

School Nurse Corps Restoration, AI

Agency: 350 Office of Superintendent of Public Instruction
Budget Period: 2009-11

Recommendation Summary Text (Short Description):

Superintendent Bergeson requests \$4.5 million to fill a critical gap in registered nursing services to meet student health care needs in Washington schools. This request restores the Legislature's original intent to provide nursing support for the neediest schools in Washington. Superintendent Bergeson's recommendations to the Basic Education Finance Task Force (BEFTF) include a school nurse staffing ratio of 1:750 and the educational service districts recommend a school nurse administrator at each ESD. Until the Legislature revises basic education funding, restoring the School Nurse Corps funding for the next biennium is an essential bridge in providing for student safety and wellbeing.

Fiscal Detail

Operating Expenditures		FY 2010	FY 2011	Total
School Nurse Corps	001-01	\$2,171,690	\$2,347,760	\$4,519,450
Total Cost		\$2,171,690	\$2,347,760	\$4,519,450

Staffing	FY 2010	FY 2011	Annual Avg.
Total FTEs Requested	0	0	0

Package Description

Background

Healthy kids learn better. Research shows that schools with adequate nursing coverage have fewer absences, decreased dropout rates, and higher academic success. Many schools in Washington, however, do not have adequate nursing services available for their students. The School Nurse Corps was created in response to a critical gap in student health care needs and services identified by a 1997 JLARC study, *Survey of School Nurses*. The Legislature recognized the critical need for safe and effective school health services and responded in 1999 by establishing the School Nurse Corps to provide registered nurse services to districts in need. Based on the results of the JLARC study and initial data from a collecting an Assessment of District Health Services (1999-00 School Year), safe practice, and recognized standards of care, the program prioritized work to meet the most critical unmet health needs of students in primarily small rural school districts.

Current Situation

Maintaining the SNC through the ESDs has greatly improved the capacity of small school districts to effectively recruit, hire, orient, mentor, and retain a school nurse. Additionally, students, parents school staff, and the public have benefited from the availability of regional technical assistance, consultation, and collaboration with community partners in addressing school health-related issues. Since SNC started in 1999, districts have faced an increase of students with chronic conditions, new

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mandates on how those conditions should be managed in schools, and steadily growing statewide nursing shortage.

Proposed Solution

Superintendent Bergeson proposes restoring the SNC to its intended funding level of 1,508 weekly service hours annually to districts. Funding would also restore capacity of the regional SNC nurse administrators to:

- Provide technical assistance, consultation, and professional development for nurses in all districts;
- Assist in orienting and mentoring for new school nurses;
- Conduct an annual assessment to identify student health needs; and.
- Tailor quality services to schools and communities, especially for districts that are geographically isolated.

In addition, an evaluation of the impact of school nurse services on student health and academic outcomes using health services assessments would be conducted. Initially, the health services assessment will provide data such as the number of students with asthma, diabetes, or other chronic diseases and the level of health services being provided by the school.

Contact person

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Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The number of districts receiving direct services will increase and some districts will experience increased registered nurse time. The additional registered nurse hours will lead to improved ability for districts to comply with general education school health related mandates, especially providing for students with life-threatening conditions, diabetes, asthma, and those requiring medication or medical treatment during the school day. Resources to secure more competitive nurse salaries should correlate with improved nurse retention. All districts will continue to be offered technical assistance, consultation, resources and/or professional development made possible by the regional nurse administrators. All districts will continue to be invited to complete the Assessment of District Health Services. Partnerships will be maintained with community health partners in addressing school health related issues. With more nursing hours in the small rural districts, nurses may begin focus more on health prevention including offer their expertise in implementing the Governor's request in RCW 28A.210.265 of all schools establishing a school health advisory by the year 2010.

Performance Measure Detail

- Twenty (or more) additional districts will receive registered nurse direct service hours through the School Nurse Corps.
- Direct RN service hours will increase to 1500 hours.

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- Eighty percent of the students identified with potentially life-threatening conditions will have emergency care plans developed, implemented and managed by an RN (including staff training, delegation, and supervision).
- Eighty percent or more of the students identified with conditions requiring an individual healthcare plan (IHP), will have an IHP developed, implemented and managed by an RN (including staff training and, if needed, delegation and supervision).
- Ninety-five percent or more of the students requiring medication and/or medical treatment will receive these in compliance with current laws and accepted standards with staff training, delegation, and supervision provided by an RN.
- Sixty-five percent or more of reporting school districts find their student health services enhanced as a result of technical assistance, consultation, resources and/or professional development made possible by a School Nurse Corps nurse administrator.
- Seventy-five percent or more of all school districts submit an Assessment of District Health Services.
- Each of the 9 School Nurse Corps nurse administrators report directing 20% or more of their time to coordination and collaboration with community health partners in addressing school health related issues. Activities may include working with regionally appropriate local health jurisdictions, emergency response agencies, health coalitions, and others.
- Twenty-five percent of the program direct service registered nurses report assisting with implementing a school health advisory.
- Fifty percent of the program direct service registered nurses report providing population based student education.

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports Goal 3 (Safe, Civil, Healthy, and Engaging Schools) which states all schools, in partnership with students, families, and communities, provide safe, civil, healthy, and engaging environments for learning.

Specifically, Performance measure 3.3.1 (Statewide children's health plan) states that by 2009, OSPI will develop a statewide strategic children's health plan with schools, students, families, and state and community partners that addresses physical, social, and emotional barriers to learning and living healthfully.

Reason for change:

There is a critical shortage of nursing services in many of our schools. School districts often face the untenable choice of shifting funds from classroom instruction and other programs or going without critical nursing services for students. Without additional funding, school districts will continue to lose ground in supporting nursing services in their schools.

The SNC strives to provide nursing services to districts with the greatest need, with an emphasis on Class II districts. However, SNC has not seen any additional funding

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since the program inception in 1999. Since 2002-03 school year, the loss of purchasing power over that time has resulted in a 25% decrease in the direct health services to students.

The problem is exacerbated by the growing health service needs of our students.

- More children require health services in school due to increased rates of chronic disease.
- Children need additional health services in school due to increasingly complex health concerns.
- Washington has the highest immunization exemption rate in the country and research shows having a school nurse on sight improves immunization rates of students.
- Class I district health services data, and SNC data indicate that most districts continue to report significant unaddressed student health needs.

Without more resources, it will be difficult for many districts to provide the nursing leadership needed to coordinate school health programs in support of SSB 5093 and the Governor's and the Washington Health Foundation's Healthiest State in the Nation campaigns.

Does this decision package provide essential support to one of the Governor's priorities?

This decision package supports the improvement of health of Washingtonians by providing access to appropriate health care.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package improves access to health care by meeting school districts' obligations to provide for student healthcare needs.

What are the other important connections or impacts related to this proposal?

It is anticipated that the BEFTF will recommend a nurse staffing ratio and that it will take time to phase-in the full recommendation. Until the recommendation is fully funded, this request is crucial to provide health care to districts that cannot afford adequate nursing services.

Impact on Clients and Services

The nurse administrators at each ESD provide a regional infrastructure to connect community health partners with schools. School nurses collaborate with numerous community health and service organizations to provide services that:

- Model coordinated school health systems activities;
- Improve student outcomes ;
- Result in optimal student health and wellness; and
- Contribute to the health of the community.

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Schools often partner with public health agencies to assure that students are at the least risk of developing unhealthy lifestyles, contracting communicable diseases, spreading communicable diseases, and/or practicing risky behaviors that influence health and health related outcomes.

A number of organizations support SNC or more nursing services in public schools:

- The School Nurse Organization of Washington (SNOW) continues to support the provision of resources for the School Nurse Corps.
- Healthy People 2010, a federal initiative, sets an objective of improving school nurse services.
- Washington Education Association (WEA) supported a school nurse bill (HB 2886/ SB6662) in 2008 that included SNC.
- Washington Health Foundation has supported improving school nursing services, the School Nurse Corps, and implementing coordinated school health programs.
- The 2006 *Washington State Health Report* (State Board of Health) recommends providing more funding for school nurses.

Impact on Other State Programs

The SNC Program relieves burdens placed on districts by supporting the work of other state and local agency goals of improving student health outcomes through partnering with:

- Department of Health programs including:
 - Maternal and Child Health.
 - Immunization Program and CHILD Profile.
 - Environmental Health.
 - Steps to a Healthier U.S.
- Department of Social and Health Services.
- State Board of Health.
- Local Health Jurisdictions.

What alternatives were explored by the agency, and why was this alternative chosen?

Alternatives to funding the School Nurse Corps include funding the Superintendent's recommendation of a 1:750 nurse to student ratio and the ESDs recommendation of a school nurse administrator at each ESD. Superintendent Bergeson recommends funding the School Nurse Corps program because it offers a bridge from the current system to a new system to be proposed by the BEFTF.

What are the consequences of not funding this package?

The impact of non-funding on students and school districts will include:

1. **Decrease access to educational opportunities** and academic success for students with special health care needs.
2. **Increase risk for student injury or death** during school hours due to the absence of a health professional providing regular onsite health services and oversight.

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3. **Increase ethical and legal risk** because there is no school nurse managing student health issues during the school day.

Without additional funding, school districts will continue to lose ground in supporting nursing services in their schools. As a consequence, districts will face the choice of shifting funds from other programs, such as classroom instruction, or going without critical nursing services.

What is the relationship, if any, to the state's capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None.

Expenditure Calculations and Assumptions:

School Nurse Corps Hour Restoration – based on restoring the weekly nursing services back to 1,508 hours.

In fiscal year 2008, 722 weekly hours of nursing services was provided. The current funding level is estimated to provide only 559 weekly hours of nursing services to students in FY 2010. This request will fund an additional 949 weekly nursing service hours which will restores the School Nurse Corps back to its original funding level of 1,508 hours per week. The estimated per hour to provide these services in FY 2010 is \$44.65 per hour. The total cost of restoration is: 949 weekly hours x 36.6 weeks of service X \$44.65 per hour = \$1.6 million.

Educational Service District (ESD) School Nurse Corps Administrators

When the School Nurse Corps was established, funding was provided for a nurse administrator in each ESD in the amount of \$62,000 (salary and benefits) per administrator. The estimated cost of a School Nurse Corps administrator in FY 2010 is \$106,668 (salaries and benefits). The difference in funding versus actual cost is estimated to be \$44,668. The estimated cost of restoring funding for the School Nurse Corps administrator is: \$44,668 X 9 (number of ESD's) = \$402,000.

School Nurse Corps Travel Restoration

The original funding level of the nurse corps provided 37.5 nurses with funding to travel 120 miles per day at a reimbursement rate of \$0.315 per mile. With the increase in travel costs, this request would restore the travel funding to the OFM mileage reimbursement rate of \$0.585 per mile. The estimated cost of increasing the mileage rate reimbursement funding in FY 2010 is: (37.5 nurse corps members X 120 miles per day x 180 days X \$0.585 = \$473,850) – (37.5 nurse corps members X 120 miles per day x 180 days x \$0.37 = \$255,150) = \$218,700.

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Object Detail

		FY 2010	FY 2011	Total
A	Salary and Wages	\$0	\$0	\$0
B	Employee Benefits	\$0	\$0	\$0
C	Contracts	\$0	\$0	\$0
E	Goods/Services	\$0	\$0	\$0
G	Travel	\$0	\$0	\$0
J	Equipment	\$0	\$0	\$0
N	Grants	\$2,171,690	\$2,347,760	\$4,519,450
	Interagency Reimbursement	\$0	\$0	\$0
	Other	\$0	\$0	\$0
Total Objects		\$2,171,690	\$2,347,760	\$4,519,450

Expenditures & FTEs by Program

Activity Inventory Item	Prog	Staffing			Operating Expenditures		
		FY 2010	FY 2011	Avg	FY 2010	FY 2011	Total
A031 Student Health	010	0	0	0	\$2,171,690	\$2,347,760	\$4,519,450
Total Activities		0	0	0	\$2,171,690	\$2,347,760	\$4,519,450

Six-Year Expenditure Estimates

Fund	09-11 Total	11-13 Total	13-15 Total
General Fund – State	\$4,519,450	\$5,254,640	\$6,054,420
Expenditure Total	\$4,519,450	\$5,254,640	\$6,054,420
FTEs	0	0	0

Distinction between one-time and ongoing costs:

All costs are ongoing.

Budget impacts in future biennia:

Costs will increase each biennium as a result of the increased cost of contracting with nurses to provide services to the School Nurse Corps, cost of living adjustments to ESD staff and costs associated with travel.