelong achievement and health of students. To that end, school nurses facilitate normal development and positive student response to interventions; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning (NASN, 2010).
From NASN’s perspective, the nurse in the school setting provides leadership with respect to development and oversight of school health policies and programs. The school nurse’s expertise in terms of clinical knowledge and decision-making informs his/her delivery of services. Acting as a liaison among school personnel, family, community members and healthcare providers, the school nurse conducts health screenings and assesses children’s health concerns; coordinates referrals to healthcare providers, and advocates for health care and a healthy school environment through mechanisms of health promotion and health education (American Nurses Association [ANA] & NASN, 2011).

**SCHOOL NURSE CASE MANAGEMENT**

*Definition and Roles*

Case management can be a component of the delivery of school nursing care, offered to children with chronic or unmet health conditions. A variety of definitions for case management have been offered through the Case Management Society of America, the American Nurses Association, and the National Association of School Nurses. After reviewing these documents and the extant literature, Engelke, Guttu, and Warren (2009) proposed the following:

> Case management is a process by which the school nurse identifies children who are not achieving their optimal level of health or academic success because they have a chronic condition that is limiting their potential. It is based on a thorough assessment by the school nurse including input from the family and teachers. (p. 421)

*Review of Nurse Case Management Literature*

*Overview*

Ensuring that students are academically successful is an important issue for schools. A school’s ability to manage children who have chronic illnesses varies greatly. For example, school nurses in Pennsylvania school districts, when surveyed about how well schools were prepared to address the needs of students with asthma (Hillemeier, Gusic, & Bai, 2006), noted that school staff often were not available to handle emergencies (such as severe asthma attacks) and schools frequently lacked the equipment needed to address children’s health needs. The researchers commented that many improvements were needed to bring schools into compliance with National Heart, Lung, and Blood Institute (NHLBI, 2007) recommendations about asthma policies and practices.

Much as Millard et al. (2009) found that the presence of full-time school nurses seemed to be effective in assisting students with asthma to avoid excess absences, additional research is has accumulated on the positive effects school nurses can have on promoting healthy learners. Maughan (2003) reviewed the published literature between 1965 and 2002 for studies exploring the effect of school nurses on educational outcomes. The 15 studies analyzed indicated that interventions using school nurses had a positive impact on school attendance. Baisch and colleagues (2011) reported on the effectiveness of school nurses in an urban school system, with findings demonstrating that school nurses increased immunization rates, improved accuracy of student health records, and the management of students’ health issues. Using school nurses to manage care of students with health conditions can promote services for children that are efficient and effective (Gaffrey & Bergen, 1998).
General Services
Keehner, Engleke, Guttu, Warren, and Swanson (2008) examined academic, health, and quality of life outcomes for 114 children diagnosed with asthma, diabetes, severe allergies, seizures, or sickle-cell anemia in five school districts. Children provided case management services by school nurses demonstrated an improvement in quality of life and in managing their illnesses more effectively. However, the researchers were unable to demonstrate a strong effect on academic performance.

A North Carolina based program used Family Nurse Practitioners (FNPs) to contact families of children who were chronically absent (Kerr et al., 2011). In the first 90 days of the school year, 70% of the 1600 recorded absences were due to illnesses. The FNP consulted with school nurses and social workers and called parents of students whose attendance was considered as chronically absent. For those parents who reported that the absence was due to illness, the FNP offered to make a home visit or to see the student in the school nurse's office. Home visits by the FNP and social worker were made if the absence rate reached 20%. There were statistically significant improvements in attendance rates at the elementary level post-intervention. While the calls were effective, it was unclear which call source(s) were most effective – FNP, school nurse or school personnel.

Asthma
Engelke, Swanson, and Guttu (2013) investigated nurse case management interventions to improve students' management of their asthma and their academic achievements. The nurse case management interventions included direct care, student counseling, contact with family, health care coordination, and teacher and staff education. Specifically, school nurses focused on sustaining a safe school environment by developing emergency plans, teaching staff about asthma, and ensuring the adequacy of supplies to assess and treat asthma incidences. Results established that students improved their overall quality of life. However, improvement in academic achievements was difficult to demonstrate.

A study conducted in Chicago-area high schools looked at children with asthma who were provided asthma and nutrition education, Registered Nurse (RN) reinforcement visits, and family information meetings (Kouba et al., 2012). While improvement in health outcomes (asthma control and asthma quality of life) occurred, outcomes about school attendance and/or performance were not measured. Similar results were reported by Moricca et al. (2013). Case management by school nurses was provided to children at risk for asthma. Although academic performance on standardized testing post intervention was similar to children at low risk for asthma, absences dropped from 5.8 days to 3.7 days over the school year.

In another study, researchers tested the effects of combining a web-based health support system with monthly nurse case management via the telephone for children ages 4-12 years who had poorly-controlled asthma (Gustafson, et al., 2012). Subjects were randomly assigned to the intervention group or a control group of treatment as usual with asthma information. The intervention group demonstrated better asthma control, but not medication adherence.

A similar project was conducted in the Texas school systems (Bartholomew et al., 2006). Creating the “Partners in school asthma management” program for inner-city elementary
school children, the program anticipated improvement in children's management of their asthma. Using case findings, linkages among school nurses, parents, and clinicians, an educational program, and an assessment of the school environment, children in the experimental group had improved school performance and better attendance compared to children in the control group. The program was also effective in improving the children's self-management of asthma.

The Healthy Learners Asthma Initiative was developed for the Minneapolis Public Schools to improve children's management of their asthma and reduce asthma-related school absences (Splett, Erickson, Belseth, & Jensen, 2006). Interventions consisted of using National Institutes of Health asthma guidelines, providing asthma education to school staff, partnering with parents, and offering the assistance of an asthma resource nurse. Results demonstrated that asthma visits to health offices in the intervention schools decreased. Of interest, improvement in attendance was noted only in those children who visited the school health office to receive asthma care.

Levy, Heffner, Stewart, and Beeman (2006) evaluated an asthma case management program in 14 elementary schools attended by inner-city children. Schools were randomized to either a nurse case management intervention or usual care conditions. In the intervention group, nurse case managers held weekly group sessions using the American Lung Association's Open Airways for Schools curriculum, investigated students' school absences, and coordinated students' asthma care. Students in the intervention group had fewer school absences and fewer hospital and emergency room visits compared to the usual care group.

Taras and colleagues (2004) developed a project to study the effect of school nurse case management on students with asthma over a 3-year time frame. Case management activities that were provided included asthma education for students, contact with students' parents, and students' health care providers, and home visits. Results showed that students followed by case managers were more likely to have an asthma medication available at school, to use a peak flow meter at school, and to have a decrease in asthma severity. No effect was demonstrated on student absences.

Diabetes
One study described the case management provided to children with diabetes (Engleke, Swanson, Guttu, Warren, & Lovern, 2011). Interventions used varied by nurse workload and age of the child. Case management improved quality of life for teens in the program. A later study found that when school nurses provided education and counseling, parents were more likely to observe improvement in the child's self-management of his/her diabetes (Peery, Engelke, & Swanson, 2012).

Mental Health
While no studies could be located that examine school nurse case management for children with emotional and/or behavioral concerns, researchers have expressed the importance of school nurses providing services to these students. Puskar and Bernardo (2007) discuss the role of school nurses in promoting children's mental health. Noting that 20% of children may have undiagnosed mental health problems that interfere with their ability to think and learn, the authors present that school nurses are in key positions...
to assist these students in educational achievement. They suggested that school nurses can improve students’ mental health through nursing practice focused at the individual, systems, and/or community-level. Stevenson (2010) reiterated these authors’ comments, noting that school nurses can “facilitate linkages to mental health services” (p. 32). NASN supports the role of the school nurse with respect to mental health and sees the school nurse as playing a critical part of an interdisciplinary team that assesses, plans, implements and follows-up children who require mental health services.

**SUMMARY**

The review of the literature reveals that the implementation of school nurse case management services has the potential to make a difference in the lives of students at risk for poor health and the attending sequelae of higher absenteeism and lower academic achievement. To be most effective, case management programs should incorporate dimensions that use multiple strategies and take an interdisciplinary approach involving student, family, school personnel, and primary care providers (Engelke, Swanson, & Guttu, 2013). Additionally, it is important that steps are taken to ensure that the interventions are measured for effectiveness. This means standardization of how interventions and outcomes are measured; attention to consistency, accuracy and thoroughness is essential.

**ORGANIZATION OF THE MANUAL**

The remainder of the manual contains the following sections:

**SECTION 2: PROGRAM HISTORY** – provides a brief history of the Washington State School Nurse Case Management Program since its inception in 2010.

**SECTION 3: SCHOOL NURSE CASE MANAGEMENT PROGRAM** – outlines the program’s framework, and provides details on the core components necessary for the implementation of the School Nurse Case Management Program.

**SECTION 4: PROGRAM FORMS** – contains a set of sample forms including referral, intake, and assessment as well as a sample letter of introduction of program services.

**SECTION 5: RESOURCES** – provides a list of useful resources including links to websites for program staff implementing the SNCM program.

**SECTION 6: GLOSSARY OF TERMS**

**SECTION 7: REFERENCES**

**APPENDIX A**
SECTION 2: PROGRAM HISTORY
SECTION 2: PROGRAM HISTORY

FEDERAL TITLE 1, PART D, HEALTH SERVICES

Washington State Program History

Washington State’s Office of Superintendent of Public Instruction (OSPI) understands that it is difficult for students to achieve academically without basic health and safety needs met. To be successful in life and learning, students need to have their healthcare needs addressed and be equipped with life skills – social and emotional; non-cognitive; and proximal. Most importantly, vulnerable students need support to adequately address non-academic barriers to learning in order to succeed.

The overarching goal of the Title I, Part D, Health Services program is to improve academic performance and ultimately graduation rates for children with health-related issues. The need to adopt and implement innovative practices that close the achievement gap and increase graduation rates prompted the funding of the School Nurse Case Management Program. As discussed in the Introduction Section, students whose health needs are unmet are at greater risk for academic failure. As such, the School Nurse Case Management Program builds upon findings linking health and academic success. The purpose of the program is to effectively address health-related issues that impact students and to promote the wellness of children, youth, and families.

Program Grant Rules, Purpose and Background

The School Nurse Case Management program is funded by Title I, Part D of the No Child Left Behind Act of 2001 (NCLB) — also known as the Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent, or At Risk. Title I, Part D, is administered by the Office of Student Achievement and School Accountability Programs (SASA), within the U.S. Department of Education’s (ED’s) Office of Elementary and Secondary Education (OESE). Title I, Part D, provides financial assistance to educational programs for children and youth who are “neglected,” “delinquent,” or “at risk” through two separate programs.

The State Agency Program (Title I, Part D, Subpart 1) was originally authorized in 1966 and serves youth in State-operated institutions or community day programs. The Local Agency Program (Title I, Part D, Subpart 2) was originally authorized in 1994 and supports school district programs that collaborate with locally operated correctional facilities and programs for youth who are “neglected,” “delinquent,” or “at risk”.

1 The term “neglected,” when used with respect to a child, youth, or student, means an individual who has been committed to an institution (other than a foster home) or voluntarily placed under applicable State law due to abandonment, neglect, or death of his or her parents or guardians. The term “delinquent,” when used with respect to a child, youth, or student, means an individual who resides in a public or private residential facility other than a foster home that is operated for the care of children and youth who have been adjudicated delinquent or in need of supervision. The term “at-risk,” when used with respect to a child, youth, or student, means a school-age individual who is at risk of academic failure, has a drug or alcohol problem, is pregnant or is a parent, has come into contact with the juvenile justice system in the past, is at least 1 year behind the expected grade level for the age of the individual, has limited English proficiency, is a gang member, has dropped out of school in the past, or has a high absenteeism rate at school.
The shared purposes of both programs under Title I, Part D, are to:

1. Improve educational services for children and youth who are “neglected,” “delinquent,” or “at risk” so that they have the opportunity to meet challenging State academic content and achievement standards;

2. Provide children and youth who are “neglected,” “delinquent,” or “at risk” with services so that they can successfully transition from institutionalization to further schooling or employment;

3. Prevent at-risk youth from dropping out of school and provide youth who have dropped out and youth returning from correctional facilities with a support system to ensure their continued education; and,

4. Provide local education agencies funding for the coordination of health and social services provided that likelihood of such services improve an individual’s capacity to complete his/her education.

Title 1, Part D Outcomes
The US Department of Education monitors Title 1, Part D, program success based on the following academic and vocational outcomes:

- School credits earned
- High school diplomas or GED certificate completed
- Students return and stay engaged in school
- Students enroll in post-secondary school
- Student enroll in job training programs
- Students obtain employment, and
- Academic grade-level improvements in Reading and Math for those students enrolled for 90 or more days in these subject areas.

SCHOOL NURSE CASE MANAGEMENT PROGRAM – A BRIEF HISTORY
In the 2010-2011 school year, two OSPI program administrators (Title 1, Part D and Health Services) developed an innovative School Nurse Case Management Program model aligned with Title 1, Part D program purposes and outcomes, utilizing local agency, subpart 2 funding. Title 1, Part D funds were granted to pilot the program model as an extension of health services in local school districts.

The pilot program focused school nurse case management services to students at or below grade level, absent from school due to health needs, or whose health conditions were most likely to cause morbidity or mortality. The program was designed to demonstrate the impacts on academic performance of students enrolled in services per Title 1, D expectations. Services were delivered in a limited number of eligible of school districts, and overseen by three School Nurse Corps Program Administrators in each region’s respective ESD. Following the initial pilot year, services were extended to additional districts during the 2013-2014 school year.

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2 Section 1401. No Child Left Behind Act (2001).
3 Section 1424. No Child Left Behind Act (2001).
**District/School Eligibility**

In alignment with Title 1, Part D program purposes, districts eligible for School Nurse Case Management Program services must be located in communities with multiple risk factors, including high levels of poverty, unemployment, drug and alcohol use, and low educational levels among adults as well as many children with chronic health conditions. In addition, districts must demonstrate a need for increased nursing hours, as documented by the Washington State Assessment of District Student Health Services (see [http://www.k12.wa.us/HealthServices/Forms.aspx](http://www.k12.wa.us/HealthServices/Forms.aspx)).
SECTION 3: SCHOOL NURSE CASE MANAGEMENT PROGRAM
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It is not possible to eliminate health disparities without simultaneously reducing disparities in educational achievement. By bringing together programs to improve health and school achievement and by making reducing school dropout rates a public health, educational, and human rights priority, public health professionals have the opportunity to make a lasting contribution to promoting population health and social justice (Freudenberg & Ruglis, 2007, p. 5).

PRACTICE FRAMEWORK

In the past 20 years, brain science research, including the landmark Adverse Childhood Experiences (ACEs) study by Drs. Anda and Felitti (1998), has demonstrated the impacts of the environment and personal experiences on health and behavior. Other literature highlights the impact of environment and experience on brain structure, chemistry and function (Morrow, 1987; Teicher, M. H., 2000; Cole, Greenwoald-O’Brien, Gadd, Ristuccia, & Gregory, 2005; Wolpow, Johnson, Hertel, & Kincaid, 2009; D’Andreao, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A., 2012). Moreover, growing interest in strength-based practices to foster the success of youth is replacing the deficit, or risk, based approach traditionally used by practitioners (Alvord & Grados, 2005). It is these two emerging concepts, embedded in the public health model, that form the practice framework of the Washington State Title 1, Part D, School Nurse Case Management Program.

As humans grow, the brain develops to support response, coping and survival in the environment. If the environment is mentally and physically supportive, provides security, and allows exploration, the frontal and cognitive part of the brain is exercised and fully develops. If, on the other hand, the environment is insecure, includes physical or emotional neglect, or exposure to physical or emotional violence, then the basal or survival part of the brain is exercised and becomes the default pathway when any stress is experienced.

Students who live in supportive environments develop the necessary skills that promote engagement and learning in schools. Although these youth may still experience challenges within the school community, the current educational system is designed to nurture these students’ development. However, students living in insecure and challenging environments operate from a survival mechanism and lack the skills needed to manage in the school setting. These youth often demonstrate behaviors not recognized as
“normal” and are often disruptive as students seek safety in which they can relax their survival responses. These students are often labeled as “bad” or “difficult.” For these youth, engagement in learning is limited. Because the educational system is not optimally designed to address their needs, adult responses are oftentimes punitive rather than neutral or positive. In turn, these students may use coping mechanisms that are often defined as “self-destructive.”

A different approach—trauma sensitive, trauma informed or compassionate schools—values building resilience and underscores the important role that caring adults play in the lives of children impacted by adverse life events (Morrow, 1987; Cole, Greenwoald-O’Brien, Gadd, Ristuccia, & Gregory, 2005; Wolpow, Johnson, Hertel, & Kincaid, 2009).

This approach starts with being quiet and listening to the student. A student is given a voice by adults’ non-judgmental listening and acknowledging student strengths, passions, energy, values and goodness. Resilience is fostered as students learn alternative ways to develop relationships and personal strengths. Students are assisted to develop proactive behaviors that impact health, school engagement, graduation and responsible citizenship. Students remain accountable for their behaviors and are held to age-appropriate and peer student standards, but are not negatively labeled. Learning is accomplished in partnership between students and others in the educational setting who act as guides, coaches, and mentors.

Focusing on strengths to build satisfaction and increase engagement is documented in research in industry (e.g., Clifton, Anderson, & Schreiner, 2006), health care (e.g., motivational interviewing [Miller & Rollnick, 2002]) and education (e.g., reclaiming children and youth [Laursen, 2014]). The strengths-based approach is grounded in the belief that students have existing competencies and resources as well as the capacity to learn new skills and solve problems. It is through the identification and nurturing of these strengths that students can be engaged in the process of learning. This technique focuses on the positive, values trust and respect to build a feeling of self in the student that fosters improvements needed for lasting change. The strength-based model of development is founded on the following principles:

1. Every child, regardless of his or her personal and family situation, has strengths that are unique to the individual.
2. Children are influenced and motivated by the significant people in their lives respond to them.
3. Rather than viewing a child who does not demonstrate a strength as deficient, it is assumed the child has not had the opportunities that are essential to learning, developing, and mastering the skill.
4. When treatment and service planning are based on strengths rather
than deficits and pathologies, children and families are more likely
to become involved in the therapeutic process and to use their
strengths and resources. (Rudolph & Epstein, 2000, p. 207-208)

The School Nurse Case Management Program adopts a public health model for
intervention services through a tiered level of support. Tier 1, or Universal, services
target all students referred to services. Tier 2, or Secondary, services target those students
who require services to alleviate identified problems and to prevent escalation. Tier 3, or
Tertiary, services target the most at-risk students, those students who are failing or are
truant. The services within these tiers are:

- **Tier 1)** Brief assessment over time-limited period leading to
  information sharing and/or referral, which resolve issues.
  (Universal)
- **Tier 2)** Case Management Monitoring with limited or no
  interventions (Secondary)
- **Tier 3)** Intensive Case Management following a Check and
  Connect™ model (Christenson, et al., 2008) with minimum bi-
  weekly contact. (Tertiary)

**ELEMENTS OF THE SCHOOL NURSE CASE MANAGEMENT PROGRAM**

*Overview*

The School Nurse Case Management Program works with students who are at risk
of failing academically due to health-related concerns that limit their potential. The
objectives of the program are to:

- improve health and self-management of health conditions,
- increase student attendance, and
- improve academic achievement.

Nurse case managers (CM) promote student health and wellness through communication
and collaboration with the student, parent/families, teachers, staff, providers, and others
in the community.

*Target Population*

Program services are focused on students at risk of academic failure due to health
conditions or unmet health needs that interfere with their ability to participate regularly
and fully in school activities. Students identified by school staff (administrators, classroom
teachers, counselors, school nurses, etc.), parents, or local health partners may be eligible
for services if they meet other indicators of risk (see Eligibility Criteria below).

The program serves elementary and middle school youth, with services focused on
students in 3rd through 8th grades. Students within this age group are experiencing more
independence in academics and in health care management; thus, are most likely in need
of program services. Additionally, this is the age when student absenteeism, secondary to
health concerns, is likely to have a greater impact on academics achievement, graduation
and life successes.
**Core Program Components**
The core components of the School Nurse Case Management Program are based on the Nursing Process and include the following:

- Referral
- Eligibility/Priority Ranking
- Strengths/Needs Assessment
- Planning for Care
- Implementation
- Monitoring and Evaluation of Student Progress

**Referral**
A structured referral form serves as a valuable tool in the initial assessment of eligibility and level of concern for a student who has been identified as “at risk” or about whom staff has concerns in the areas of health, attendance or academic achievement. This form encourages the referrer to provide detailed information about the nature and scope of the problem. (See Section 4 for a sample Referral form)

**Eligibility/Priority Ranking**
Students **must meet one or more** of the following criteria to be eligible to receive services:

- Acute or chronic health condition, as documented as part of registration or reported by parent, student, school nurse or other school staff.
- Unmet health needs, including need for either insurance or access to care, as identified as part of registration or other school documents such as Free and Reduced Price Lunch applications, assessments or screenings performed by school counselor, Student Assistance Specialist, Chemical Dependency Professional, or reported by parent, student, school nurse or other school staff.
- High rates of absenteeism either excused or unexcused.

Once eligibility has been determined, case managers prioritize students for services, according to Title 1, D rules. If the case managers caseload is full, students are waitlisted in rank order. Students are served as openings on the caseload become available. Ranking is based upon the following:

1. Students whose physical, emotional or mental health conditions are most likely to cause morbidity or mortality. Social-emotional factors and other comorbidities as described in the Staff Model for the Delivery of School Health Services (OSPI, 2000) must also be considered (see Section 5: Resources);
2. Students with physical, emotional or mental health conditions who also have increased or high absence rates and/or are disengaged from the learning process;
3. Students with increased risk who have not had an identified physical, emotional or mental health concern; or
4. Students with physical, emotional or mental health conditions that require minimal attention.
Strength/Needs Assessment
The student assessment process takes a holistic approach and is an important tool for achieving the goals and outcomes of the program. Assessment assures recognition of the essential components of the nature and scope of the student's physical, behavioral, social and academic strengths and needs. Gathering information from a variety of relevant sources, including the student, his or her family, school staff, other healthcare professionals who have provided care, and medical or school records is important. A classroom observation or a home visit also may be useful. Prior to gathering confidential healthcare information, the CM obtains the appropriate signed confidentiality release forms. (See Section 4 for a sample Release form)

The assessment process includes:
- Conducting health history
  - Interview student, family, and/or health care providers as appropriate
  - Review current diagnosis(es) or medical conditions
- Assessing self-care of health conditions
- Conducting physical assessment
- Assessing behavioral health risks
- Assessing school and social function
- Identifying strengths
- Identifying concerns & challenges

The initial strengths/needs assessment typically takes from one to three visits to complete. Assessments are repeated at the beginning of each school year unless the student was exited from the program during the previous year. (See Section 4 for a sample Assessment form)

Planning for Care
The student and the CM develop a student-centered case management plan that encompasses the following:
1. Strengths to be supported and enhanced by the CM and the student;
2. Concerns and challenges to be addressed by the CM and student;
3. Goals and desired outcomes; and
4. Action steps.

Implementation
After the above components are in place, the CM and the student implement the plan. Through execution of the specified activities and interventions, the CM works with the student to accomplish the goals outlined in the case management plan. Implementation activities may include:
- Direct service such as screening and assessment, crisis intervention, and facilitating referrals;
- Resource coordination and development. For example, the CM implements evidence-based interventions, such as Check and Connect™ (Christenson, et al., 2010), aligned with identified areas of concern and strengths; works with the student to achieved
program goals; creates linkages with other school or community-based programs;

- Health teaching and health promotion. The CM uses strategies to increase student and caregiver knowledge and skills related to student's health conditions;
- Advocacy. The CM advocates on behalf of the student to effect positive change in targeted outcomes;
- Enhance access to community resources. The CM acts as a bridge linking students and their families to other school and community-based services as appropriate and works with community providers to be more responsive to the needs of the students; and,
- Other strategies include delegating, facilitating, functioning as a liaison, and communicating with school staff, parents, other health care providers and concerned persons as appropriate.

The record of any contacts or interactions with the student or on his/her behalf is documented in case notes that are focused on identified strengths, concerns and planned interventions. Case notes may reflect more than one type of contact, for example, grade and attendance checks and family contacts. (See Section 4 for a sample Case Note)

**Monitoring and Evaluation of Student Progress**

To ensure progress toward expected outcomes the CM conducts ongoing and continuous monitoring and evaluation of interventions. As a result, adjustments in the case management plan can be made and both student and program achievements documented. The CM and student regularly celebrate even small progress toward expected outcomes. In the event of negative or no progress, the CM assists the student in learning from perceived failures through teachable moments. Helping students frame “failure” as opportunity for learning and improvement is a key to building resiliency and strengths.

**Nurse Case Management Practice**

As noted previously, School Nurse Case Management Program services are delivered on a tiered system, depending upon the student's level of identified risks, needs and strengths. Typically, a CM working 8 hours per week has a caseload of 12-15 Tier 2 and 3 students, with the caseload balanced by tiers of service. For example, all students enter the program receiving Tier 1 services – screening and assessment. Following the initial screening and based upon identified risk, needs, and strengths, students are assigned to the appropriate level of service (e.g., Tier 2 – moderate, Tier 3 – intensive). In general, CM will have a mix of students in Tiers 2 and 3, while maintaining a set number of hours to conduct screening and assessment while at the assigned school building. Typically, a higher number of hours are dedicated to Tier 1 services at the beginning of the school year as new students are referred to program services. As the school year progresses and students on the CM caseload are stabilized and begin to meet the goals of the care plan, levels of service are re-assessed, with students moving up or down the continuum of services as appropriate.

**Required Qualifications and Skills**

All school nurses who provide school-based case management services should possess particular knowledge, skills, and attitudes to adequately deliver services. First, the CM is a currently licensed Registered Nurse with case management, pediatric or school nursing experience. Key to success in the program is the nurse/s relationship and communication...
skills and experience. According to the Case Management Society of America (CMSA, 2010, p. 19), case managers should possess the following qualifications/skills:

- Possession of education, experience, and expertise required for the case manager’s area(s) of practice.
- Compliance with national and/or local laws and regulations that apply to the jurisdiction(s) and discipline(s) in which the case manager practices.
- Maintenance of competence through relevant and ongoing continuing education, study, and consultation.
- Practicing within the case manager’s area(s) of expertise, making timely and appropriate referrals to, and seeking consultation with, others when needed.

Other characteristics important for a case manager include (from Case Management with At-Risk Youth, p.9, available on-line at http://smhp.psych.ucla.edu/):

**Disciplined Empathy:**

- Respects and cares about clients, and can develop partnerships with these clients.
- Ability to listen to what a client says and can read between the lines, and size him/her up.
- Ability to work with the client to develop a service plan, and can have the client “buy in” to it as if it were his or her idea in the first place.
- Demands accountability from clients.
- Compassionate but tough-minded understanding of the youth he/she works with – an ability to develop a therapeutic alliance, and to challenge and confront youth to meet their end of the bargain.

**Partnership Skills:**

- Ability to develop partnerships with institutions. Diplomatic sensitivity is a key trait.
- Ability to negotiate with bureaucracies for services.
- Possesses adept social skills, and an ability to read institutional cultures.
- Ability to cross jurisdictional lines e.g., doing business on someone else's turf.
- Ability to assert students interests, while being creative and flexible enough to make case management complement the mission of the host.
- Have a working knowledge of the community and being of the same racial or linguistic background as the majority of clients can be helpful (Neither is a precondition.)
- Have a human services orientation.
- Adopt a realistic philosophy that barriers to youth self-determination are both internal and external.
Entrepreneurial Ingenuity:
- Exhibit entrepreneurial ingenuity.
- Ability to fashion client support networks from resources under others’ control.
- Ability to mediate alliances among competing agencies, establish trust and articulate mutual interests.

A School Nurse Case Manager sample job description is available in Appendix A.

DATA COLLECTION AND PROGRAM EVALUATION

Overview: Evaluation Basics
The purpose of data collection is to provide an understanding of program impacts through program evaluation. Evaluation is the systematic process of gathering and analyzing useful information to help make decisions about program practices or interventions. The goal is to inform better decisions to be made about program practices and their impacts on the students served. Evaluation helps to provide answers to meaningful questions. For example, “Do students who receive school nurse case management services show improved school attendance?” Evaluation looks at both quantitative information (how much) and qualitative information (how good). In other words, evaluation compares an object of interest (e.g., the student) against a standard of acceptability (e.g., nurse case management).

There are several reasons to evaluate a program. In today’s environment of increased accountability and implementation of evidence-based practice, school nurse case managers need to gather the evidence (data) to support their practices and to modify case management approaches in response to the evidence. As such, evaluation provides data about program activities, case management strategies, and student/parent involvement (process evaluation), health knowledge, skills and behaviors of students/parents, and long-term changes in health status indicators (outcome evaluation).

Process evaluation activities allow CM to collect data on the quality of services, program implementation and other activities. The purpose of the process evaluation is to enable program staff to gather information regarding students, teachers, families, and school staff perceptions of program quality. This information can be used to improve program services, including modifying existing strategies and interventions or reallocating staff and resources. Process evaluation is an ongoing process and the data collected are continually reviewed and used to improve and inform procedures, practices, and policies.

Outcome evaluation is used to measure the impact or effects of the program. The purpose of the outcome evaluation is to measures changes in health status over a period of time – short-term, intermediate and long-term – and is conducted on a regular basis (usually annually). Outcome evaluation collects data that measures the program’s effectiveness in producing gains in knowledge and skill acquisition (short-term) and achievements in the behavior changes (intermediate) that the program targeted. In addition, if longer term or longitudinal data are collected anticipated impacts would be on improved clinical indicators or improved health status. Outcome evaluation is based on the specific objectives developed for the program. Annual reports about specific objectives are useful to communicate program impacts to key stakeholders.
Washington State's School Nurse Case Management Program Evaluation

The following information provides a brief summary of the program's evaluation including targeted outcomes, evaluation design, and the processes used to assess program progress.

Targeted Outcomes Elementary and Middle School Programs

School Nurse Case Management Program services located in elementary and middle schools established the following outcomes for assessing program services:

- Decreased absenteeism
- Increased math and reading achievement & growth
- Improved self-management of health conditions
- Increased utilization of health care and educational resources

Other anticipated benefits of program engagement include:

- Increased school awareness of the need to address student health and understanding of link between health and learning.
- Increased parent participation and engagement in school
- Increased nursing skills set and broadened scope of practice
- Better communication & networking

Evaluation Design

Washington State's School Nurse Case Management Program is currently a non-experimental design that is most aligned with a Pre-Post Single Group design. In this design the attendance, academic achievement and growth, and planning data of program participants (students) are reviewed during the school year to explore differences.

Both quantitative and qualitative data are collected and analyzed to help in evaluation and ongoing quality improvement efforts. Quantitative data include: 1) end of year student attendance information, 2) district Student Achievement and Growth Percentiles (math & reading), 3) Northwest Evaluation Association (NWEA) Measure of Academic Progress (MAP) testing RIT scale scores (math & reading); and, 4) Perceptual data from the School Nurse Case Managers. This perceptual data may include such information as progression toward goals as outlined in plan of care, increased student/family knowledge of health conditions and skills needed to manage that condition, established relationship with primary health care provider/health home, and/or number of completed referrals and corrective interventions (e.g. glasses). Moreover, ongoing qualitative data are captured that include Nurse Case Managers’, students’, and stakeholders’ thoughts, opinions, and narrative discussions about their experiences, attitudes, and beliefs about the project. These data and feedback are gathered and analyzed by the School Nurse Case Management program administrators and are integrated into the ongoing evaluation of the project.

The evaluator and School Nurse Case Manager also collect student attendance and absence data from the Office of Superintendent of Public Instruction’s (OSPI) Comprehensive Education Data and Research System (CEDARS) and the district’s Student Information System.
The following outlines the program’s goals, benchmarks, and evaluation processes used to assess progress.

**Goal: Increased academic attendance for students who participate in the School Nurse Case Management Program.**

**Benchmarks:**
Students in the School Nurse Case Management Program will decrease the number of days they miss during the school year.

**Evaluation:**
- Track student information system for attendance and absence activities.
- Review documentation by CM to describe regular meetings with students or reason for lack of regular check-ins.

NWEA Measures of Academic Progress (MAP) testing scores will be reviewed for time prior to School Nurse Case Management interventions and at least 90 days or longer post-intervention to evaluate academic changes following interventions. Testing is done no more than twice during the school year.

**Goal: Increased academic achievement/growth for students who participate in the School Nurse Case Management Program.**

**Benchmarks:**
Students in the School Nurse Case Management Program will demonstrate academic achievement and growth over the year following participation in the project.

**Evaluation:**
- OSPI Student Percentile Growth will be collected from district and/or state student information systems.
- Student achievement and growth will be gathered from the Washington Assessment Management System to identify students’ Growth Percentile and proficiency level.
- Twice a year administer the NWEA MAP assessment and gather the RIT score and Percentile Rank scores for students participating in the project.

The CM will document student supports and activities in the School Nurse Case Management Student Information System (e.g., a locally developed database) on a regular and ongoing basis. This documentation may include student’s progress in reaching intervention goals, activities conducted to increase family and student knowledge of care and health needs, as well as number of completed referrals with outcomes related to reason for referral (e.g., glasses, medications at school, improved attendance, consistent attendance at counseling or health care appointments, etc.).

**Goal: Increased utilization of health care and educational resources to enhance self-management of health conditions.**

**Benchmarks:**
School Nurse Case Management Student Information System will collect from nurses on an ongoing basis the number of completed referrals with outcomes related to reason for referral (e.g., glasses, medications at school, improved attendance, consistent attendance at counseling or health care appointments, etc.)

**Evaluation:**
CM and school staff will evaluate student identification and referral processes to assure reaching the students of priority and in making an impact on health conditions and planning that are documented in the District Assessment of School Health Services.
SUSTAINABILITY

Introduction
Sustainability is a process. A dictionary definition indicates that to sustain is to keep in existence; to maintain; or to nurture; to keep from failing; to endure. Another way to view sustainability is in terms of institutionalizing system changes. As Robert Kramer states: Institutionalization is the active process of establishing your initiative – not merely continuing your program, but developing relationships, practices, and procedures that become a lasting part of the community. (Center for Mental Health in Schools, 2004, p. 1)

In order to grow and expand School Nurse Case Management Program services, the challenge of securing long-term, sustainable funding must be addressed. As with evaluation, sustainability of program services is a critical component to the success and continued growth of the Program. As funding sources change, it is important to develop and put into place a plan to sustain Program services outside of traditional funding streams. It is likely that sustainability plans within each district and school will reflect the uniqueness of the needs of its students and community. However, as outlined below, there are some common elements that contribute to successful sustainability of program services.

Preparing for Sustainability
The following section highlights the four stages of sustainability planning – A) Preparing the Argument, B) Mobilizing Interest, C) Clarifying Feasibility, and D) Proceeding with Systemic Change

Stage A: Preparing the Argument for Sustaining Valued Functions
The process of preparing a strong argument for sustainability begins by ensuring that advocates for sustaining a project’s functions understand the larger context in which such functions play a role. Of particular importance is awareness of prevailing and pending policies, institutional priorities, current status of policies and priorities and how existing resources might be redeployed to sustain valued functions that otherwise will be lost. With this in mind, there are five steps to pursue in readying the argument:

1. Developing an understanding of the local “big picture” context for all relevant interventions. This involves, for example, amassing information that clarifies the school and community vision, mission statements, current policies, and major agenda priorities.
2. Developing an understanding of the current status of efforts to accomplish goals related to the school and community vision; for example, clarifying the degree to which current priorities are well-founded and the rate of progress toward addressing major problems and promoting healthy development.
3. Delineating the functions, tasks, and accomplishments the project initiative

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1 Adapted with permission from: Center for Mental Health in Schools. (2004). Sustaining school and community efforts to enhance outcomes for children and youth: A guidebook and tool kit. Los Angeles, CA: Author at UCLA. The tool kit offers concrete examples as well as examples of tools and aids related to each step within the four stages. Available at http://smhp.psych.ucla.edu.
has contributed with respect to the larger agenda and where the functions fit in terms of current policy and program priorities.

4. Clarifying what functions will be lost if the school(s) and community do not determine ways to sustain them. The emphasis here is on articulating the implications of the loss in terms of negative impact on achieving the larger agenda.

5. Articulating cost-effective strategies for sustaining functions; for example, focusing on how functions can be integrated with existing activity and supported with existing resources, how some existing resources can be redeployed to sustain the functions, how current efforts can be used to leverage new funds.

**Stage B: Mobilizing Interest, Consensus, and Support among Key Stakeholders**

1. In presenting the argument for sustainability, it is important to have a critical mass of influential and well-informed stakeholders who will be potent advocates for the initiative. The steps involved in developing this cadre of supporters include:

2. Identifying champions and other individuals who are committed to sustaining the functions and clarifying the mechanism(s) for bringing supporters together to steer and work for sustainability.

3. Planning and implementing a “social marketing” strategy to mobilize a critical mass of stakeholder support.

4. Planning and implementing strategies to obtain the support of key policy makers, such as administrators and school boards.

**Stage C: Clarifying Feasibility**

The preceding steps all contribute to creating initial readiness for making decisions to sustain valued functions. Next steps encompass formulating plans that clarify specific ways the functions can become part of the larger school and community agenda. This raises considerations related to infrastructure and daily operations and the full range of systemic change concerns. These are addressed by:

1. Clarifying how the functions can be institutionalized through existing, modified, or new infrastructure and operational mechanisms; for example, mechanisms for leadership, administration, capacity building, resource deployment, and integration of efforts.

2. Clarifying how necessary changes can be accomplished; for example, mechanisms for steering change, external and internal change agents, and underwriting for the change process.

3. Formulating a longer-range strategic plan for maintaining momentum, progress, quality improvement, and creative renewal.

By this point in the process, the following matters should have been clarified:

- (a) What valued functions could be lost,
- (b) Why they should be saved, and
- (c) Who can help champion a campaign for saving them.

In addition, strong motivational readiness for the necessary systemic changes should have been established. Done effectively, the process will have engendered strong motivational readiness for the necessary systemic changes.
Stage D: Proceeding with Specific Systemic Changes

At this juncture, it is time to initiate the implementation process for the necessary systemic changes. Because substantive change requires stakeholder readiness, it is essential to determine if the preceding steps accomplished the task. If not, it becomes necessary to revisit some of the earlier steps. Then, it is a matter of carrying out the plans made during Stage C with full appreciation of the complex dynamics that arise whenever complex systems undergo change. Specific steps encompass:

1. Assessing, and if necessary enhancing, readiness to proceed with systemic changes needed to sustain valued functions.
2. Establishing an infrastructure and action plan for carrying out the changes.
3. Anticipating barriers and how to handle them.
4. Negotiating initial agreements, such as a memorandum of understanding.
5. Maintaining high levels of commitment to accomplishing necessary systemic changes, for example, ensuring each task/objective is attainable, ensuring effective task facilitation and follow-through, negotiating long-term agreements and policy, celebrating each success, and facilitating renewal.

Clearly, the many steps and tasks described above call for a high degree of commitment and relentlessness of effort. Major systemic changes are not easily accomplished. Awareness of the myriad political and bureaucratic difficulties involved in making major institutional changes, especially with limited financial resources, leads to the caution that the type of approach described above is not a straightforward sequential process. Rather, the work proceeds and changes emerge in overlapping and spiraling ways.

Other Considerations
Maximize Existing Funding Sources

The first step in identifying and maximizing existing school and community-based funding sources is to determine if:

- The district receives funds that could support new or could expand the existing program;
- The district is eligible for such funds;
- The district allocates funds to schools; and
- The school is allowed to pursue additional funding independently of the district.

Potential federal funding sources are listed below and may serve as a starting point for sustainability planning efforts.

- Title I, Part A, (Services for Disadvantaged Children) is a federal program that serves the unique needs of children — kindergarten to grade 12 — who struggle to learn. Title I programs and services enrich time at school with customized instruction and curricula to help these students meet academic standards and take an active, engaged interest in what they learn and can do.
- Title 1 Part C (Migrant) designed programs to help migratory children overcome educational disruption, cultural and language barriers, social isolation, various health-related problems, and other factors that inhibit the ability of such children to do well in school.
• Title II (Professional Development) supports staff training that fosters school reform efforts.
• Title IV, Part B, Subpart 1 (Small, Rural School Achievement Program) grants are awarded through the US Department of Education directly to eligible school districts. Recipients may use program funds to conduct activities under the following Elementary and Secondary Education Act programs: Title I - A Improving Basic Programs; Title II - A Teacher and Principal Training Fund; Title II - D Enhancing Education through Technology; Title III - English Language Acquisition, Enhancement, Achievement Improving Language Instruction; Title IV, Part A - Safe and Drug-Free Schools; Title IV, Part B - 21st Century Community Learning Centers; and, Title V, Part A - Innovative Programs.
• Title VI, Part B, Subpart 2 (Rural and Low-Income Schools Program) provides grant funds to rural school districts that serve concentrations of children from low-income families.
• Individuals with Disabilities Education Act (IDEA) a federal program that ensures that all children with disabilities have access to a free and appropriate public education.

Other federal funding sources include:
• The US Department of Education: www.ed.gov
• The National Institutes of Health: www.nih.gov
• The Centers for Disease Control and Prevention: www.cdc.gov

Third-Party Reimbursement
In the sustainability planning process, one key revenue source that is often overlooked, and must be considered is third-party reimbursement. It is important that school-based school nurse case management services factor in the possibility of services covered by Medicaid or private insurers as well as the infrastructure needed to capture these potential reimbursement sources. By becoming knowledgeable about potential revenue sources e.g., Medicaid, Affordable Care Act, during the planning process, service providers will increase the likelihood of continuous support for the program, thereby increasing the likelihood of long-term sustainability of services.

Tips for Increasing Sustainability
Information from prevention research indicates that there are several common factors that increase the likelihood of sustaining program services (see, http://captus.samhsa.gov/). These include the following:
• **Think sustainability from the start.** Building support for the program, collecting data, and sharing results, and identifying or obtaining funding takes time. As such, it’s important to think about how services will be sustained at the outset.
• **Build buy-in among key stakeholders.** The more invested key stakeholders (for example administrators, classroom teachers, parents in a school nurse case management program) are the better
the chances they will be supportive of program services for the long term. To increase buy-in, involve stakeholders from the beginning and find meaningful ways to keep them engaged. Higher stakeholder investment is likely to produce more support of program services therefore increasing the likelihood that services will be sustained over time.

- **Monitor, celebrate and market outcomes.** A well-designed and implemented evaluation provides information to make informed decisions about the program. It can show what’s not working and needs to be changed. More importantly, outcomes can demonstrate program accomplishments including the value added in terms of school engagement and academic achievement. Program accomplishments are regularly shared with key stakeholders so that they can celebrate and become supporters – “champions” – of the program.

- **Identify program “champions.”** Find stakeholders that are willing to speak about and promote program efforts in both the school and community settings.

- **Invest in capacity.** At the individual level, teach program staff to assess needs, build resources, and plan, implement, and monitor program services. At the systems level, create the systems needed – data collection, monitoring, evaluation, reporting – to support program activities and practices for the long-term.

- **Identify varied resources.** Including human, financial, material, and technological resources. The more identified the better.

**Collaboration Within the School System**

Cross discipline collaboration and coordination, in the context of school-based school nurse case management program services, involves personnel from all areas of the school – administration, classroom teacher, school nurse, school counselor – working together to deliver education and health services to students and their families. This interdisciplinary approach provides a multitude of advantages and opportunities:

- Participants bring a variety of expertise, skill, and experience to the program services.

- When school-based teams take an “early warning” approach, at-risk students are more likely to be tracked for referral and support and are less likely to “fall through the cracks”. Collaboration reduces the incidence of duplication of efforts and services as well.

- Interdisciplinary team participants have the opportunity to share their roles, responsibilities, and skills with members of the school community, families and the broader community.
Team members share decision making, thus promote consensus building that is essential to caring for students with special health care, academic, or other needs in the school setting.

Equally important to the school’s multi-disciplinary team is the involvement of parents, students, and other members of the community to ensure that key resources and concerns from these groups are brought to the school’s attention. Collaboration provides a mechanism for identifying resources and individuals from a variety of sources with expertise on particular topics and skills.
SECTION 4: PROGRAM FORMS

1. Sample Referral Form
2. Sample Nurse Case Management: Intake/Annual Assessment Form
3. Sample Nurse Case Management: Intake Demographics
4. Sample Nurse Case Management Case Note
5. Sample Memorandum of Understanding (MOU) Cover Letter
6. Sample MOU
7. Sample Letter of Introduction
### 1. SAMPLE REFERRAL FORM

<table>
<thead>
<tr>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Date</td>
<td></td>
</tr>
<tr>
<td>Student Name</td>
<td>Gender: Male □ Female □</td>
</tr>
<tr>
<td>Referral Criteria (check one of the top 3 choices)</td>
<td>Co-Morbid Factors (check all that apply)</td>
</tr>
<tr>
<td>Acute/chronic and/or life-threatening health condition</td>
<td>Chronic illness (Physical/Mental) □</td>
</tr>
<tr>
<td>Unmet health care need (Physical/Behavioral/Mental)</td>
<td>Drug/alcohol issues □</td>
</tr>
<tr>
<td>Absenteeism</td>
<td>English Language Learner □</td>
</tr>
<tr>
<td>Other (below)</td>
<td>High Mobility □</td>
</tr>
<tr>
<td>Risk Criteria (check one)</td>
<td>Homeless □</td>
</tr>
<tr>
<td>Increased morbidity/mortality</td>
<td>Poverty/low income □</td>
</tr>
<tr>
<td>Decreased school engagement including high absenteeism</td>
<td>School re-entry □</td>
</tr>
<tr>
<td>unidentified or unmet health need</td>
<td>Special Education □</td>
</tr>
<tr>
<td>Please note any additional concerns or pertinent information including known diagnosis:</td>
<td>Discipline referral □</td>
</tr>
<tr>
<td>Referral Verification</td>
<td></td>
</tr>
<tr>
<td>Print Name</td>
<td>Signature</td>
</tr>
</tbody>
</table>

**Teacher/Counselor/Advisor**

**AREAS OF CONCERNS (please check all that apply)**
2. SAMPLE NURSE CASE MANAGEMENT: INTAKE / ANNUAL ASSESSMENT FORM

Student Name ___________________________ Grade ___________ Date of Birth ___________

Known Diagnoses ____________________________________________________________

Current Medications _________________________________________________________

Medical Home ___________________________ Date of Last HCP Visit _________________

Number of ER Visits this year ___________ Date of Most Recent ER Visit ______________

Date of Most Recent Hospitalization __________________________

Knowledge of Health Condition □ Non □ Littl □ Som □ Thorough

Skill in Self-managing Health Condition □ Non □ Littl □ Som □ Thorough

Height ___________ Weight ___________ BMI ___________ Temp ___________ Pulse ___________ Respiration ___________ Blood Pressure ___________

Head Neck ___________ Eyes ___________ Ears ___________ Teeth ___________ Heart Sounds ___________

General Appearance ___________

Skin Hair Nail ___________

Breath Sounds ___________ Respiratory Effort ___________ Abdomen ___________

Nutrition ___________ Arms Legs ___________ Hand Strength ___________

Notes ___________________________

Current Plans

□ IE □ IHP/EC

□ 504 □ Behavior

Living Arrangement ___________

Assessment Page 1
3. SAMPLE NURSE CASE MANAGEMENT: INTAKE DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Academics</th>
<th>Referral</th>
<th>Assessment 1</th>
<th>Assessment 2</th>
<th>Tiers</th>
<th>Testing/Attend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Enroll Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Enroll Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Year Enroll Date</td>
<td>Date of Birth</td>
<td>Age at Enrollment</td>
<td>Exit Date</td>
<td>Age at Exit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Race</td>
<td># of Days</td>
<td>SSID Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Arrangement</td>
<td>Migrant</td>
<td>Special Ed Learning/Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Ed Behavioral</td>
<td>Foster Care Current</td>
<td>Foster Care Ever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPS Current</td>
<td>CPS Ever</td>
<td>IDEA</td>
<td>LEP</td>
<td>Risk Assess</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact Information 1

<table>
<thead>
<tr>
<th>Contact Last Name</th>
<th>Contact First Name</th>
<th>Relationship to Student</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zipcode</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
<td>Work Phone</td>
<td></td>
</tr>
</tbody>
</table>

Contact Information 2

<table>
<thead>
<tr>
<th>Contact Last Name</th>
<th>Contact First Name</th>
<th>Relationship to Student</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zipcode</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
<td>Work Phone</td>
<td></td>
</tr>
</tbody>
</table>
### 4. SAMPLE NURSE CASE MANAGEMENT CASE NOTE

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Youth Identifier</th>
<th>Total Time Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Date

<table>
<thead>
<tr>
<th>Time Spent</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Contact Type

- Phone
- School Visit
- Home Visit
- Community Based Activity/Appointment

#### Notes

- ...
- ...
- ...
- ...
- ...
- ...

#### Intervention

- Assessment
- Records Review
- Care Coordination Activity
- Other

#### Care Planning

- IHP
- ECP
- 504
- IEP
- Other

#### Health/Social Referral

- Insurance
- Mental Health
- Medical
- Dental
- Chem. Depend.
- Basic Needs (food, housing)
- Other

#### Health Education Intervention

- Student
- Family
- School Staff

#### Academic Referral

- Extended Day
- Tutoring
- Mentoring
- Other

#### Priority Concern(s) Addressed Today

- ...
- ...
- ...
- ...
- ...
- ...

---

Washington’s SCHOOL NURSE Case Management Program Manual 39
5. SAMPLE MEMORANDUM OF UNDERSTANDING (MOU) COVER LETTER

JANUARY 6, 2014

TO: Danny McDonald, Soap Lake School District Superintendent
   Rick Winters, Soap Lake Middle School Principal

FROM: Mona Miles-Koehler MN, RN
       NCESD School Nurse Corps and Nurse Case Management Project Coordinator

CC: Sarah Kruger BSN RN, NCESD contracted Nurse Case Manager

RE: Nurse Case Management Project in Soap Lake Middle School

Dear Danny and Rick,

NCESD is pleased to coordinate with Soap Lake School District in the Title I, Part D, Nurse Case Management Grant Project to serve Soap Lake Middle School students. This project, funded by OSPI Title I, Part D will provide a registered school nurse working one-on-one with selected high risk Middle School students for the purpose of addressing life-threatening or unmet physical and/or mental-behavioral health needs, absenteeism, decreased school engagement and academic challenges. This project replicates work started over two years ago in Washington State ESDs 113 and 123 resulting in successes in student health, behavior and academics.

Cooperating with Soap Lake Middle School Principal Rick Winters, Counselor Kimberly Ryan and School Nurse Linda Baker, the Nurse Case Manager, Sarah Kruger, will identify and monitor students meeting project criteria (see attached referral form). Sarah's working caseload of 8-12 students is anticipated in 2013-14 school year. Students can expect to have weekly contact for individual consultations and counseling with Sarah including:

- Thorough evaluation of health needs which may involve scheduling physical or mental-behavioral health professional evaluations and follow-up;
- Developing health care interventions at school to decrease absenteeism and increase school engagement,
- Reducing identified academic challenges such as organization, completing assignments and other barriers to academic success,
- Linking students and families with community organizations and agencies to improve student health and school engagement including assistance with any crises faced by students or their families and
- Ongoing monitoring of interventions with adaptations and revision as needed.

Soap Lake Middle School Principal, Counselor and School Nurse can expect consultation to identify student needs, inform student assessment and review of interventions planned and student updates as appropriate. In addition, clerical or office and teaching staff, may be asked to assist in the assessment process and to provide information about students between Sarah's visits as part of ongoing monitoring of student health, attendance and behavior for purposes of revising, enhancing or developing new student specific interventions.
The student data access informs individual student assessments, strategic interventions and monitoring the impact of interventions on student health and academics for student progress and program accountability. Student data or information needed includes and may not be limited to health history and school nurse plans, grades, attendance, class schedule and assigned teachers, special education status, discipline or office referrals, family and emergency contact information and NWEA MAP testing results in reading and math, prior to and at least 6 weeks post Nurse Case Manager interventions (Soap Lake exam dates will align with Nurse Case Management timeline).

Please see attached documents. If agreeable, sign and return the Memorandum of Understanding in enclosed envelope. If you have any questions, please contact me at monamk@ncesd.org or 509-665-2625.
6. SAMPLE MEMORANDUM OF UNDERSTANDING (MOU) - January 2014

This MOU between Omak School District (hereafter “District”) and North Central Educational Service District (hereafter “NCESD”) Title I, Part D Nurse Case Management (NCM) to support nurse case management services in Omak East Elementary (hereafter “East”) for January 2014 through June 2014. This MOU may be reevaluated periodically as needed during the 2013-2014 school year.

In consideration of the promises and conditions contained herein, District and NCESD do mutually agree as follows:

I. Duties of District Assigned Registered Nurse (RN) providing Nurse Case Management Services:

<table>
<thead>
<tr>
<th>Nursing duties supported by NCESD Title I, Part D NCM funding resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide intensive, one-on-one support services by NCM Registered Nurse to address the combined health and academic needs of students to improve student health and academic status. This includes:</td>
</tr>
<tr>
<td>• Collaboration with East staff to identify students meeting the criteria of the NCM program.</td>
</tr>
<tr>
<td>• Assessment of student and family health needs (physical, social-emotional-behavioral and other).</td>
</tr>
<tr>
<td>• Communication and collaboration with students, families and East staff re: student needs and NCM services.</td>
</tr>
<tr>
<td>• Develop plan and strategies for NCM Nurse interventions.</td>
</tr>
<tr>
<td>• Coordination with community resources as appropriate for student care.</td>
</tr>
<tr>
<td>• Documentation of NCM data related to student assessment and interventions in confidential NCM student records. Complete required NCM assessment and forms on weekly basis.</td>
</tr>
<tr>
<td>• Meet with East principal, school counselor and school nurse on as needed basis, at least quarterly, for communication and collaboration re: NCM students and program.</td>
</tr>
<tr>
<td>• Attend regular meetings with NCESD NCM Coordinator and trainings as appropriate for enhancing NCM skills and knowledge.</td>
</tr>
<tr>
<td>• Consult with NCESD NCM Coordinator in developing District NCM project year-end report.</td>
</tr>
</tbody>
</table>

II. Duties of the District

<table>
<thead>
<tr>
<th>The District shall provide Nurse Case Management Nurse support in the school building to conduct NCM services such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Office space at East where confidential communications (in person and phone) can occur in privacy.</td>
</tr>
<tr>
<td>• Access to East electronic and hard copy student health, academic and attendance records.</td>
</tr>
<tr>
<td>• Access to NWEA MAP testing data for students in NCM caseload.</td>
</tr>
<tr>
<td>• Office equipment at SLMS as reasonably required for the performance of any NCM services, minimally to include phone and access to copy, fax and student records.</td>
</tr>
</tbody>
</table>
The District shall maintain responsibility for:

- Implementation of Health Care Plans as developed by East Elementary School Nurse (Kristin Reichner, RN) and care of students and treatment of acute illness and/or injury.
- Administration of NWEA MAP reading and math tests.
- Communicating of any student status changes (i.e. suspension, expulsion, transfer, etc.) with NCM RN.

III. Duties of ESD

The North Central ESD SNC Nurse Administrator serving as Nurse Case Management Coordinator shall provide:

- NCM program consultation with District, East and NCM RN.
- Oversight of both NCM program and NCM RN.
- Ongoing professional development for participation by the NCM RN.
- At minimum, quarterly consultation with District and SLMS re: status of program.
- Year-end summary report to SLMS and District.

Dated this 4th day of February, 2014.

For North Central ESD:

Brent Stark
Director, NCESD Student Support Services

Mona Miles-Koehler MN, RN
NCESD School Nurse Corps Nurse Case Management Coordinator

For Omak School District and East Elementary School:

Superintendent

Principal, East Elementary School
7. SAMPLE INTRODUCTION LETTER

Introducing a New Member of the Soap Lake Middle School Team

Hello Families!

We are pleased to announce we now have a Nurse Case Manager working with some of our middle school students. The purpose of this program is to focus one-on-one with students who may have an ongoing health issue, an unmet health care need, have trouble with absences, and decreased school engagement. Students may meet weekly with the Nurse Case Manager to help them become more successful. We are excited about this new opportunity and the positive support it will give to our students. If you have questions about this program, please contact the Middle School at (509) 246-1201.

Rick Winters,  
Principal

Sarah Kruger RN, BSN,  
Nurse Care Manager
SECTION 5: RESOURCES
**SECTION 5: RESOURCES**

**Bright Futures** [www.brightfutures.aap.org/](http://www.brightfutures.aap.org/)
Bright Futures is a national health care promotion and disease prevention initiative that uses a developmentally based approach to address children’s health care needs in the context of family and community. Its purpose is to promote and improve infant, child, and adolescent health within the context of family and community. The Bright Futures website offers a wide variety of resources for clinicians, educators, and parents.

**Case Management Society of America** [www.cmsa.org/](http://www.cmsa.org/)
The Case Management Society of America (CMSA) has grown to be the leading non-profit association dedicated to the support and development of the profession of case management. Its leadership programs, educational forums, and breadth of tools and resources enable case management professionals to ensure more positive outcomes for individual patients’ healthcare needs.

**Center for Disease Control and Prevention** [www.cdc.gov/](http://www.cdc.gov/)
The CDC maintains a website with a wealth of information on a variety topics including adolescent and school health, tools and training and data and statistics.

**Center for Health and Healthcare in Schools** [www.healthinschools.org](http://www.healthinschools.org)
The Center for Health and Health Care in Schools (CHHCS) is a nonpartisan policy, resource and technical assistance center with a 25-year history of developing school-connected strategies for better health and education outcomes for children. CHHCS partners with foundations, government health and education agencies, school districts, and providers across the country to support their school-connected initiatives. CHHCS specializes in researching and advancing effective school-connected programs, policies and systems, using the school location as a place-based solution for improving children's overall health and school success.

**Center for Mental Health in Schools** [www.smhp.psych.ucla.edu/](http://www.smhp.psych.ucla.edu/)
UCLA’s Center for Mental Health in Schools offers resources and information on a wide array of topics such as assessment and screening, barriers to learning, case management, drop out prevention, model programs, prevention, social and emotional development, trauma and wellness. The site has a quick training aid, “Case Management in the School Context” available for download at [http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/casemanagement.pdf](http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/casemanagement.pdf)

**Check and Connect** [www.checkandconnect.umn.edu/](http://www.checkandconnect.umn.edu/)
Check & Connect™ is a comprehensive intervention designed to enhance student engagement at school and with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence.
For decades, the Clifton StrengthsFinder assessment has helped people excel. According to the center's website, strengths are the unique combination of talents, knowledge, and skills that every person possesses. People use these innate traits and abilities in their daily lives to complete their work, to relate with others, and to achieve their goals. But most people don’t know what their strengths are or have the opportunity to use them to their advantage.

Motivational Interviewing [webpage]
Motivational Interviewing is a clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health. The approach upholds four principles— expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy.

Reclaiming Youth International: Circle of Courage [website]
Reclaiming Youth International (RYI) is dedicated to helping adults better serve children and youth who are in emotional pain from conflict in the family, school, community, or with self. The Circle of Courage® is a model of positive youth development based on the universal principle that to be emotionally healthy all youth need a sense of belonging, mastery, independence and generosity. This unique model integrates the cultural wisdom of tribal peoples, the practice wisdom of professional pioneers with troubled youth, and findings of modern youth development research. The Circle of Courage® provides the philosophical foundation for the work of Reclaiming Youth International.

Staff Model for the Delivery of School Health Services [webpage]
The staff model consists of a nursing assessment to determine levels of care needed for individual students in a school and an overall school district model with staffing level recommendations.

Trauma Center at Justice Resource Institute [website]
The mission of the Trauma Center is to help individuals, families and communities that have been impacted by trauma and adversity to re-establish a sense of safety and predictability in the world, and to provide them with state-of-the-art therapeutic care as they reclaim, rebuild, and renew their lives.

What Works Clearinghouse [website]
The What Works Clearinghouse (WWC) was established in 2002 as an initiative of the Institute for Education Sciences (IES) at the U.S. Department of Education. The WWC is administered by the National Center for Education Evaluation within IES. The goal of the WWC is to be a resource for informed education decision making. The WWC identifies studies that provide credible and reliable evidence of the effectiveness of a given practice, program, or policy (referred to as “interventions”), and disseminates summary information and reports on the WWC website.
SECTION 6: GLOSSARY OF TERMS
SECTION 6: GLOSSARY OF TERMS

Achievement gap: Refers to any significant and persistent disparity in academic performance or educational attainment between different groups of students, such as white students and minorities, for example, or students from higher-income and lower-income households. (From http://edglossary.org/achievement-gap/)

Assessment: A systematic process of data collection and analysis involving multiple elements and sources. (From Case Management Society of America, http://www.cmsa.org/)

At-risk: A term often used to describe students or groups of students who are considered to have a higher probability of failing academically or dropping out of school. (From http://edglossary.org/achievement-gap/)

Case Management: A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individuals health care needs through communication and available resources to promote quality cost effective outcomes. (From Case Management Society of America, http://www.cmsa.org/)

Case Management Plan of Care: A comprehensive plan that includes a statement of problems/needs determined upon assessment; strategies to address the problems/needs; and measurable goals to demonstrate resolution based upon the problem/need, the time frame, the resources available, and the desires/motivation of the client. (From Case Management Society of America, http://www.cmsa.org/)

Dropout: A student who leaves school for any reason, except death, before completing school with a regular diploma or transferring to another school with a known exit reason. A student is considered a dropout regardless of when dropping out occurs (i.e., during or between regular school terms). A student who leaves during the year but returns during the reporting period is not considered a dropout. (OSPI, 2013)

Non-academic barriers to learning: Barriers that impede optimal school success affecting social, emotional, and developmental growth as well as academic achievement. Such barriers include, but are not limited to, physical health barriers (hunger, poor nutrition), mental health barriers (depression, anxiety), abuse and neglect (physical, emotional, sexual), exposure to trauma, substance use, family barriers (homelessness, domestic violence, family conflict), and social-emotional barriers (poor impulse control, anger management). (For more information see, Center for Mental Health in Schools website at www.smhp.psych.ucla.edu/)

On-time graduation: Also referred to as Adjusted Cohort, a group of students identified as beginning ninth grade in a specified year and who are expected to complete their schooling within a four year period of time. Students are included in the cohort based on when they first enter ninth grade, regardless of their expected graduation year. (OSPI, 2013)

RIT Scale: The RIT (Bausch Unit) Scale is a curriculum scale that uses individual item difficulty values to estimate student achievement (From mpcsdmaps.wikispaces.com/file/view/NWEA+MAPS+RIT+Defined.doc.)
SECTION 7: REFERENCES
SECTION 7: REFERENCES


APPENDIX A
School Nurse Case Manager  
North Central Education Service District

QUALIFICATIONS REQUIRED:
Valid Washington State RN License. Experience in pediatric nursing, school nursing or case management with children and families. Ability to communicate with students and families from strength-based perspective. Ability and willingness to travel and flexible schedule. Preferred: Bachelor of Science Degree in Nursing. Prefer bilingual (English/Spanish).

Understanding and ability with experience preferred in:
- Team work and independent, self-driven work;
- Nursing process (Assessment, priority setting; planning; evaluating);
- Service delivery based on nursing process;
- Comfort with diversity in clients and co-workers;
- Effective written and verbal communication; and
- Basic computer skills (word processing, e-mail, data entry).

Willingness to flex work hours as needed. Valid Washington State driver’s license and willingness to travel.

GENERAL DESCRIPTION:
The School Nurse Case Manager, under the oversight of the ESD School Nurse Corps Coordinator, implements, manages, and delivers nurse case management services in assigned schools. Law, regulation and professional school nursing standards define the School Registered Nurse scope of practice. Practice includes independence and teamwork functions.

RESPONSIBILITIES:
A. General
1. Develop a case management program and caseload of students in assigned school building using NCESD Nurse Case Management Program guidelines.
2. Collaborate with principal, school counselor, school nurse and other staff in assigned school to identify students for initial referrals and ongoing coordination of student services. May involve participation in educational staff meetings about students.
3. Conduct assessments to determine students’ needs in health, attendance, academic performance and school participation.
4. Collaborate with students in developing plans of care and comprehensive strategies for addressing identified student needs.
5. Engage with families in addressing students’ identified unmet or fragmented physical health and social-emotional/mental health needs, absenteeism.
and academic performance as appropriate. May involve home visit and family education.

6. Meet weekly with students in Tier 3 (intensive level intervention) and every 1-2 weeks with students in Tier 2 (moderate level of intervention) and quarterly or as needed with students in Tier 1 (low level of intervention).

7. Refer or connect students and/or families to appropriate community resources and conduct follow-up of any referrals. May include attending appointments with student.

8. Ability to handle sensitive situations with tact and objectivity and confidentiality.


10. Appreciate and demonstrate cultural competency in all communication and interactions with students, families, school staff and community resources.

11. Coordinate Program budget expenditures, reports and evaluation with NCESD Nurse Case Management Program Coordinator.

12. Attend trainings held locally, regionally or around Washington to increase knowledge, skill and capacity in school nursing case management.

B. Professional Growth and Responsibilities

1. Meets or exceeds performance expectations in the following areas:
   - Competence
   - Quality & Quantity of Work
   - Attitude
   - Flexibility, Innovation & Initiative
   - Cooperation with Supervisor/Director & Peers
   - Demonstrates & Supports Agency Values

2. Supports and implements ESD policies, regulations, procedures and administrative directives; demonstrates loyalty to the ESD and other administrators.

3. Submits records, reports and assignments promptly and efficiently.

4. Deals with obstacles and constraints positively.

5. Demonstrates ability to adjust to and use new approaches in the performance of his/her duties.

6. Seeks and takes advantage of opportunities for professional growth.

7. Maintains dress and appearance appropriate to a professional office setting.

8. A new employee is subject to a 180-day probationary period and must be evaluated prior to its end. If work is found to be unsatisfactory, the employee is subject to termination.

9. Willingness to travel frequently by car.

C. Physical requirements

Work is performed primarily in an office environment; however, travel is required to local school districts and for workshops and conferences. Sitting for extended periods of time may be required. Lifts and carries a maximum of 40 pounds. Adequate manual and finger dexterity, hearing, speech, and vision are necessary to perform the essential functions of this position.
D. Other

- Works cooperatively with ESD and school district staff to coordinate services and solutions to the assigned district.
- Assists with other responsibilities as assigned by the School Nurse Corps Coordinator