Oregon Health Authority
School Nursing Pilot Program Report

The Oregon Health Authority (OHA) School Nursing Pilot Program report describes progress and plans to support school nursing and school health models in Oregon through public health funding. This report details the work under ORS 413.225 (through House Bill (HB) 3165 [2019] and House Bill (HB) 2591 [2021]) specifically School Nursing Pilot Programs (SNPP) for school-based health service delivery. This report focuses on OHA Public Health Division's implementation of the legislative bills. This report covers updates on program activities, plans and data between **July 1, 2019** through **June 30, 2023.**

Background

In 2019, the Oregon State Legislature passed HB 3165 which tasked OHA with the authority to select up to four school districts or education service districts to receive operating funds for a five-year period to pilot a new approach to providing school-based health services. The pilot programs could be designed to focus services on a specific community need, such as a need for mental health services, school nursing services, dental services, primary care, or trauma-informed services. OHA chose to concentrate on alternative approaches to school nursing services due to the existence of in-house technical assistance and expertise provided by the State School Nurse Consultant (SSNC), gaps in the school nursing workforce (detailed below), and the lack of programmatic funding for additional staffing for expertise in other alternative approaches.

As noted in the 2022 ODE School Nurse Annual Report: "Nursing services are required in schools to eliminate student health barriers so that every student has access to a Free Appropriate Public Education (FAPE). To meet federal statutes, ORS 336.201 requires Oregon School Districts to maintain specific school nurse-to-student ratios for medically complex students, medically fragile students, and nursing dependent students, and encourages districts to have one full-time registered nurse or school nurse for every 750 students; "school nurse" is defined as a registered nurse with additional certification."

When the grant program began in 2019, Oregon's statewide average was one full-time registered nurse to every 2,352 students according to the 2019 ODE School Nurse Annual Report: fewer than 12% of districts met

the recommended 1:750 ratio, and only 90 of 197 districts met the mandated ratios for medically complex, medically fragile, and nursing dependent students.[1] In addition to upholding the civil rights of students with special healthcare needs, sufficient school nursing services have proven benefits for student wellbeing and educational success and is strongly linked to positive outcomes for entire school communities (see References). Given the known impacts, evident gaps in Oregon services, and OHA's technical assistance capacity related to school health and school nursing specifically, OHA used the funds designated by HB 3165 to support a School Nursing Pilot Program (SNPP) focused on improving school nursing models. In 2021, the Oregon State Legislature passed HB 2591 which provided funding for additional planning sites, specifically designated for planning to operationalize a school-based health center or school nursing model.

Initial grantee projects

As a result of HB 3165, a Request for Proposals was opened in August of 2019 for School Health Services Planning Grants (SHSPG), including Phase 1 (needs assessment) and Phase 2 (planning and implementation). From that request, 11 grantees were selected. SHSPG planning sites went through extensive needs assessment and community engagement activities during the 2019-2020 school year with the intention of assessing the need for an SBHC or school nursing supports. Even with the interruption in plans due to start of the COVID-19 pandemic, by January 2021 all grantees completed their Phase 1 needs assessments. Grantees then selected their tracks (SBHC or SNPP) for Phase 2. Three school districts (SDs) and three education service districts (ESDs) elected to focus on improvements to their school nursing models and became SNPP Grantees. See Figure 1.0 for list of grantees and the Oregon county map that shows their approximate location. Needs Assessment Reports and Year 2 Applications available on request.
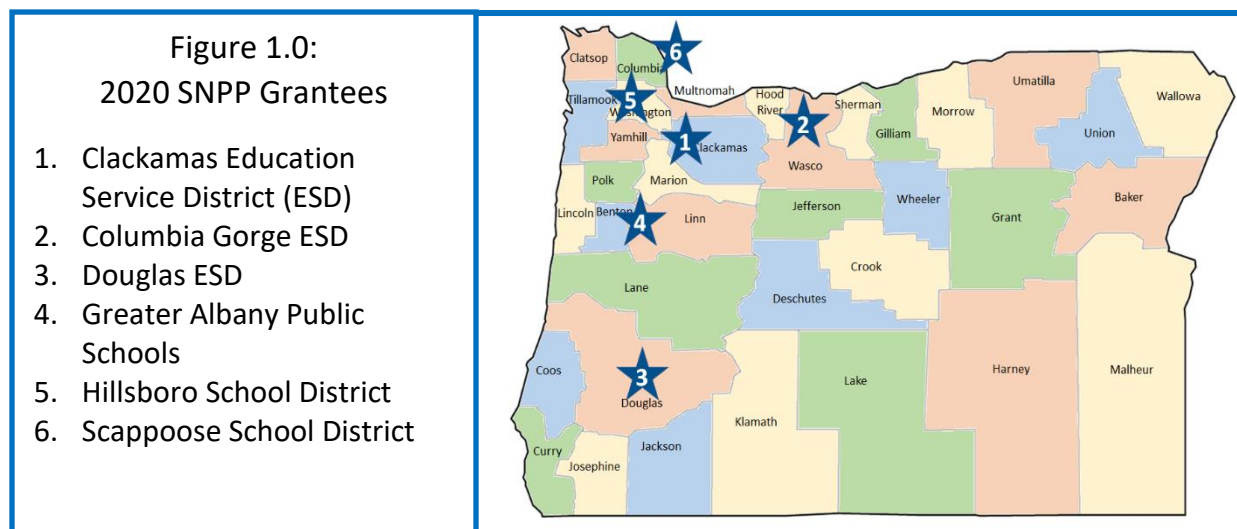
Over the course of Year 2, SNPP grantees identified different priority areas for their local school nursing model. Grantees received $120,000 for the biennium to move this work forward. The needs assessment and planning

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[1] Even for districts meeting mandates, there is a widespread lack of recommended nurse staffing (1:750). If staffing strictly per mandated ratios, a student with a medically complex condition could have access to a school nurse for just 10 minutes per week, and a district with 60 medically fragile students could employ a nurse half-time; both examples meet mandated ratios, without ensuring adequate services for students.

phases were supported by OHA program staff, grantees' selected contractors, and the Oregon School Nurses Association.

The interruption caused by COVID-19 had deep impacts on timelines and capacity even into Year 3 (school year 2021-2022). Progress made by the sites to continue improving their programs was due in large part to the dedication and resilience of the district teams and school nurses pushing the work forward. In addition, during Year 3, OHA received the assistance of a federal capacity grant to aid in COVID-19 response in schools, and subsequently provided each grantee between $150,000 and $200,000 to assist with COVID-19 related capacity and support (i.e., contact tracing, screening/testing, vaccine events, or additional nursing and health staff).

Figure 1.0:
2020 SNPP Grantees

1. Clackamas Education Service District (ESD)
2. Columbia Gorge ESD
3. Douglas ESD
4. Greater Albany Public Schools
5. Hillsboro School District
6. Scappoose School District

Program development: early objectives and long-term goals

As SHSPG work began, the SSNC worked with state and national partners to identify evidence regarding essential elements of school nursing models. Findings were limited: existing research and related models focused broadly on coordinated school health (see CDC's Whole School, Whole Community, Whole Child model (WSCC)); or more narrowly on school nursing principals and individual practice (see NASN's 21st Century Framework for School Nursing Practice). In effort to offer some common considerations for grantees, the SSNC drew from existing models, worked with ODE colleagues and school nurses from around the state to describe elements in a variety of Oregon districts, and summarized state and federal regulations applicable to student health and school nursing services. State summary guidance documents from 2020 available upon request.

With limited evidence to recommend specific program elements, SNPP's initial goal was to learn from grantees themselves: what district-level elements are essential to support school nursing and school health work in diverse Oregon settings? While grantees had broad latitude on how to spend grant funds, they were all asked to center community-specific priorities while increasing their understanding of coordinated school health and school nursing principals. To that end, grantees were encouraged to maintain and grow partnerships, including school staff and community members in decision-making processes. Additionally, each grantee was asked to bear in mind the five principals of school nursing practice from the NASN Framework when reporting their grant activities. In other words, to describe how the local model addressed care coordination for individuals as well as community wellness (disease prevention, health promotion, etc.); met legal and ethical standards of care; incorporated quality improvement components; and included licensed health staff as members of decision-making teams.

Throughout the pilot process, SNPP staff had ongoing discussions with grantees, ODE colleagues, and the Oregon School Nurses Association regarding grant-specific goals, objectives, and measurements of success. As each grantee pursued unique action plans, themes emerged: deep gaps in workforce and workforce support; challenges providing priority services to ensure student safety (including daily care needs and mental health supports); a lack of culturally and linguistically responsive care; inadequacies related to communication and responsive coordination with families, within school health teams, and with community collaborators; a lack of understanding of unique and overlapping roles to improve student outcomes; and barriers related to sustainability, including funding and partner engagement. These intersecting themes and priorities laid the foundation for program goals for an OHA School Nursing Grant Program.

In Year 3, OHA created a six-month plan for grantee, community, and youth engagement followed by another six-months for tool and measurement development and testing. These engagements were intended to clarify expectations for grantees and for OHA, beyond the Pilot Program phase. Creating grant specific goals and objectives would additionally serve to clarify OHA's role in supporting school nursing and school health models financially, while also promoting Public Health objectives of equity and community collaboration.

Grant development: engagement, goals, assessment

The six-month engagement plan included outreach to key partners and community members via a qualitative data collection project implemented between May-October 2022. It included youth and parent/caregiver focus groups, as well as key informant interviews with school nurses and a variety of school health personnel and experts. Overview of process and findings from the focus groups and key informant interviews is described below; more detailed description of results is available on request.

Focus group findings

The focus groups gathered feedback on experiences with, and opinions of, school nursing and school health services, as well as soliciting feedback on proposed long-term SNPP goals. Six focus groups were conducted in July 2022. That included three focus groups with youth aged 15-19 and three focus groups with parents and caregivers of students attending Oregon schools. Participants in both groups felt strongly that more school nurses are needed in their schools. Additional findings include: a need for communication to families and students about the array of health services available at school; increased opportunities for youth and families to provide feedback about the health services at school; increased cultural and linguistic diversity among school staff, including school nurses; and the need for increased access and availability of mental health care services in school.

Key informant findings

The key informant interviews gathered information from various school health personnel about school nursing programming and priorities for the state-coordinated school nursing program. Seventeen 90-minute interviews were conducted in July and August 2022; those interviewed included four school nurses, two front office staff, four district administrators, two health assistants/aides, and five additional school health experts. Key informants felt strongly that there are not enough school nurses statewide and that this is negatively impacting students. Related concerns included not enough funding for school nurses and school nursing supportive personnel, and not enough cultural and linguistic diversity among school nurses and school nursing supportive staffing. Interviewees also mentioned the need for evidence-based policies, functional documentation systems capable of collecting health-specific charting and recordkeeping, understanding of the school nursing role and support for school nursing models statewide.

Program goals

The information gathered from grantee work, focus groups, and key informant interviews was used to create pilot program goals which focused on district-level structure, resources, and environment to support effective and equitable school nursing models. The five pilot program goals cover work in the following categories: staffing and budget, health-focused priority work and documentation, collaborative team structure, authentic engagement, and shared understanding of school nursing work at the intersection of health and education.
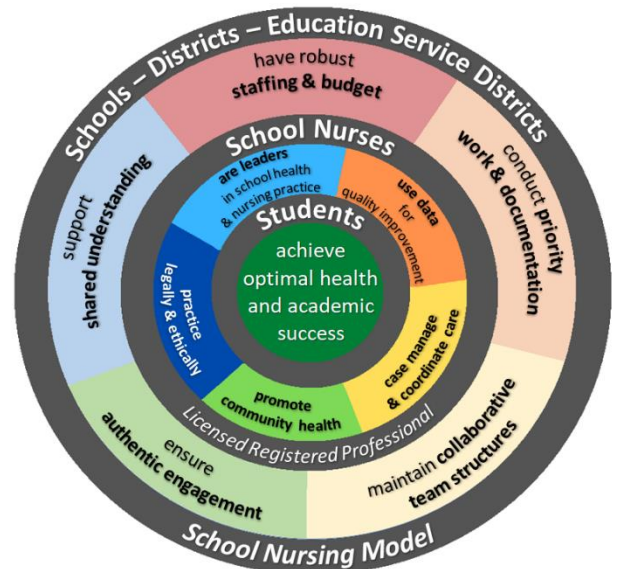

Figure 2.0 SNPP School Nursing Model with Program Goals

These goals not only outline focus areas for grantees but also provide guideposts for state-level systems and support. The new SNPP long-term goals were vetted by current SNPP grantees for their utility and feasibility. With these goals reflecting shared priorities, SNPP proposed a draft School Nursing Model: Figure 2.0 depicts program goals and priorities (outer circle) which influence school nursing services and support (middle circle), which helps students achieve optimal health and academic success (inner circle). The influence goes both ways: student realities influence priority areas of school nursing work, which influences specific supports needed at district level. See Appendix A for expanded description of SNPP Program Goals.

Assessment

Once long-term program goals were developed, the next six-month cycle from October 2022 – May 2023 was focused on development and testing of assessment tools and data collection methods. The aim was to create tools and highlight data points that districts could use to identify areas of improvement and demonstrate success. The development of the Toolkit included lessons learned from the previous three years of grantee work, incorporating available evidence from established models while elevating the pilot program goals and the input of key partners and community from the six-month engagement plan. The resulting SNPP Scan & Plan Toolkit was released in December 2022 to support schools and districts to collect

information about their school nursing model and then describe its current state, identify priorities, and work towards chosen goals.

The SNPP Scan & Plan Toolkit does not standardize school nursing models, but rather provides a tool that districts can use to evaluate different elements of their program and track changes over time. Given that school heath teams and systems vary greatly from district to district, the Toolkit is not meant to be prescriptive; it can be adapted by local teams to be applicable for their community and setting. New and existing grantees will use the Scan & Plan Toolkit to identify priority work for the next biennium. SNPP Scan & Plan Toolkit available upon request.

Regarding the need for data collection and measurements of success, SNPP planned a Winter/Spring 2023 data pilot with the six original grantees to test feasibility and utility of different data points, specifically: health room/encounter data, health plans, health-related trainings, health-related meetings, and satisfaction/feedback. These data points were chosen due to their potential utility as a quality improvement or impact measure, and for their alignment with SNPP goals. The information gathered during the data pilot will help determine future data collection requirements and identify potential gap areas that need additional state-level support. Additional data pilot information available upon request.

Grantee progress and success

At the same time as overall grant development, the initial six school districts and educational service districts have made marked progress on their individual priorities over the course of the grant. Short highlights are outlined below; additional information on grantee progress between August 2019 – January 2023 is available in Appendix B.

❖ Clackamas Education Service District: Increased holistic support for students and families through the addition of two supportive positions – Student Services Access Coordinator and School Health Supervisor; established a community of practice for school nurses; and developed resources and trainings for school nurses regarding assessment, care planning, and working with diverse populations.

❖ Columbia Gorge Education Service District: Increased physical and mental health services at schools, improved coordination among health-focused community partners, and increased regional support for school nursing practice through the addition of a Whole Child Nurse Administrator.

> "Having school nurses imbedded in our schools helped Superintendents write successful safety plans in compliance with state mandates during the pandemic. They were also instrumental in providing contact tracing of students and their families that would have otherwise overwhelmed our public health system." – Douglas ESD

❖ **Douglas Education Service District**: Increased consistent, reliable school nursing practice through addition of multiple registered nurses (RNs) contracted to component districts; supported school RNs through an ESD-led community of practice; developed a nurse-specific charting system to track and report health-related data; and increased additional school health services and care coordination among community partners.

❖ Greater Albany Public Schools: Increased staffing by hiring more licensed nursing staff; increased administrative support for school nursing, counseling, and social services via structural and role changes – specifically creating a School Health Administrator role; improved care coordination among school staff; and enhanced collaboration with community partners to provide holistic support and resources for students.

❖ Hillsboro School District: Improved capacity for school Medicaid billing to increase funding available for school health services via hiring of a Medicaid Billing Specialist; increasing consistent, reliable school nursing practice through addition of an Admin and RN supervisor of nurses; and expanded on-site expertise by converting two health room assistant positions to LPN positions.

❖ Scappoose School District: Increased the capacity of school nursing work through the addition of a RN and a health services secretary; improved school health care coordination through closer integration of nursing services with other staff including counselors and social workers as part of a multidisciplinary school health team; improved on-boarding resources for school nursing services.

> "Scappoose SD has a greater ability to case-manage students with acute and chronic illness, particularly those in our Special Education areas because of the grant. Nurses are able to do more nursing-specific functions with the addition of a support staff, Nursing Services Coordinator. With a greater presence within buildings and having a division of work-load it has meant more collaboration within the schools and input from nursing staff to the counseling and mental health staff, as well as IEP and 504 teams." – Scappoose SD

Next steps

The pilot program long-term goals, SNPP Scan & Plan Toolkit, and data pilot create a strong foundation for a School Nursing Grant Program that supports locally-developed school nursing models built on best practice and focused on equity. The goals, tools, and lessons learned are being used to develop grant deliverables that are aligned with OHA – Public Health Division's objectives of equity and community collaboration. One deliverable under development would establish consistent data collections, such that grantees and the state program can identify challenges, elevate successes, and recognize changes over time. SNPP will continue to support quality improvement and programmatic success for local school nursing models and hope to embed student, family, and key partner engagement into future programmatic changes.

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Appendix A: SNPP Program Goals

(Created Fall 2022)

1. Staffing and Budget
<u>SNPP Goal 1</u>*: Provide systemic support for the expansion and sustainability of a robust and diverse school nurse workforce in school districts and education service districts.* ➢ Focus areas: personnel – retention – budget

Grantee Process Goals	Staffing • Increase the number of school nurses and school nursing supportive staff towards meeting ratios such as: 1:750 general population, 1 per building. • Create and implement plan for hiring and retaining diverse school nursing and school nursing supportive staffing. This could include incentives and support to hire culturally and linguistically specific staff (e.g., pay differential, training, education support for bilingual/bicultural staff), staff representing communities of color, tribal communities, LGBTQIA2S+ communities. Budget • Create, maintain, and improve internal funding sources for school nursing and school nursing supportive staffing (e.g., begin Medicaid billing, dedicate Student Success Act funding, and/or generate new revenue streams).

2. Priority Work and Documentation
<u>SNPP Goal 2</u>: *Support school nurses to meet the individual needs of youth, to reduce student health-related barriers to education, to reduce health inequities, and to support overall school and community health.* ➢ Focus areas: use of data – identifying needs – meeting needs – functional workspace

Grantee Process Goals	Priority work • Enhance Child Find process to ensure students with chronic health conditions receive appropriate school services and support. • Establish process for RN-to-staff trainings to support student health for general and individualized care needs. • Provide trainings for school nurses and school nurse support staff to respond to mental health needs and provide trauma-informed care. • Implement mental health initiatives to improve individual or population-level mental health. • Create or modify health protocols for local use (e.g., create communication protocols for emergency preparedness that include communicable disease); RN leads process and/or provides expertise.

Grantee Process Goals	• Provide trainings for school nurses and school nursing supportive staffing to work with diverse populations in the education setting (e.g., students representing communities of color, tribal communities, LGBTQIA2S+ communities). Documentation and Data • Enable collection of and improvement in service delivery metrics and communication processes. • Create and implement plan to improve educational outcomes such as absenteeism rates and Student Success Group informed metrics, specifically of youth experiencing disabilities and/or students with health plans. • Create and implement plan to improve Student Health Survey outcomes related to health status, positive youth development, and education. • Utilize data from documentation system and other sources for evaluation of student outcomes and school nursing program. Functional workspace & provider resources • Collect feedback and modify health room space to respond to student needs for privacy and comfort. • Improve process for health-related equipment and supplies – list of resources needed; tracking when to replace and update. • Collect feedback to identify training needs of RNs, other health staff. • Provide time/funding for RN, other health staff to access continuing education and professional development specific to their role.
3. Collaborative Team Structure	
SNPP Goal 3: *Implement responsive structures and/or teams that support school nursing practice and nurse-directed planning and coordination in order to improve student health and educational outcomes.* ➢ Focus areas: supervision – communication – care coordination – referrals	
Grantee Process Goals	Team structure • Establish School Health Team in which the school nurse is key contributor or lead. This could include nurse participation in Coordinated School Health Model. Supervision structure • Establish positions for: School Nurse Lead, School Nurse Administrator, and/or School Nurse Supervisor (with nursing credentials). Referrals

	• Create clear protocols and pathways for students to get connected to care regardless of who they go to in school and train staff on those protocols.

4. Authentic Engagement

SNPP Goal 4: *Engage youth, families, school, and community to build collaborative partnerships and improve school nursing and other school health services.*
➢ Focus areas: family & community involvement – diversity, equity, inclusion – social need

Grantee process goals:	Engagement goals to:
	Ensure equitable access to education
	• Create plan to engage students and families to solicit feedback on school nursing and school health services. This can include:
	o Integrate health service feedback collection - that includes school nursing - into new or existing community input initiatives (e.g., collecting health-related feedback during the ODE Integrated Tool Data Collection process).
	o Collect youth/family-informed quality of experience measures (i.e., satisfaction surveys).
	o Create plan to use results from quality of experience measures to drive program improvements that includes establishing and/or coordinating with youth or parent school health advisory group.
	• Involve school nurse and school health team in engagement activities (e.g., partnerships with the Parent Teacher Association or Youth Advisory Council; participation in events such as "back to school night").
	Elevate student and family voice
	• Create and implement plan to ensure youth and families can access information and provide feedback about health services in the language that they prefer.
	Reach diverse populations
	• Create and implement plan to ensure all students and families can receive health information in the language that they prefer (i.e., utilization of medical interpreters in encounters when needed or requested and translation of health-related materials).

Grantee process goals:	Address inequities, social needs, social determinants of health • Create new or maintain partnerships between school health team and external community-serving and healthcare organizations (e.g., involve community partners in health and dental screenings; work with culturally specific organizations to do outreach to parents from that community). • Implement initiatives to meet student and family needs that are health-related (e.g., food boxes for families).
5. Shared Understanding	
SNPP Goal 5: *Expand understanding of school nursing within education and public health systems and throughout the community in order to support student health needs and improve collaboration with partners.* ➢ Focus areas: appreciating roles, responsibilities, opportunities – shared knowledge among staff, students, families, community	

Grantee Process Goals	School administrators and school staff
	
	• Create and sustain communication channels, materials, and meetings that improve frequency and quality of communication between school nurses and other district staff and health support.
	    o Utilize communication materials to improve District decision maker understanding of school nursing.
	
	School nurse understanding
	
	• Create plan to ensure school nurses receive orientation, onboarding, and continuing training to understand education system.
	
	Student and family understanding
	
	• Develop plan to inform students and families about school nursing services. This can include:
	    o Create and/or use existing engagement and communication tools that educate school staff, students, family, and community about school nursing services, what is offered, and how to access services (e.g., policies or flow charts for school staff and educational materials for students and families).
	    o Ensure communication materials for students and families are translated into languages representative of the community.
	    o Create peer support network or utilize existing youth groups that can inform student body about school nursing and school health services.
	
	Sharing outcomes, events, successes examples:
	• Develop messages at least quarterly to highlight school health events, services, and policy updates. Share in multiple formats and languages accessible to students and families

Clackamas Educational Services District
School Nursing Model Improvements

Clackamas Educational Services District (CESD) serves approximately 68,000 students at schools in 10 component districts, including about 3,600 students identified with medically complex or medically fragile health conditions. The 2019 SHSPG/SNPP assessment indicated that while there was access to resources regionally and statewide and the ESD leadership was committed to support students through this project, there were gaps in the following: ESD capacity to support school nursing; a lack of consistency in across their diverse districts in resources and processes such as - health plan templates, communication documents, nursing evaluation process, and support for implementation of effective nursing models; and inclusive services and support for families who speak Spanish and other languages. They also identified that there were additional challenges and barriers to care including:

- limited time among nurses for student case management, difficulty connecting or communicating with health care providers, lack of access to health/community resources, transportation, language interpretation, OHP/health insurance needs
- overwhelming time commitment for RNs providing training for health assistants and other staff
- the need for effective data management of health records
- communication challenges with building/district leadership.

Improvements

Since 2019, Clackamas Educational Services District (CESD) has worked to improve safe, legal, and equitable health support and nursing services for students in component districts. CESD's efforts have focused primarily on increasing holistic support for students and families through the addition of two supportive positions outlined below.

Staffing and Budget: Using SHSPG/SNPP grant funds and additional braided funding, CESD created two new positions within the ESD: a Student Services Access Coordinator and a School Health Supervisor, both licensed Registered Nurses (RNs), who work under the CESD Assistant Director of Student Services. In addition to CESD leadership roles, CESD hired two RNs who are contracted to provide services in component districts.

Priority Work and Documentation: Prior to participating in SNPP, CESD offered limited school health support and did not offer resources specific to school nursing for component districts. With the addition of both Student Health Access Coordinator and Health Services Supervisor, CESD supports student health access and nursing services in multiple ways, from direct outreach to families to professional practice support for school nurses.

Collaborative Team Structures: CESD health staff work in close collaboration with one another. They have facilitated greater partnership between Clackamas County Public Health (CCPH) and district health staff. The CESD team has also established a community of practice for school nurses and implemented joint learning sessions for school nurses and school mental health staff, improving regional peer-to-peer support and local care coordination.

Authentic Engagement: Nurses in CESD's component districts have reported barriers to care including unmet language interpretation needs and lack of local nursing practice resources. CESD has offered qualified medical interpreter services and health-related learning opportunities for Spanish-speaking families. CESD has developed resources for school nurse assessment and care planning, as well as trainings for nurses to improve practice with diverse populations.

Shared Understanding: CESD has increased resources for school nurses to understand their role in the school as a practice setting. Continued efforts have strong potential to improve understanding among school staff and community members, including sharing data to highlight school nursing/school health successes and opportunities for improvement.

Columbia Gorge Educational Services District (CGESD) serves approximately 7,500 students in 3 component districts and one out-of-county district, including about 330 students[2] identified with medically complex or medically fragile health conditions. The 2019 SHSPG/SNPP assessment indicated that while there were extensive community connections and local and regional knowledge among ESD leaders, there were unmet student needs and challenges such as need for additional resources for mental health, migrant health and access to care; inadequate food access; and bullying among students. Regarding RN challenges, there was inconsistent support and guidance for school RN practice and there was limited RN retention in some component districts.

Improvements

Columbia Gorge Educational Services District (CGESD) has worked to improve safe, legal, and equitable health support and nursing services for students in their component districts, utilizing funding and guidance from the School Health Services Planning Grants/School Nursing Pilot Program since 2019. CGESD's efforts have focused primarily on increasing physical and mental health services at schools, improved coordination among health-focused community partners, and increased regional support for school nursing practice through the addition of a Whole Child Nurse Administrator.

Staffing and Budget: Since grant work began in 2019, CGESD added a new position, Whole Child Nurse Administrator, and hired 3 RNs and 1 School Health Assistant contracted to component districts. CGESD has implemented a variety of related supports, which have strong potential to increase retention of nursing staff. CGESD uses braided funding to support these positions.

Priority Work and Documentation: CGESD's efforts in the grant period have significantly improved support for school RNs to perform priority work in component districts. Efforts have focused on professional development and standardized guidance for RNs. CGESD, at the request of regional RN's, provides access to templates, care plans, handouts, and other resources in a central location on their website. Documentation systems vary by district; districts declined a standardized charting platform CGESD offered. Continuing work related to documentation has strong potential to improve access to reliable data for care coordination and health services quality improvement.

Collaborative Team Structures: Recent efforts in CGESD have improved peer-to-peer connections among regional school nurses. Efforts have also improved county-level collaboration among health-focused community partners. Partnering with the local FQHC, CGESD is supporting efforts to provide tele-mental health services in six schools in the region, mobile health services in Wasco County, and efforts to build brick and mortar SBHC's in two districts in Wasco County. Ongoing efforts have strong potential to improve student access to needed support, including daily school nursing services, primary care services, and mental/behavioral health services.

Authentic Engagement: CGESD considers one of its main roles to work with community partners to improve services for students. CGESD has incorporated input from student and family groups into decision-making, including current focus on SBHC planning and regional mental health support. Ongoing efforts are increasing connections between care providers and improving student access to services.
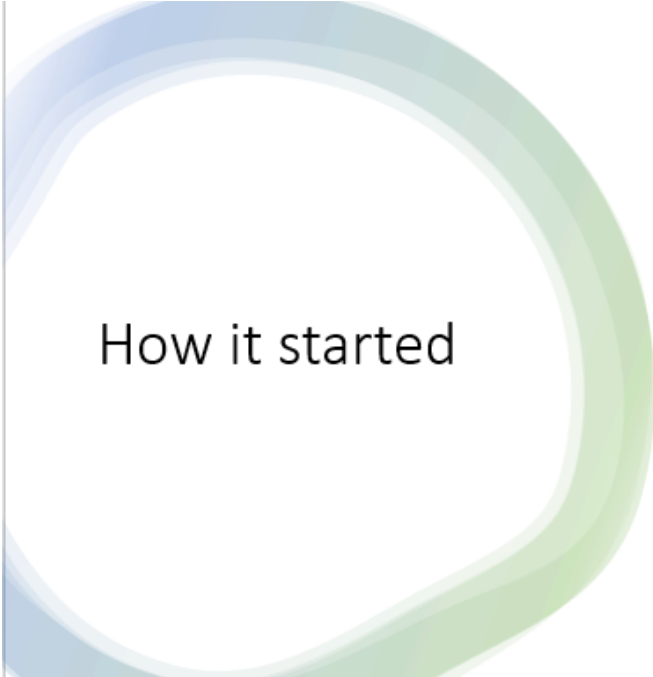
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[2] This figure is about 4% of enrolled students, which may indicate under-assessment. Per state data, 5% to 20% of students typically require school nursing support during the school day, equivalent to 450 to 1800 of CGESD's students [ODE School Nursing Annual Report; OHA Child Health Complexity Report].
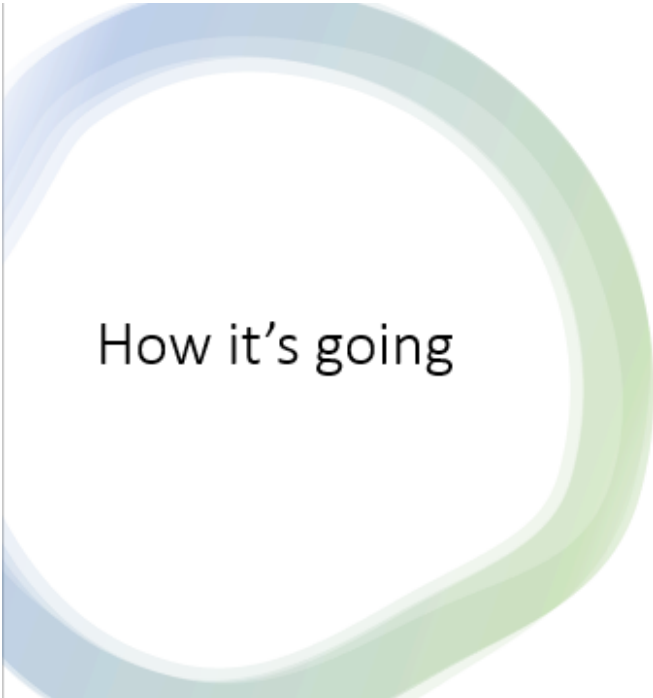
Shared Understanding: During the grant period, CGESD has improved support for regional nurses to orient into the school setting. CGESD has also increased messaging and information available to districts about available services and their potential impacts.

Below are two slides indicating "How it started" in 2019 and "How it's going" currently.

How it started

- School RN ratios:
  - NWCSD 2.8 FTE with 1:1,430 ratio
  - Dufur 0.3 FTE with 1:1,351 ratio
  - SWCSD 0.05 FTE with 1:5,929 ratio
  - HRCSD 1.5 FTE with 1:2,718 ratio
- No primary health care services in Wasco County schools
- No consistent mental health services

How it's going

- School RN ratios:
  - NWCSD 4.2 FTE with 1:648 ratio
  - Dufur 1.0 FTE with 1:345 ratio
  - SWCSD 0.2 FTE with 1:1,185 ratio
  - HRCSD 2.0 FTE with 1:2,039 ratio + School Health Assistant at 1.0 FTE
- CGESD Whole Child Nurse Administrator
- Telemental health services in schools
- CGESD Nursing Contract with Hood River
- One Community Health Mobile Health Services at Dufur and North Wasco Schools
- Dufur School – SHSPG for SBHC

Douglas Education Services District (DESD) serves about 50 schools in 13 component districts. Districts range in size from about 150 students to about 6,000 students. DESD serves approximately 14,000 students total, including about 200 students[3] identified with medically complex or medically fragile health conditions across all 13 districts. The 2019 SHSPG/SNPP assessment indicated that regional strengths related to student health included close-knit communities, ESD leadership commitment to school health services, and a supportive braided funding model. The assessment also showed that many families lacked access to resources, there was a lack of RN availability, and there were needed health supports for schools during the pandemic and beyond.

Improvements

Douglas Educational Services District (DESD) has worked to improve safe, legal, and equitable health support and nursing services for students, utilizing funding from the School Health Services Planning Grants/School Nursing Pilot Program since 2019. DESD's efforts have focused primarily on increasing consistent reliable school nursing practice through the addition of multiple registered nurses (RNs) contracted to component districts; ESD support for school RN community of practice; and increasing additional school health services and care coordination with community partners.

Staffing and Budget: Douglas Educational Services District (DESD) has increased the number of RNs who are employed by the ESD and contracted by component districts, from 2 in 2016 to 8 in 2022. While RN staffing is at the discretion of component districts, DESD works to improve nurse-to-student ratios through messaging about services and potential impacts. Using a braided funding model, DESD has increased the budget dedicated to RN employment as well as related technology and other supports.

Priority Work and Documentation: DESD has helped clarify how school RNs can support health-related priorities of component districts in multiple ways, including refining a menu of available nursing services. DESD developed a nurse-specific charting system and has started using this system to track and report health-related data. Nursing services available to students across Douglas County have improved significantly since grant work began. However, school RNs' ability to perform priority work is still limited in most component districts due to large caseloads and far distances.

Collaborative Team Structures: The nursing team within DESD has developed strong peer-to-peer support, and RNs frequently report feeling well-connected and supported by DESD administration. Care coordination and collaborative work within districts remains a challenge in most districts due to multi-school assignments, distance between schools, and lack of understanding by school staff of when the school RN should be notified or could be of use.

Authentic Engagement: DESD seeks input primarily from school staff. DESD's component districts share multiple challenges, including high poverty rates and large geographical distances from health care providers. RNs employed by DESD have responded to community needs, such as helping establish student support groups and access to food boxes.

Shared Understanding: DESD has increased efforts to communicate with districts about the need for school nursing services, and the potential impact those services could have on student education. These efforts have resulted in increased utilization of school nursing services in most component districts, as well as in districts outside the county. Current efforts related to data collection and analysis may further improve shared understanding.

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[3] This figure is less than 1.5% of enrolled students, which may indicate under-assessment. Per state data, 5% to 20% of students typically require school nursing support during the school day, equivalent to 800 to 3200 of DESD's students [ODE School Nursing Annual Report; OHA Child Health Complexity Report].

Greater Albany Public Schools
School Nursing Model Improvements

Greater Albany Public Schools serves approximately 9,200 students at 20 schools, including about 740 students identified with medically complex or medically fragile health conditions. The 2019 SHSPG/SNPP assessment indicated that while there were individual RNs with strong commitment to quality of care, district leadership engagement, and available data, there were gaps in the following areas: student health needs were not met with available resources, RNs had large caseloads, and there was limited RN capacity to contribute to community health planning and response.

Improvements

Greater Albany Public Schools (GAPS) has worked to implement data-driven improvements to nursing services and overall support for student wellbeing since beginning work on School Health Services Planning Grants/School Nursing Pilot Program in 2019. GAPS's efforts have primarily focused on hiring more licensed nursing staff; increasing administrative support for school nursing, counseling, and social services; improving care coordination among school staff; and enhancing collaboration with community partners to provide holistic support and resources for students.

Staffing and Budget: Since 2019, GAPS has significantly increased nursing staff, nurse retention, and the budget dedicated to health services. Prior to the grant period, RN retention averaged 1 year or less; most RN staff hired since 2019 remain with GAPS (most 2-4 years; one over 5 years) improving local expertise and relationship-building with students and staff.

Priority Work and Documentation: Prior to the grant period, many areas of school nursing priority work were limited or not happening at all in GAPS. With increased nursing staff and school health collaboration, RNs are better able to identify student needs and provide essential interventions. As RNs focus on high-acuity students, capacity for community health promotion remains limited, but improved since 2019. GAPS current documentation system is inadequate for school health work. Planned upgrades to Synergy (electronic student information system) are anticipated to improve safe and effective care coordination and communications.

Collaborative Team Structures: Since engaging in SNPP work, GAPS team has made significant changes in district health services and team structure. GAPS now has a Health Services department, supervised by an RN, that includes nurses, counseling, and social work. GAPS health team focused on care coordination within the district, as well as relationships with community partners. Recent efforts are bringing GAPS closer to an overarching goal: to ensure that each student has a trusted, safe person in their lives who can support their wellbeing and intervene positively when needed.

Authentic Engagement: To better support equitable access to education, GAPS health team has use multiple strategies to improve access to needed services and resources for students and families. GAPS invites community engagement and input in multiple ways, including but not limited to parent, student, and staff surveys; listening sessions; parent small groups (e.g., Latinx/e parents, parents of Black students, etc.); and regular community partner check-ins. Efforts to address identified needs have included improving coordination among GAPS staff and building relationships with a variety of community partners. When information is received, the health team has greater capacity to follow up and provide support.

Shared Understanding: Since engaging in the grant program, GAPS RNs have increased their presence across the district, increasing opportunities for relationship-building with students, families, and staff. The Director of Health Services has built relationships with colleagues across district departments, as well as improving orientation and onboarding processes for nurses new to the school setting.

Impact of the Grant - Success Story: "*A kindergarten student started in the district this year with a rare disease that requires constant blood sugar monitoring and tube feedings to keep her alive. The District Nurse created education for the staff, trainings for her disease type, and is able to constantly monitor her blood sugars. Without a nurse to constantly monitor and work with parents, the student would not be able to attend school due to the nature of their disease. The student is bright and thriving in kindergarten and is one of the best students in their class.*"

Hillsboro School District (HSD) serves approximately 19,000 students at 36 schools, including about 1,100 students identified with medically complex or medically fragile health conditions. The 2019 SHSPG/SNPP assessment indicated the following strengths of HSD: multiple registered nurses (RNs) in the district, some RNs holding specialty roles or active on school/district committees, district RNs in regular communication with Washington County Public Health, RNs using data to advocate for increased staffing, and RNs successfully advocating for RN evaluation rubric. The assessment also identified gap areas such as inadequate nurse-to-student ratios, RNs not included or not having time to attend Care Team, IEP or 504 meetings; "Wellness Centers" implemented in schools without RN expertise (the planning phase had not taken into account students with chronic health conditions accessing the center); RNs lacking time for professional development or continuing education; one very part time RN sub to cover care; and that Licensed Practical Nurse (LPN) evaluation was not specific to nursing practice.

Improvements

Hillsboro School District (HSD) has worked to improve safe, legal, and equitable health support and nursing services for all students with funding and guidance from the School Health Services Planning Grants/School Nursing Pilot Program since 2019. The district's efforts have focused primarily on establishing capacity for school Medicaid Billing to increase funding available for school health services; and increasing consistent reliable school nursing practice through the addition of an Admin/Super-tech RN supervisor of nurses.

Staffing and Budget: Since grant work began in 2019, HSD has added two new positions, a Medicaid Billing Specialist and a Nurse Supervisor who is a licensed RN. These positions, respectively, increase potential to hire needed health staff, and increase support for consistent school nursing services. HSD has also replaced unlicensed health assistants with LPNs in one high schools (potentially two by Fall 2023).

Priority Work and Documentation: Current staffing impacts district RNs' ability to perform priority work. RNs sometimes cannot connect with students and families to assess needs, plan care, and complete related staff trainings for the 1100+ students needing nursing care plans. While individual student needs take priority, RNs also have limited time for general population health support, such as health promotion, routine screenings, and disease prevention. The available documentation system is inefficient in some areas, for many aspects of school health work.

Collaborative Team Structures: Recent efforts in HSD have improved nurse peer-to-peer support, as well as communication between nursing staff and school administrators. Ongoing efforts have strong potential to improve care coordination across multi-disciplinary school health providers and other school staff. Additional RNs are needed to improve individualized student care and connections with students and families.

Authentic Engagement: HSD has a diverse student population and promotes equity in multiple ways. HSD has maintained and increased options for student and family engagement throughout the grant period.

Shared Understanding: Recent efforts in HSD have increased opportunities for communication between RNs and district leadership. Continued efforts have potential to improve health staff orientation and onboarding processes, RN outreach to students and families, and data collection for health services quality improvement.

Scappoose School District (SSD) serves approximately 2000 students at 6 schools, including about 130 students identified with medically complex or medically fragile health conditions. SSD is in Columbia County, in a primarily rural area about 45 minutes north of a large urban center (Portland). The 2019 SHSPG/SNPP assessment indicated the following strengths of SSD: close-knit community, a school RN with extensive local experience, strong partnership with the local primary care provider, and consensus on need for increased mental/behavioral services. The assessment also identified gap areas such as limited regional health care services; the RN capacity was limited by a high caseload and doing non-licensed tasks such as MAC survey; there was limited RN involvement in IEP, 504, and other coordination activities within the district; and a lack of school mental health services and coordination.

Improvements

Scappoose School District (SSD) has worked to improve safe, legal, and equitable health support and nursing services for all students through the School Health Services Planning Grants/School Nursing Pilot Program since 2019. The district's efforts have focused primarily on increasing the capacity of school nursing work through the addition of a registered nurse and a health services secretary; and improving school health care coordination through closer integration of nursing services with other staff including counselors and social workers.

Staffing and Budget: Scappoose School District (SSD) has increased health services staffing by adding two positions: a second Registered Nurse, and a Health Secretary (Nursing Services Coordinator) supporting administrative tasks. Funding for these positions is primarily from grants. Funding is uncertain when grants end.

Priority Work and Documentation: SSD's additional RN and new Health Secretary have significantly increased capacity to address student health needs proactively. Prior to grant work, SSD employed a single RN who faced challenges completing priority work due to large caseload and high student acuities.

Collaborative Team Structures**:** During the grant period, SSD has made significant improvements in collaborative team structures. In addition to increasing nursing staff, SSD re-organized such that RNs are now supervised by the Student Services Director, in the same department as school counselors and social workers.

Authentic Engagement: SSD's increased nursing staff and improved team integration has meant greater opportunity for school health professionals to identify student needs and reach out to families.

Shared Understanding: During the grant period, SSD has achieved a positive shift in shared understanding of school nursing work thanks to changing team structures and increased support from the Student Services Director as supervisor of nurses.