

Key Principle: Care Coordination

Definition: Care coordination is a "deliberate organization of patient care activities between two or more participants...to facilitate" the delivery of care (ANA, 2012, p.1). In addition to case management and care transition, the broad principle of Care Coordination incorporates many of the daily tasks school nurses perform to care for students and includes the practice components of student-centered care, direct care, chronic disease management, collaborative communication, motivational interviewing/counseling, nursing delegation and student care plans.

PRACTICE COMPONENTS	DEFINITION*	
CASE MANAGEMENT	A process in which the school nurse identifies children who are not achieving their optimal level of health or academic success because they have a chronic illness that is limiting their potential. It is based on a thorough assessment by the school nurse and involves activities that not only help the child deal with problems but also prevent and reduce their occurrence. Case management includes direct nursing care for the child and coordination and communication with parents, teachers, and other care providers. Interventions are goal oriented based on the specific needs of the child and evaluated based on their impact on the child (Engelke & Swanson, 2014).	
CHRONIC DISEASE MANAGEMENT	School nurses engage in chronic disease management activities to provide for the best health, academic, and quality-of life outcomes possible, with emphasis on efficient care and student education leading to self- management.	
COLLABORATIVE COMMUNICATION COMMUNICATION COMMUNICATION COMMUNICATION COMMUNICATION COMMUNICATION COMMUNICATION COMMUNICATION School and community health team (e.g., the medi home, health care provider, family, specialists, ot community organizations) to meet the health c needs and goals of students (NASN, 2016a).		
DIRECT CARE	Care coordination provides for the direct care needs of the student. The specific care that nurses and others provide to students includes routine treatments, medication administration, and addressing acute/ urgent needs.	

EDUCATION	Student-centered care also includes providing the individual education and support that students/ families need to be decision makers in their own care, including health promotion and disease prevention behaviors.
INTERDISCIPLINARY TEAMS	Interdisciplinary teams. Interdisciplinary teams rely on the overlapping knowledge, skills, and abilities of each professional team member. The student health outcomes are enhanced with interdisciplinary teams, as compared with the individual efforts of the team members (ANA & NASN, 2017).
MOTIVATIONAL INTERVIEWING/ COUNSELING	School nurse counseling involves educating and assisting students with health needs, self-care, and coping. Counseling often has an individual student focus, although it can be done with groups as well (Minnesota Department of Health, 2001). Motivational interviewing is a specific, well-researched form of counseling that empowers the students to identify their concerns and solutions, as opposed to the nurse providing solutions (Bonde, Bentsen, & Hindhede, 2014).
NURSING DELEGATION	The school nurses' coordination of care may include the delegation of nursing tasks. Nursing delegation is a process used by the nurse to lead another person to perform nursing tasks (ANA & National Council of State Boards of Nursing, 2006). In the school setting, nursing delegation requires the registered professional school nurse to assign a specific nursing task—in a specific situation for an individual student— to unlicensed assistive personnel, while providing ongoing supervision and evaluation of the unlicensed assistive personnel and the student's health outcomes (Bobo, 2014). Delegation is further defined and regulated by state nurse practice acts and state laws.
STUDENT CARE PLANS	School nurses develop health care plans, including the Individualized Health Care Plan (IHP) and Emergency Care Plan, and contribute to the development of student educational plans (e.g., 504 Plan, Individualized Education Program). Student-centered health documents are developed by the school nurse, based on his or her assessment and healthcare provider orders, and they follow the nursing process to address concerns and established goals and the interventions to address those goals (National Association of School Nurses, 2015)

STUDENT-CENTERED CARE	Student-centered care is provided at the individual or schoolwide level (e.g., caring for students with special health care needs, promoting a positive school climate). School nurses work in partnership with students and their families and caregivers to ensure that decisions include students' needs and that desires are addressed (Institute of Medicine, 2001).	
STUDENT SELF-EMPOWERMENT	Student-centered care promotes student self- empowerment by respecting student autonomy and by helping students realize their own power and capabilities in managing their health conditions (Tengland, 2012).	
TRANSITION PLANNING	Transition planning refers to two different transitions. In the health care arena, transition planning refers to a patient transferring from one health care setting to another (Geary & Schumacher, 2012). School nurses facilitate the transitioning of students from other health care settings to the school setting. The Individuals with Disabilities Education Act (U.S. Department of Education. Office of Civil Rights, n.d.) refers to transition services related to preparing students with disabilities for future employment, education, and postsecondary schools. The term also encompasses students transitioning from elementary to middle to high school, thereby facilitating their preparation for the new environment and developmental transitions for chronic disease self-management.	

*Definitions of the framework principles and components were taken from the original articles that developed the Framework for 21st Century School Nursing Practice™ (NASN, 2016a; Maughan, Duff, et al., 2016). Where applicable the original source is cited. Permission to use granted by the National Association of School Nurses. Re-printed with permission by the National Association of School Nurses.



IDEAS: How can I use this principle in my practice?

- Case management: Integrates care coordination in acute and chronic case management. Improving collaborative communication with parents, teachers, physicians and school trainer to incorporate case management of student injuries that are school sports-related. Recognizes need to coordinate care and communication that are specific to the student and goal-oriented. Recognizes that case management is not just for chronic illness. Management of acute injury and acute disease management is also needed.
- Chronic disease management: The student will have an attendance rate of X% or better (as determined by school nurse/district/absenteeism team/state standards) related to the chronic disease. Enhances understanding of complexity of attendance when associated with a chronic disease. Contributes to awareness of relationship between school attendance and student health and learning outcomes.
- **Collaborative communication:** Improving collaborative communication with healthcare providers through access to real time electronic healthcare records. Supports integration between acute care and school care delivery of health needs.
- **Direct care:** Provide optimum level of care. Achieves highest level of evidence-based and best practices professional care delivery by school nurses as directed by school nursing scope and standards of practice.
- Education: Educate new staff on how to collaborate with the school nurse; and educate administrators on nursing scope of practice/license. Furthers collaboration and team efforts that support student outcomes.
- Education: Incorporate individual student motivational interviewing/trauma informed counseling. Furthers student self-empowerment that promotes student self-care. Enhances well-being of student through understanding, recognizing, and responding to the effects of all types of trauma.
- Interdisciplinary teams: Implement dedicated Department of Education or Department of Health state school nurse consultant. Advances interdisciplinary knowledge and cross-pollination of education and health in schools to support student outcomes being healthy and ready to learn.
- Nursing Delegation: Epinephrine autoinjector and glucagon delegation recruitment and training. Follows state statutes and mandates to recruit and train non-nursing school staff in emergency medication delivery.
- **Student care plans:** Create a care plan for every student with a medical condition that warrants/requires it. Standardized plans demonstrate role of school nurse as medial expert, enhances education and information to those who need the information, individualizes care delivery.
- **Student Self-empowerment:** Education and learning activities to guide and promote student self-care related to health and safety. Collaborative effort to improve student knowledge and behaviors that encourage a culture of health.
- Student Self-empowerment: Student will be an active participant in management of his/her care. Promotes psychosocial development of the student as guided by tenets of Banduras\ self-efficacy model.

 TOPIC: Chronic Disease Management IDEA: Improve Attendance in Students with Chronic Disease - Asthma OURCES MEASURE 	 How will you measure progress and success? What are your outcome measures? How often will you check and measure your progress? Who will be responsible for collecting and reporting the information/data? How will you evaluate your initiative to determine success? 	For more details on this project, see Chapter 2, Idea 1.
TOPIC: Chro IDEA: Improv with C with C	 What resources can guide this project using evidence-based, best-practices? Are there templates, information, guides already in place? What are others doing? Find out about other initiatives. What are other schools, districts, states doing? Do not limit yourself to nursing-related initiatives. Be sure to ask what were the lessons learned. Are there funding sources and grants that can help off set costs? 	For morsee Chal
ON STEPS	 Consider who will be affected and how? Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative? What partners/stakeholders should be involved? What partners/stakeholders should be involved? What partners/stakeholders and materials, equipment, other resources will be needed? (i.e. types of staff and materials, equipment, other resources; estimated costs). What are possible challenges and materials. Reflect on these and think about possible solutions and strategies. What is your timeline? How will you share/ communicate your proposed initiative and with whom? Have you thought about purcent the sustainability for your project you can continue annually? 	#EveryDayCounts #AttendanceMatters #NJSchoolNurseLeadership
QUICK START FACT SHEET KEY PRINCIPLE: CARE COORDINATION DEA GOALS	 What exactly is it that you want to achieve? Collect data on all students who have asthma in [NJ School] to understand the reasons for absence during the school year 20XX-20XX. Develop a template to categorize reasons for absences from evidence-based resources. Report results monthly to address the need to check often and early to keep students in school when appropriate. Benchmark results for next school year. Develop initiatives that address major findings for next school year. Pilot study that can be expanded to other chronic diseases, or "regular" student population within school and district. 	@NJSSNA1 #attendance #schooleveryday
QUICK START FACT SHEET KEY PRINCIPLE: CARE COO THE IDEA GOALS	What areas do you want to focus on for improvement? • Data on students with asthma who are absent. Consistent school or district data on chronic district data on chronic distarict data on chronic distari	SOCIAL @attendanceworks @Campaign4Kids @Schoolnurses



IDEA #1: CHRONIC DISEASE MANAGEMENT IMPROVE ATTENDANCE IN STUDENTS WITH CHRONIC DISEASE

Idea:

Chronic disease management: The student will have an attendance rate of less than 10 days absence (less than 6% - measurement of attendance based upon New Jersey State ESSA measure) or better related to the chronic disease. Enhances understanding of complexity of attendance when associated with a chronic disease. Contributes to awareness of relationship between school attendance and student health and learning outcomes. Adds to student-centered care and student self-empowerment.

The Story:

School nurse Brian believes that many of his students with chronic diseases, particularly asthma, are not managing their asthma well, contributing to absenteeism. Brian recognizes that school attendance is a complex issue. He works in an urban district where many families are struggling to make ends meet. Recognizing that he cannot "fix" everything, he wants to start by examining the issue more carefully, and potentially discover interventions he can implement in the future.

Objectives:

- Establish baseline of students with asthma absenteeism and reasons for absence.
- Begin understanding community needs and potential interventions as it relates to chronic disease in school.
- Develop school and community partners that focus on health and education initiatives to improve school attendance.
- Collect data on all students who have asthma in [NJ School] to understand the reasons for absence during the school year 20XX-20XX.
- Develop a template to categorize reasons for absences from evidence-based resources.
- Report results monthly to address the need to check often and early to keep students in school when appropriate.
- Benchmark results for next school year.
- Develop initiatives that address major findings for next school year.
- Pilot study that can be expanded to other chronic diseases, or "regular" student population within school and district.



Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.7):

1. Establish sense of urgency.

Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator,

There is compelling evidence that there is a connection between missing school and health. I know that this represents a lost learning opportunity for our students when they are not in the classroom. As our school health leader, I am interested in helping our district better understand some of the reasons why our students are absent. We know that chronic absenteeism leads to lower academic success. The lower the education an adult has, the more likely they are to smoke, develop diabetes, be overweight (Rafa, 2017; Balfanz & Byrnes, 2012; Meng, Babey, & Wolstein, 2012; Basch, 2011). I am starting with tracking absenteeism among students with asthma in our building because our county assessment has higher risk factors associated with poor management of asthma and chronic diseases: 13.6% are uninsured, 14.6% of adults smoke, contributing to second hand smoke in the home, and 11.4% have asthma here in our city (New Jersey Department of Health, 2015). One of the top reasons students are absent is due to lack of access to health care (Balfanz & Byrnes, 2012; Henderson, Hill, & Norton 2014). I know absenteeism is a complex issue. I want to contribute to the body of evidence our school creates to inform our decisions about future interventions to improve our children's regular attendance at school.

• Examine the literature and community assessment: In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based absenteeism data, need benchmark.
- Obtain absentee data if available, on students identified with asthma as benchmark.
- Obtain county and community local health assessment data at New Jersey State
 Health Assessment Data (<u>https://www26.state.nj.us/doh-shad/home/</u>
 <u>DemoRequest.html</u>)
- Identify available resources that may already have templates, guides, resources.
- Identify potential solution based upon scan of literature and relevant sources of information.

Utilize national toolkit resources:

Download Attendanceworks.org Toolkit (http://www.attendanceworks.org/attendancemonth/count-us-in-toolkit/)

Healthy Schools Campaign Chronic Absenteeism Toolkit (https://healthyschoolscampaign.org/chronic-absenteeism/)

CDC Strategies for Addressing Asthma in Schools (https://www.cdc.gov/healthyschools/asthma/strategies/asthmacsh.htm)



2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators, principals, office support staff, parents, local community health organizations, child advocacy groups, chronic disease organizations.

3. Create a vision.

- Use SMART goals (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change
- (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflowassessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-checkact)
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

• Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- Will I need any policy changes? For example, changes in how and to whom reporting of student absences?
- Collaborate with school and community partners.
- Enlist the help of parent supporters/champions.
- Create interest/buy-in that supports school attendance.

6. Plan for and create short-term wins.

Define and set a visible performance improvement.

• Set a date early in the initiative that creates excitement. Example: A new process was created between the main office and the school nurse office to document absences and record reasons for absence. Calls to those who did not specify a reason were made. Two students with asthma were absent and it was discovered the parents did not know the students could have their nebulizer treatments at school. The students brought their medication and were in school, decreasing potential for illness-related absences that can be successfully managed in school with the school nurse.



Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following/year.
- Address policy changes as needed. Do you need additional support resources (i.e. Staff) to further understand the problem? If yes, how will you show a return on investment.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

- For example, benchmarking the data from this school year with the previous year indicates that there was a decrease by 52% in students with asthma. It was clear that parents/guardians were more aware of the impact attendance has on school performance. Coordination and communication between the school and physicians regarding medication administration was suggested as an area for future improvement. A possible next step for the following year may include following other chronic diseases, and implementing a healthy school environment initiative, Asthma Friendly School Initiative (http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-friendly-schools-initiative/).
- Getting engaged with the Mayor's Wellness Campaign, local housing authorities or department of health to examine home environment. For more information visit: <u>www.njhcqi.org</u>

What are the attendance requirements in NJ?

State of New Jersey Department of Education. (2017). School register. Retrieved from http://www.nj.gov/education/finance/register/

Administrative Code 6A:32 Subchapter 8: Student Attendance and Accounting. Retrieved from http://www.nj.gov/education/code/current/title6a/chap32.pdf

What are my resources?

National:

NASN. (2017). *Attendance works resources.* Retrieved from <u>http://www.attendanceworks.org/</u> tools/

Attendance Works. (2017). *Count us in! Toolkit 2017.* Retrieved from <u>http://awareness.</u> attendanceworks.org/resources/count-us-toolkit-2017/

Healthy Schools Campaign. (2017). State ESSA plans to support student health and wellness: *A framework for action.* Retrieved from: <u>https://healthyschoolscampaign.org/wp-content/</u>uploads/2017/03/ESSA-State-Framework.pdf

Balfanz, R., & Byrnes, V. (2012). *Chronic absenteeism: Summarizing what we know from nationally available data.* Baltimore: Johns Hopkins University Center for Social Organization of Schools. Retrieved from http://new.every1graduates.org/wp-content/uploads/2012/05/FINALChronicAbsenteeismReport_May16.pdf



U.S. Department of Education

U.S. Departments of Education, Health and Human Services, Housing and Urban Development, and Justice. (2015). *Every student, every day: A community toolkit to address and eliminate chronic absenteeism.* Retrieved from https://www2.ed.gov/about/inits/ed/chronicabsenteeism/toolkit.pdf

U.S. Department of Environmental Protection Agency. Schools: *Managing asthma in school environments*. Retrieved from <u>https://www.epa.gov/schools-air-water-quality/schools-managing-asthma-school-environments</u>

Centers for Disease Control and Prevention. (2017). Strategies for addressing asthma within a Coordinated School Health Program. Retrieved from <u>https://www.cdc.gov/healthyschools/asthma/strategies/asthmacsh.htm</u>

State of New Jersey, Department of Education

Chen, C., & Rice, C. (2016) *Showing up matters: The state of chronic absenteeism in New Jersey, 2nd Annual Report.* Retrieved from https://acnj.org/downloads/2016_09_13_chronicabsenteeism_2ndannualreport.pdf

Pediatric/Adult Asthma Coalition. (2017). PACNJ *Asthma Treatment Plan.* Retrieved from http://pacnj.org/wp-content/uploads/2016/02/Asthma-Treatment-Plan-STUDENT-MAY-2017.pdf

Potential Funding Sources:

Annie E. Casey Foundation. Retrieved from http://www.aecf.org/

Social Media:

#schooleveryday
@Campaign4Kids
@schoolnurses
@NJSSNA1
#attendance
#EveryDayCounts
#AttendanceMatters
#NJSchoolNurse Leadership



POTENTIAL INDICATORS/ MEASUREMENT ITEMS	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Number of students with asthma attendance history previous school year	Parent/guardian call-in for school absence. School attendance register. Use health room and attendance	(DePriest & Butz, 2017)
compared to number of students this school year.	records to track students with asthma. Focus particularly on students with poorly managed	(Engelke & Swanson, 2014)
Number of students attendance history used as baseline indicators to set goals (defined with school/district/absenteeism team) for improvement for following school year.	asthma as demonstrated by frequent school absences, school health office visits, emergency room visits, or hospitalizations. Avoid mass screening and mass case detection as methods for routine identification (CDC, 2017).	(Rafa, 2017)

For more examples of Data: Indicators and Sources, visit Table 1 of Jameson, et al., 2017 at <u>https://www.ncbi.nlm.nih.gov/pubmed/28681685</u>

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). *Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects.* Retrieved from <u>https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.</u> <u>html#46.102</u>

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).



U.S. Department of Education

U.S. Department of Education. (2017). *School Climate and Discipline*. Retrieved from <u>https://www2.ed.gov/policy/gen/guid/school-discipline/index.html</u>

NJ Department of Education

State of New Jersey Department of Education. (n.d.). New Jersey tiered system of supports. Retrieved from http://www.state.nj.us/education/njtss/comp/

State of New Jersey Department of Education. (n.d.). *N.J.A.C. 6A:9, Professional Standards.* Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school:* <u>Student support services. Retrieved from http://www.nj.gov/education/students/safety/behavior/support/</u>

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *Chronic health conditions (students with): The role of the school nurse (Position Statement). Retrieved from https://schoolnursenet. nasn.org/blogs/nasn-profile/2017/07/28/chronic-health-conditions-students-with-the-role-of-the-school-nurse*

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). *Position statement: Professional role competence*. Retrieved from: <u>http://</u>nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-<u>Competence.html</u>

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/ MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/ Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description Performance Appraisal Rubric

Student Growth Objective (SGOs are not a *required* component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit this website for examples: <u>http://www.state.nj.us/education/</u>AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

TOPIC: Interdisciplinary Teams IDEA: Mental/Behavioral Health - Calming Classroom	MEASURE OUTCOMES	 How will you measure progress and success? What are your outcome measures? How often will you check and measure your progress? Who will be responsible for collecting and reporting the information/data? How will you evaluate your initiative to determine success? 			
C: Interdisciplinary Tea \: Mental/Behavioral He	TOPIC: Interdisciplinary Teams TOPIC: Interdisciplinary Teams IDEA: Mental/Behavioral Healt RESOURCES What resources can guide this project using evidence-based, who • • Are there templates, information, guides • • Are there templates, information, guides • • Are there templates, inficiatives. What are other schools, districts, states doing? Do not limit yourself to nursing-related initiatives. Be sure to ask what were the lessons learned. • • Are there funding sources and grants that can help off set costs? •				
NO	ACTION STEPS	 Consider who will be affected and how? Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative? What partners/stakeholders should be involved? What partners/stakeholders should be involved? What resources will be needed? (i.e. types of staff and required time; supplies and materials, equipment, other resources; estimated costs). What are possible challenges and barriers? Reflect on these and think about possible solutions and strategies. What is your timeline? How will you share/ communicate your proposed initiative and with whom? Have you thought about sustainability for your project? Will this be a project you can continue annually? 			
ORDINATI	GOALS	 What exactly is it that you want to achieve? Implement a safe space/classroom that facilitates student health and learning. Provides opportunity for student to learn and manage behaviors through support staff and learning the use of self-management tools. Promotes screening of mental/behavioral health and referral to appropriate resources when necessary. Enhances collaboration between school/district student support services and community support. For example: health, access to resources, addressing other issues that may be present. Develop a needs as student mental/behavioral health, access to resources, addressing other issues that may be present. 			
QUICK START FACT SHEET KEY PRINCIPLE: CARE COO	THE IDEA	What areas do you want to focus on for improvement? Mental and behavioral health concerns are increasing. Students leave the classroom, missing instructional time due to symptoms of anxiety, distress, depression or other concern. Implement a safe space or "calming room" in the school building. Collaborate with other staff in school building. Collaborate with other staff in school building. Collaborate with other staff in school supports that the room successfully reduces suspensions, disciplinary issues, and improves instructional time in the classrooms.			

For more details on this project, see Chapter 2, Idea 2.

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#behavioralhealth @CDCgov @NIMHgov

SOCIAL

@samhsagov @reachnj

and other issues.

aschoolnurses



IDEA #2: INTERDISCIPLINARY TEAMS MENTAL/BEHAVIORAL HEALTH - CALMING CLASSROOM

Idea:

Interdisciplinary Teams. Addressing mental and behavioral health issues. Implement a defined space or classroom where students who are struggling with their feelings, stresses, anxiety and behaviors can use for respite and develop opportunities to learn selfmanagement skills. Contributes to awareness of relationship between student health and learning outcomes. Adds to student-centered care and student self-empowerment.

The Story:

School nurse Morgan recognizes that many students are coming to the school nurse office and sharing stories and feelings indicative of anxiety, fears, and stressors. In addition, on occasion, some students are brought to the health office to "decompress" when their behaviors are disruptive to their own learning and/or those around them. Ultimately, this means the student is not in the classroom learning environment. Morgan would like to collaborate with other staff in the school building to create a safe space where students can be referred that addresses the specific needs of each student.

Objectives:

- Implement a safe space/classroom that facilitates student health and learning.
- Provides opportunity for student to learn and manage behaviors through support staff and learning the use of self-management tools.
- Promotes screening of mental/behavioral health and referral to appropriate resources when necessary.
- Enhances collaboration between school/district student support services and community support. For example: health, access to resources, addressing other issues that may be present.
- Develops a small team to man the "calming room" as it begins.
- Develop a needs assessment from information collected as students use the room to further understand student mental/behavioral health needs and other issues.
- Recommends Mental Health First Aid Training for all school staff.



Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.7):

1. Establish sense of urgency.

• Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator,

There is compelling evidence that there is a connection between missing school and health. I know that this represents a lost learning opportunity for our students when they are not in the classroom. There is a growing body of evidence that schools are becoming the primary site for identification, referral and intervention for students with mental health issues (Selekman, Diefenbeck, & Guthrie, 2013). Research supports the evidence that school mental health programs can improve student educational outcomes (U.S. Department of Health and Human Services, 2005). Did you know that suicide is the third leading cause of death among New Jersey teens (New Jersey Department of Health, 2015)?

I am interested in putting together a team from our school and district that has the goal of creating a safe space or classroom where students can receive screening for mental health concerns and are provided with age-appropriate interventions for the school setting to get them re-focused and back to class. Right here in New Jersey, in the Camden School District, they have implemented a calming room (Romalino, 2017, August 31). The school district reports that the room has successfully reduced suspensions and disciplinary issues, improving uninterrupted instructional time in the classrooms. The calming classroom may also benefit our state initiative of improving student attendance as well.

As our school health leader, I am interested in a holistic approach to helping our district support students with mental health concerns. I have already identified several stakeholders and partners; can I count you as a supporter of this initiative?

• Examine the literature and community assessment: In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based absenteeism data, suspension data, disciplinary data to use as benchmark.
- Obtain county and community local health assessment data at New Jersey State Health Assessment Data (https://www26.state.nj.us/doh-shad/home/Welcome. html)
- Identify available resources that may already have templates, guides, and resources. Ideas for Creating a Sensory or Calming Room

(http://www.sensoryconnectionprogram.com/sensory_room3.pdf)



• Identify potential solution/intervention/initiative based upon scan of literature and relevant sources of information.

School Nurse Office: Mental health screening tool – obtain and use consistently. Develop a checklist, or documentation to record uses of the room, reasons, interventions, outcomes, and any other issues that may be shared by the student. Contact, use of outside resources such as the calming room ideas website.

Determines who uses the tool, be sure it is a consistent tool across other support personnel (i.e. guidance, social work, psychologist).

2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this project, you would want to have team members from guidance, social work, school psychiatrist, teachers, administration, district superintendent, parents, mental health providers from the community, psychiatric hospital or psych ED providers, local law enforcement, and faith-based organizations.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change (<u>https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)</u>
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

• Use every avenue/vehicle possible to communicate: Faculty meetings, PTA meetings, Robocalls, flyers, student poster contest, school district website, school newsletters, and professional organizations.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision. Can you locate a space to put the calming room in the building? Do you need to purchase items? Can volunteers and volunteer funding initially support the development?

- Ask questions and include parents/guardians in understanding challenges and barriers in pediatric/adolescent mental and behavioral health.
- Create interest/buy-in to promote the safe space as an avenue to promote quality, safe care that respects the needs of all students.
- Encourage classroom teachers and other school colleagues to contribute to the project.
- Donations from local businesses (i.e. providing carpet, chairs, furniture for the space).



6. Plan for and create short-term wins.

Define and set a visible performance improvement

- Report on changes in suspensions, classroom disruptions, attendance.
- Set a date early in the initiative that creates excitement. Examples: grand opening of the space. Send out a notice that the school/district has implemented a "Mental/Behavioral Health Task Force" and the guiding mission and potential initiatives.

7. Consolidate improvements and produce more change.

Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Did you obtain information that may indicate other interventions or community needs that need to be communicated?
- Address policy changes as needed to guide use of the space.
- Evaluate funding sources and budget limits. May involve checking with district budgets, applying for grant monies, asking local businesses or organizations to help.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results. Create sustainability plans based upon your evaluation of the program metrics.

• For example, two months after implementing the safe space/room, on average 10 students use the room/day. One student shared they were newly homeless and resources were arranged to support the family. Teachers are reporting they like having the space as it helps them feel that when the student returns to the classroom after visiting the room, the student is less likely to return to the disruptive behaviors.

What are my resources?

National:

National Alliance on Mental Illness. (2017). *Home page.* Retrieved from https://www.nami.org/#

Substance Abuse and Mental Health Services Administration. (2017). *Home page.* Retrieved from <u>https://www.samhsa.gov/</u>

National Association of School Nurses. (n.d.). See something, say something: The school nurse role in bullying prevention. Retrieved from https://higherlogicdownload.s3.amazonaws.com/ NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Practice%20Topic%20 Resources/Mental_Health_bullyingflyerpledge.pdf

U.S. Department of Health & Human Services, Mental Health.gov. (n.d.). *Let's talk about it.* Retrieved from <u>https://www.mentalhealth.gov/</u>

New Jersey:

State of New Jersey, Department of Children and Families. (n.d.). *Children's system of care.* Retrieved from <u>http://www.state.nj.us/dcf/families/csc/</u>



Potential Funding Sources:

U.S. Department of Education. (2017). *Mental health services. U.S. Department of Education Awards More Than \$24.8 Million in Elementary and Secondary School Counseling Grants.* Retrieved from https://www.ed.gov/category/keyword/mental-health-services

What are my outcomes? What am I measuring?

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/ OUTCOMES	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
 Numbers of student using room, demographics as determined based by district/school baseline for monthly and annual data. Screening tool - pre-and post use of calming room Number of outside referrals - tracks effectiveness of intervention. Statements from students, teachers, administrator's parents/ guardians regarding calming room interventions. 	Locally created data Spreadsheet or other record to record proposed outcomes	(Adams, Hinojosa, Armstrong, Takagishi, & Dabrow, 2016) (Shepley et al., 2017) (Normandin, 2016) (Harrison et al., 2016)

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects. Retrieved from <u>https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.</u> <u>html#46.102</u>



How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education

U.S. Department of Education. (2017). *Mental health services.* Retrieved from <u>https://www.ed.gov/category/keyword/mental-health-services</u>

U.S. Department of Education. (2017). *School Climate and Discipline*. Retrieved from <u>https://www2.ed.gov/policy/gen/guid/school-discipline/index.html</u>

NJ Department of Education

State of New Jersey Department of Education. (n.d.). *New Jersey tiered system of supports.* Retrieved from <u>http://www.state.nj.us/education/njtss/comp/</u>

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards.* Retrieved from <u>http://www.state.nj.us/education/code/current/title6a/chap9.pdf</u>

State of New Jersey Department of Education. (n.d.). *School health services.* Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services.* Retrieved from <u>http://www.nj.gov/education/students/safety/behavior/support/</u>



Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *The school nurse's role in behavioral health of students* (Position Statement). Retrieved from <u>https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/08/08/behavioral-health-of-students</u>

National Association of School Nurses. (2017). *Chronic health conditions (students with): The role of the school nurse* (Position Statement). Retrieved from <u>https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/chronic-health-conditions-students-with-the-role-of-the-school-nurse</u>

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). Position statement: Professional role competence. Retrieved from: <u>http://</u>nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence. <u>html</u>

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/ Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for school nurse exemplar example:<u>http://www.state.nj.us/education/AchieveNJ/teacher/esp/</u> <u>SchoolNurseVisionScreeningReferralsGrade4.pdf</u> Annual Professional Development Goals/Objectives District policies and procedures

School nurse district policies and procedures