



Office of Deputy Mayor Jennifer C. Niles

John A. Wilson Building | 1350 Pennsylvania Ave, NW, Suite 307 | Washington, DC 20004

MEMORANDUM

TO: Local Education Agency (LEA) Leaders
FROM: Jennie Niles, Deputy Mayor for Education
DATE: April 13, 2016
RE: New DC School Health Services Program

Schools play a critical role in improving, supporting and promoting the health of all District public and public charter school students, and the health of our students is strongly linked to their academic success. You are receiving this letter in order to provide you with an important update on the status of the new School Health Services Program (DCSHSP) (formerly known as the "Nurses Contract").

The Department of Health (DOH) is updating the current model for school health services for the School Year 2016-2017. This new model will improve student health outcomes and better serve the needs of all District students attending public and public charter schools. This memo provides LEAs with critical information about the new model. The DME, in partnership with DOH and the Deputy Mayor for Health and Human Services (DMHHS) are committed to provide LEAs with timely, transparent information about this important topic going forward.

This memo (1) provides LEAs with an overview of the new model; (2) describes the recently released Request for Application; (3) summarizes the DME's efforts to address known LEA concerns about school health services; and (4) announces an opportunity for LEAs to meet with DOH, DMHHS, and DME to learn about the process, timeline and logistics for implementation; ask questions; and share any other concerns.

1. New Model for the School Health Services Program

The Centers for Disease Control and Prevention (CDC) has developed the Whole School, Whole Community, Whole Child (WSCC) model which calls for cross-disciplinary collaboration between agencies and organizations to comprehensively support student well-being. The new School Health Services Program (DCSHSP) will be based on this model and in accordance with the standards and recommendations of the National Association of School Nurses, the American

Academy of Pediatrics, the Centers for Disease Control and Prevention, and relevant Federal and District of Columbia laws and regulations.¹

In addition, DOH recently commissioned a school health needs assessment to gather local qualitative and quantitative data to inform the new Program. With this information, DOH will implement a comprehensive, integrated and collaborative model of school health services.

2. School Health Services Program Request for Applications

On April 1, 2016, the Department of Health, Community Health Administration (CHA) released a Request For Applications (RFA) announcing funds to manage and operate the District’s new School Health Services Program for the 2016 – 2017 school year. (Please note that there will be no changes for the remainder of this school year or the 2016 summer). The SY16-17 program will focus on four (4) major performance areas (see below).

PERFORMANCE AREAS:

<p><u>Care Coordination</u></p> <ul style="list-style-type: none"> • Preventive Health Services • Chronic Disease Management • Behavioral Health Coordination 	<p><u>Community Navigation</u></p> <ul style="list-style-type: none"> • Outreach and support to students/families • Outreach to community and clinical resources to facilitate linkages
<p><u>Clinical and Allied Health Services</u></p> <ul style="list-style-type: none"> • Special Health Care Needs • Vision and Hearing Screenings • Medication Administration Training for School Staff • Management of acute illness and injury 	<p><u>Quality Assurance/Quality Improvement and Program Evaluation</u></p> <ul style="list-style-type: none"> • Compliance with state and federal regulations • Risk minimization/management procedures • CQI plans and learning collaborative support • Student, parent and/or school grievance submission and review procedures • Assessment of student (patient), parent and school staff satisfaction • Ongoing monitoring of process and outcomes measures

For further information on each function and the RFA, please visit: http://opgs.dc.gov/sites/default/files/dc/sites/opgs/publication/attachments/RFA%23_CHA%20SHSP%20040116_FINAL.docx_0.pdf.

Importantly, the new DCSHSP will comply with existing DC Law 7-45 (DC Official Code §38-621) which provides registered nurses to District elementary and secondary public and public charter school for a minimum of 20 hours per week. Licensed practical nurses may be used to supplement the registered nurse work force in meeting the 20 hours per week minimum.

3. LEAs Critical Needs

¹ For more information on this model, please see <http://www.ascd.org/programs/learning-and-health/wscc-model.aspx> or <http://www.cdc.gov/healthyschools/wscc/index.htm>.

The DME, Office of the State Superintendent of Education (OSSE), DOH, DMHHS, and other health and education partners are committed to improving health outcomes for students. The WSCC is the model will move us toward reaching those outcomes.

In an effort to ensure a smooth transition for all public schools, DME and OSSE have compiled the list of critical needs voiced by LEAs about a future the School Health Services Program. These needs fit into six (6) categories:

- a. care for children with special health care needs,
- b. acute care services,
- c. surge staffing in time of increased need,
- d. federal and District mandated health screenings,
- e. reliable and accurate data sharing of necessary medical information, and
- f. standard/reliable personnel communication

The attached document describes those critical needs in more detail. As part of the collaboration across DOH, DME, and DMHHS, both Deputy Mayors will ensure that these primary needs are addressed in the new model.

4. DOH and LEA Meeting

In an effort to ensure that all LEAs are apprised of the process and timeline, DOH will be available to answer questions and address concerns of LEAs a meeting on May 5th at 3pm at the Wilson Building (1350 Pennsylvania Ave. NW, Room G-9) If you are interested in attending, please provide Yair Inspektor (Yair.Inspektor@dc.gov) with your contact information. If you are unable to attend this meeting in person, but would like to include your input for said session, please email Dr. Anjali Talwakar at DOH (Anjali.Talwakar@dc.gov), Yair Inspektor at DME (Yair.inspektor@dc.gov), or Christian Barrera at DMHHS (Christian.Barrera@dc.gov) with your questions and/or concerns.

Thank you for your support of this important work. I am excited to work together to ensure District of Columbia School Health Services Program (DCSHSP) creates greater alignment, integration, and collaboration between education and health to improve each student's cognitive, physical, social, and emotional development.



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Critical Needs of Local Education Agencies

The DME is pleased to work collaboratively with DOH and other health and education partners to improve health outcomes for public school students through the adoption of the 'Whole School, Whole Community, Whole Child' model and the development of the DC School Health Services Program. DME and OSSE have compiled the following information for DOH to highlight the critical needs of LEAs for the DCSHSP.

LEAs critical needs for the DCSHSP are:

1. Acute Care services

- Medical staffing to provide medication administration training (including diabetes and seizure disorder management) for school staff per the Student Access to Treatment Act
- Clear protocols for emergency care, assessment and triage of sick and injured children

2. Services for Children with Special Health Care Needs

- Medical support staff in all schools which require assistance in the planning and coordination for the care of students with acute needs
- Assistance in the development and annual revision of Individualized Health Plans and medical care related to IEPs and 504 Plans

3. Surge staffing in time of increased need

- Review and monitoring of immunizations, health forms (including drafting action plans for gathering missing information) during the beginning of the school year

4. Federal and District mandated health screenings

- Hearing and vision screenings

5. Reliable and accurate data sharing of necessary medical information

- Data-sharing agreements for
 - i. Student-level health information to effectively assess student wellness and measure academic outcomes of health-related interventions,
 - ii. School level data, and
 - iii. LEA Level aggregate data

6. Routine personnel communication

- Notification of absences and coverage changes, daily coverage reports and regular meetings with DCPS/Charters.