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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
ESSENTIAL SCHOOL HEALTH
REQUEST FOR RESPONSE (RFR) 900419

January 2008

This procurement closed. Please do not respond.

ESSENTIAL SCHOOL HEALTH INFRASTRUCTURE GRANT
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APPLICATION FOR GRANTS AND SUBSIDIES (PP OBJECT CLASS)

Name/Title of Grant: Essential School Health Infrastructure (ESHS)

Document File Number: 900419

Section I

1. Description or Purpose of Grant: The Massachusetts Department of Public Health (MDPH), Bureau of Community Health Access and Promotion is seeking applicant school districts for the Essential School Health Service Infrastructure Programs (ESHS). The estimated value of the competitive procurement is approximately $9,000,000 to $10,100,000 annualized. Actual and future funding levels are dependent upon state appropriations and contractor performance.

The Department intends to fund up to approximately 40 new and up to approximately 80 currently funded ESHS grants.[1] The Department may revise the numbers in each category based on the quality and quantity of responses in the different categories. Applicants who are not funded during the procurement may agree to participate as a "Mentored School District" for which limited monies are available. *Please see description of responsibilities for Mentored School District later in this procurement.* All applicants that are approved but not funded during the current review process will be placed on a list should future funding become available.

The general goal of the ESHS grants is to create and/or expand the Essential School Health Service structure and standards throughout the Commonwealth, under the oversight of the MDPH School Health Unit. The programs are designed to begin and/or continue to establish the infrastructure to provide all school-age children access to a school health service program that is:

- based on a student needs assessment (See Chapter 2 of the revised *Massachusetts Comprehensive School Health Manual, 2007.),*
- based on accepted nursing standards and evidence based practice as outlined in the second edition of the revised *Massachusetts Comprehensive School Health Manual (2007),*
- community-based and culturally and linguistically relevant, addressing racial and ethnic disparities as appropriate, (Community based is defined as including all children attending public and private schools within the geographic area generally defined as a city/town in Massachusetts.),
- advised by a School Health Advisory Council, including parents, students, board of health representative, providers and others, *(Please note: I f the school has a separate Wellness Committee, its activities should be incorporated into or coordinated with the ongoing School Health Advisory Council. Please see Chapter 2, revised Massachusetts Comprehensive School Health Manual (2007), for further guidance.)*
- integrated within and supportive of the goals of the educational system, i.e., student achievement,
- managed by a qualified school nurse leader,

[1] "Currently funded" refers to the 102 programs currently receiving MDPH ESHS awards.

- implemented by sufficient numbers of Massachusetts Department of Education (MDOE) licensed school nurses (registered nurses) during the entire school day, [2]
- designed to optimize available public and private funds, e.g., Municipal Medicaid, grants, third party insurance reimbursement, business partnerships, Foundation Budget, Community Benefits Program, federal Title grant funding, etc.,
- linked with community primary care, mental health, behavioral health and dental health providers, local youth and family serving agencies, and state-supported public insurance outreach programs,
- designed to offer a range of prevention, assessment, referral and/or treatment services, including, healthy weight, substance abuse, tobacco use prevention/cessation, mental health and oral health,
- linked to other aspects of the coordinated school health program[3],
- responsible for providing informational resources for families on a range of issues, including Massachusetts Health Care Reform, communicable diseases, emergency planning, etc., and
- evaluated periodically to determine the effectiveness and efficiency of the program.

School districts applying for the ESHS program will be expected to identify private schools within their community and demonstrate how they plan to begin or continue to provide basic ESHS services as outlined in this procurement. School districts must also identify other types of schools within the community, e.g., educational collaboratives, charter schools and vocational technical schools, and provide opportunities for ongoing networking and communication.

All school districts that receive funding from the MDPH will be expected to provide consultation to a minimum of two non-funded school districts. The assignment of non-funded school districts will be made by the School Health Unit after awards have been finalized.

Please note: It is the intent of the Department to issue two additional procurements to further develop school health services across the Commonwealth:

1. **A Pilot Private School Program**, issued to provide a new model(s) for the provision of school nursing services to a specified number of private schools within a community or adjacent communities. This Request for Response (RFR) will be issued as soon as possible.

2. **Regional Advisor School Districts**: Upon receipt of the award for the current ESHS program, school districts previously funded for the ESHS grants and meeting specific criteria, may apply for additional funding to be designated as regional advisor districts to provide consultation to ESHS grants within a generally defined region.

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[2] Based on the needs of the students in building and consistent with the recommendations of the 1998 Report to the Legislature: *Options for Developing School Health Services in Massachusetts:* 1.0 fulltime equivalent (FTE) licensed nurse for buildings with 250-500 students; 0.1 FTE for each additional 50 students above 500; and 0.1 FTE for each 25 students for buildings with fewer than 250 students.

[3] Coordinated school health programs, as defined by the United States Centers for Disease Control and Prevention, (and expanded in Massachusetts) include the following components: health education, health services, social and physical environment, physical education, guidance and support services, food service, school and work-site health promotion, integrated school consumer science and community health promotion.

Applicant Eligibility: In order to maximize its investment, reach as many students as possible and facilitate implementation, the MDPH has defined the categories of school districts eligible for ESHS to include Local Public Schools and Academic Regional Schools with their feeder community schools:

> **A. Local Public School Districts** as defined by the Massachusetts Department of Education (MDOE): a public school district consists of one or more public schools operating under the supervision of an elected or appointed school committee and a superintendent. The majority of school districts serve a single city or town, and are considered a department of the municipal government. (Under this procurement, MDOE-defined Special Education Schools, Out of State Schools, Collaborative Programs, Educational Collaborative Schools, Charter Schools and Alternative Education Programs are not eligible to apply at this time.)
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> **B. Regional School Districts** as defined by the Massachusetts Department of Education (MDOE): when two or more municipalities join together to provide education; this is considered a separate and independent unit of local government. An academic regional school district can offer all grades (preK-12), only certain grades (for example, just elementary grades or just high school), or certain types of instruction (for example, vocational and technical programs). However, under this procurement, regional vocational and technical school districts are not eligible to apply at this time. Eligible regional school applicants include:
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> > **Academic Regional School Districts** when the grade-span of the system is inclusive of all students, kindergarten to grade twelve or greater.
> >
> > **Academic Regional School Districts** whose grade-span is less than the requirement defined in (B) above, provided that the sending Local Public Schools agree to participate and do not submit a separate application for funding. Under this condition, the MDPH expects a collaboratively written application with the Academic Regional School as the lead.

Eligible applicants must fund their public school health service programs through the local school department budget or the local board of health. *For the purposes of this RFR, school health service programs may not be subcontracted.*

Section II

2. Contact Information

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Section III
3. Anticipated Payment Methodology:

☐ Lump Sum

☒ Periodic Scheduled Installments

☐ Cost Reimbursement ☐ Other (specify):

4. Whether Single Or Multiple Grantees Are Required For Grant(s)

☐ Single Grantee or ☒ Multiple Grantees

5. Expected Duration Of Grant (Initial Duration and Any Options to Renew)
(Subject to appropriation or the availability of sufficient non-appropriated funds under the grant funding authority)

Initial Duration: 5 years ☒ one-time purchase; or: up to ☐ months,
The "Programmatic Definitions" for the years of the grant are equivalent to state fiscal years. For the purpose of this RFR:

- Year 1: Begins 7/1/08 and Ends 6/30/09;
- Year 2: Begins 7/1/09 and Ends 6/30/10;
- Year 3: Begins 7/1/10 and Ends 6/30/11;
- Year 4: Begins 7/1/11 and Ends 6/30/12;
- Year 5: Begins 7/1/12 and Ends 6/30/13;

Renewal Options: (indicate number) __3__ options to renew for up to __2__ year(s) each option

Please include the Estimated Value of the Grant (Including Anticipated Renewal Options): approximately $9,000,000 to 10,100,000 annually for the duration of the grant, subject to state appropriations.

Will Federal Funds be used to fund any part of Grant(s)? ☒ NO ☐ YES:

Grantees receiving federal grant funds will be considered sub-recipients for federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular a-133.

6. Indicate Grant Scope and Performance Requirements: (include Scope of Service, Performance Measures, and Criteria for Evaluating Responses)
Section IV

A. Background Information

For several decades, recognition of the link between health and education has steadily increased, with greater understanding that a child must be healthy to learn and a child must learn to be healthy. There is also greater recognition that school health service programs are in a unique position to improve child health status, resilience and well-being, provide care essential to the student's school attendance, and identify and refer students with certain health risks and conditions. These activities ultimately support the student's ability to learn and contribute to both the school and community state of health.

During the past twenty years, school health service programs (school-nurse-managed model) in the Commonwealth's 351 cities and towns, serving 968,661 public school students and 127,168 private schools students (FY07 data), have faced many challenges, resulting in the demand for more onsite services. These challenges stem from such factors as changing family structure and support systems, social morbidities, changing priorities for public funds, classroom inclusion of large numbers of children with special health care needs, and many students who lack comprehensive health insurance coverage and/or primary care providers. As the health care delivery system undergoes a dramatic restructuring and hospital stays are reduced, management of many medical conditions, health related problems, disease prevention and health promotion have shifted to the school setting, where children spend their "working days." Yet, until recently, school health services in Massachusetts remained a largely unrecognized component of the health care delivery system serving children and youth.

The Essential School Health Service (ESHS) Programs originated in 1993 and expanded in 1999-2000. The ESHS Program requirements have aimed to support high quality school health services in as many school districts and schools as possible throughout the Commonwealth. The original model included the following enhancement components: (a) strengthening the administrative infrastructure of the school health service program (nursing leadership, staffing requirements, health assessments, policies, emergency care, etc.), (b) implementing tobacco control and cessation programs, as well as supporting efforts to prevent substance abuse, (c) linking the school health service program with local health agencies, health care providers, community-based activities, and public health insurance programs,[4] and (d) developing management information systems. In 1997, a consultation model was added to the basic program: experienced school districts agreed to provide consultation to certain other "recipient" districts. In 1999-2000 grantees were also required to provide specific health services to community private schools aimed at strengthening the school health services available to private school students.

As the programs developed and expanded, the MDPH modified the model in response to (a) an ongoing review of the program, (b) changing health care needs with increasing transfer of disease management to the schools, e.g., diabetes and asthma, (c) increase in the mental and behavioral health needs (including substance abuse) and the increased prescribing of medication to young people to treat behavioral health needs, (d) emerging public health issues such as obesity and

[4] School nurses are uniquely connected to families and providers; therefore they also offer a critical link in implementing the Commonwealth's efforts at health care reform.

emergency preparedness, and (e) increasing opportunities for coordination between school health programs and the formal health care delivery system serving children.

Through its 14 year history of providing Essential School Health Service grants to school districts, including provider feedback, the MDPH has identified at least two critical elements for achieving the highest return on its school health service investment:

(a) A strong school nursing infrastructure, led by a qualified school nurse leader[5] (SNL): The nurse leader is integrated into the school administrative structure as part of the senior management team and not involved in delivery of direct care.[6] This nursing management role is consistent with nursing services in other health care arenas, e.g., hospitals, health centers and ambulatory clinics.

(b) Administrative support (district-wide): Administrators include the superintendent (director of the board of health, as appropriate) and all other administrators who work within the school district, including but not limited to principals, special education directors, pupil personnel directors, business managers, technology directors, and athletic directors. Support means they are facilitating the school nurse leader and school nurses to implement a high quality school health services program, its data systems and all other aspects of grant requirements.

The current Request for Response builds on the Department's past experience and is intended to continue to expand the number of Massachusetts school districts who benefit from Essential School Health Service Programs. It is a refinement of the original ESHS model and differs from the 1999-2000 procurement in several ways:

- Inclusion of a requirement for each ESHS program to provide consultation to a minimum of two school districts (mentored schools), as well as networking for school nurses in other schools within their own community. *Pleae note: the MDPH will assign the mentored school districts to the school districts awarded the ESHS grant after grant awardees are announced. To the degree possible, they will be in close geographic proximity.*

- Increased scoring during the competitive review process if the ESHS school district (or Board of Health, if school nursing services are provided by this agency) assumes graduated funding for the school nurse leader role. As the school district gradually assumes responsibility for the SNL position, ESHS funds may be freed for use in other aspects of the school district's school health program to meet the grant requirements. These include adding other staff, e.g., support staff, as defined by the SNL, programming to meet the needs of the student population, e.g., mental/behavioral health, etc. *See application questions.*

- A requirement for the provision by the private school of a minimum of 5 hours per week of nursing services (RN) within the first 6 months of the grant. The private school will be required to increase this to 10 hours per week the second year and a

[5] In some districts the nurse leader is titled school nurse manager or director. The role entails managing the entire school health service program, including the ESHS grant.
[6] The SNL should not be used as a substitute nurse.

minimum of 15 hours per week the third year and every year thereafter to participate in the program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement. Preferably the nursing services will be spread over as many days per week as possible.

- A strengthening of the requirements for evaluation and performance improvement (continuous quality improvement).

Section V

B. Requirements

Successful grant applicants will agree to:

1. assure the commitment of superintendents, MDOE-licensed nurse leaders and other school administrative staff to meet the requirements of this RFR. This should be acknowledged in a "*Memorandum of Agreement(MOA) Grant Assurances"* (See MOA Grant Assurances Attachment) to be signed by appropriate school personnel, including the chairman of the school committee, superintendent, school nurse leader (or school nurse contact, if the leader is not yet appointed) and the school business administrator. *Please note: if any of the signatories change, an updated "Memorandum of Agreement Grant Assurances" will need to be submitted to the Department attesting to ongoing commitment to the grant and its implementation.*

2. attend an orientation meeting for superintendents (or directors of boards of health as appropriate) of the school districts awarded the grant, (and for newly-hired superintendents, an orientation within the year of appointment).

3. develop a plan for assuring sustainability of the school nurse leader position. At the time of application, increased scoring will be given to those school districts who have or agree to provide funding for the school nurse leader position on the school budget at a minimum of 20% the first year and an additional 20% each succeeding year until 100% is reached. (P*lease note: if the school district is already assuming all or part of the cost, this must continue until the school district's responsibility reaches 100% within 5 years.)*

4. promote high quality evidence based school nursing practice, including but not limited to (a) administrative support of the nurse leader (recognizing her/his role as a member of the senior leadership team and funded at a full time position freed from direct care or substitute nurse responsibilities), and (b) technology support, etc.

5. support the goal of funding school nurses, consistent with the MDPH recommended minimum standard for adequate staffing by utilizing (or working toward) the recommended student to nurse ratio as defined in the 1998 Report to the Legislature, *Options for Developing School Health Services in Massachusetts*: 1.0 fulltime equivalent (FTE) MDOE licensed school nurse in each building with 250 to 500 students. In buildings with more than 500 students, there should be 0.1 FTE for each additional 50 students. For buildings with fewer than 250 students, the ratio is calculated at 0.1 FTE: 25 students.

6. recognize the Commonwealth's registered nursing requirements (defined by the Board of Registration in Nursing) and the MDOE school nurse licensure as a minimum standard for professional nursing in a school setting. *Any nurse employed under the grant award, in either public or private schools, must meet these standards.*

7. review and maximize available health care financing for their local school health service programs. Multiple sources for financing may include:
    - participate in both components of the Municipal Medicaid Program (Direct Care Program and Administrative Activities Claiming Program). Municipalities are encouraged to direct these funds to the school district for the school health service program. (*See Appendix: "Medicaid Reimbursement" Initiative for further discussion of Municipal Medicaid.*
    - review available federal Department of Education Title funds and other grant monies for both public and private schools.
    - review the Foundation budget allocation to ensure that adequate funds are applied to health services.
    - analyze the health insurance coverage of students in the school to identify major insurers and begin to investigate opportunities for reimbursement and/or health promotion programming funded by these insurers.
8. provide planning, technical support and upgrades of the computerized health program, as part of the overall administrative technology plan. This will enable a school district to use the health service data system for such purposes as possible third party reimbursement for individual students, program analysis for efficiency and cost effectiveness, studies relating health and educational outcomes, and performance improvement projects.
9. provide ongoing investigation of available grants to facilitate school health service programming.

Other:

Virtual Gateway Business Services: During the term of this contract, the Executive Office of Health and Human Services (EOHHS) will implement and enhance a number of business services through the Virtual Gateway in addition to existing services including, but not limited to, Provider Data Management (PDM), Common Intake (also known as Intake, Eligibility and Referral- IE&R), Enterprise Invoice Management (EIM) and Enterprise Service Management (ESM). EOHHS operates the Virtual Gateway business services, which permit users to access a variety of EOHHS programs and services (including DPH programs and services). Virtual Gateway business services are accessible by end users with web browsers such as Internet Explorer (6.0 or above), and a broadband Internet connection that is capable of high-speed data transmission, such as a Local Area Network (LAN), a cable modem, or DSL. Upon execution of the contract, providers shall be required to access certain services through the Virtual Gateway, at DPH's direction, and shall be required to submit invoices, contract and/or other information to DPH through these web-based applications, and shall comply with all applicable DPH and EOHHS policies and procedures related to such services. Providers agree to use all business services through the Virtual Gateway required by DPH and to take all necessary steps to insure that they, their subcontractors or affiliates have access to and utilize these web-based services. Providers further agree to execute and submit any and all required agreements, including subcontracts, MOAs, confidentiality and/or end user agreements in connection with obtaining necessary end user accounts for any Virtual Gateway business service.

Section VI

C. Scope of Service/ Outcomes

1. CURRENTLY FUNDED PROGRAMS

SCOPE OF SERVICE

In developing ESHS application and associated plans to achieve the stated results, each program must meet established school health program standards, provide services in accordance with best practices, and meet all state mandates. Applicants will be aided by the recently distributed revised *Massachusetts Comprehensive School Health Manual (2007).* When implementing programs and providing services, applicants will be expected to use such resources as the Massachusetts Department of Public Health, Massachusetts Department of Education, Massachusetts Division of Medical Assistance, Massachusetts Department of Mental Health, the School Health Institute (SHI) funded by the MDPH, and other resources which may be appropriate.

Applicants should collaborate with school administrators, the designated school physician(s), special education director, pupil personnel director, guidance counselors, health education coordinator, parent advisory committees, school health advisory council, school-based health centers (if available in the school), other local public and private schools, local primary care providers, boards of health, mental and oral health providers, youth and family service programs, health maintenance organizations, and local colleges, hospitals and universities.

COMPONENTS

Each program must meet or continue to meet the following seven components as described below:

1. **School health service program infra-structure**
2. **Collaboration with the comprehensive, coordinated health education program, tobacco control program, etc.**
3. **Plan for linkage of students with primary care providers, dental providers, behavioral/mental health programs (as needed), community prevention programs, and health care insurance.**
4. **Development of a management information system.**
5. **Implementation of performance improvement (continuous quality improvement) and evaluation programs.**
6. **Services to private schools located in the applicant's community**
7. **Collaboration/consultation/networking among school nurses.**

While some of the components are new, others have been requirements of previous ESHS procurements. Currently funded school districts are expected to have implemented those marked with an (*).

Component 1: School health service program infrastructure which *continues to support* the following basic services:

A. **School nurse leader (SNL) position shall be maintained and supported: Because all health care delivery systems require strong clinical leadership to ensure optimal standards of care, the school nurse leader is an integral component of the school health service program and a primary focus of this proposal.** The School Nurse Leader must meet the following criteria:

- * have a minimum of a baccalaureate or masters degree in nursing, preferably a masters degree, (licensed or eligible for licensure as a "school nurse" by the Massachusetts Department of Education), (The MDPH strongly recommends that the SNL also seek the MDOE administrative licensure within three years.)
- * be employed fulltime in her/his designated management role, freed from direct service *except in those school districts with fewer than 2500 students where she/he may be 0.5 full time* equivalent, (*Please note: The SNL shall not be used as a substitute nurse.)*
- * have responsibility and authority for the entire school health service program, including the ESHS grant and its budget,
- * oversee the school health service budget and track reimbursement from Municipal Medicaid,
- * be a member of the school district's administrative management team,
- * recruit and complete evaluations of nursing and health care staff, in collaboration with school principals,
- * assume responsibility for communicating MDPH information (entire weekly e-mails) to the nursing staff in all schools (public and private) within the community, as well as other specified unfunded communities,
- *attend quarterly ESHS SNL meetings, SNL orientation, the School Health Institute medication administration conference (every 5 years), and committee meetings addressing health issues, (It is also recommended that the SNL attend the Summer School Health Institute Leadership Academy.)
- * participate in Community Health Network Areas (CHNAs), as appropriate, and other coalitions pertinent to the health of the community's children,
- establish relationships with local hospitals, providers and universities to promote strategies to enhance the care of children, youth and young adults,
- * encourage staff to attend the School Health Institute programs and complete the clinical competencies as they are developed,
- be certified in the NIMS700 (National Incident Management System) and ICS100 (Incident Command System) for emergency planning, and participate in school-based and community emergency/pandemic planning efforts,
- encourage staff to become members of a school nurse research activities, e.g. the Massachusetts School Nurse Research Network (MASNRN) or other research initiatives. A minimum of one staff member is recommended.

B. (*applies to this section on the Advisory Council only): A School Health Advisory Council (either the same as or linked to the school's Wellness Committee) to advise the school district on its comprehensive, coordinated school health program (including its wellness policies) shall be maintained. The council should meet the guidelines described in Chapter 2 of the revised *Massachusetts Comprehensive School Health Manual* (2007) and include school nurse leader/school nurse representation in addition to the health coordinator/educator, parents, students, teachers, administrators, guidance counselors, school physician, food service directors, board of health, community providers, etc. It should meet, at a minimum, on a quarterly basis and extend its

purview to areas of concern identified in the needs assessment, e.g., injury prevention, oral health, tobacco/substance use, mental health, emergency planning, etc. Minutes should be completed and maintained on file with signatures of attendees. *Please note: The name of the School Health Advisory Council may differ among school districts. If there is a separate Wellness Committee, its activities should be coordinated with those of the Advisory Council.*

- Maintenance of a school wellness policy that promotes healthy eating and active living behaviors with evidence-based and evidence-informed models and practices (e.g. Healthy Choices or other program).
- Continued implementation of a process for comprehensive growth screening (including BMI) with a referral protocol in grades 1-4-7-10 using the "MDPH Comprehensive Growth Screening Guidelines for Schools" tool.
- Continued coordination of the school-based program with local primary care providers through communication systems, etc. *See Chapter 2, revised Massachusetts Comprehensive School Health Manual (2007).*

C. * A staffing plan with position descriptions, which require all school nurses employed to be either licensed or eligible for Department of Education licensure as "school nurses" (Department of Education regulations 603 CMR 7.00) shall be in place. The staffing plan should ensure sufficient numbers of school nurses for the district and school building size and with the capacity to provide the level of services required by the ESHS program. (Please see the 1998 Report to the Legislature, *Options for Developing School Health Services in Massachusetts* mentioned previously.) Staffing should also be based on a needs assessment: school buildings with complex student needs may need additional school nurses.

D. * A student health needs assessment shall continue to be conducted at regular intervals (at a minimum every 2-3 years). *See Chapter 2, revised Comprehensive School Health Manual (2007).*

E. * Ongoing meetings of the school nurse leader and superintendent where information and data are shared (at a minimum twice a year) should be maintained.

F. In schools with a school based health center, a MOA between the SNL/Superintendent and the School Based Health Center (SBHC) should be completed. It should outline plans for collaboration and meetings, which will meet the requirements of the *Attachment: "Memorandum of Collaboration School Based Health Center Assurances"*. This memorandum should be submitted as part of the grant application process.

G. * On-going development, review, revision, administrative approval and implementation of key school health policies listed in Chapter 2, revised *Massachusetts Comprehensive School Health Manual (2007)* is required.

H. * A medication administration program consistent with 105 CMR 210.000 shall be in place. (See Chapter 6, *revised Massachusetts Comprehensive School Health Manual, 2007).* All students requiring prescription and over-the-counter medications during the school day shall have a medication administration plan.

I. * A *plan* for oral health services which addresses the following shall be in place:

- * Assessment of oral health status as outlined by the Massachusetts Department of Public Health.
- * Provision of oral health prevention (dental sealants) programs with a definitive plan for referral of restorative needs and follow-up. The oral health program may be provided either directly or through referrals.
- * Maintenance of school-based fluoride rinse programs in communities with non-fluoridated water.

J. * A comprehensive school district and school building emergency plan which is linked to local emergency medical services shall be sustained:

- The school nurse leader and as many school nurses/school personnel as possible should be trained in NIMS 700 and ICS100 through Federal Emergency Management Agency.
- Nurse leaders should participate in developing the school continuity of operations plan (COOP).
- Training should be provided (generally with resources from MDPH and the SHI) for school nurses in emergency planning.

K. A plan for supporting the mental and behavioral health of the school community shall be developed. It should include but not limited to:

- Collaborating with the school administration to ensure a respectful school climate and positive social norms, as well as education of all staff members to ensure a consistent response to issues related to bullying, threats of violence, etc. (School nurses at a minimum will assist in planning the education, identifying issues, and tracking intentional injuries.)
- Integrating the promotion of mental health, wellness and stress reduction into the educational program. (School nurses will collaborate with educators to identify opportunities to incorporate these issues into ongoing curricula.)
- *Establishing and maintaining an interdisciplinary team at the building level (with school nurse participation) which meets at least monthly to identify students at educational, health and/or behavioral risk.
- *Developing one support group (in addition to those pertaining to tobacco use) for addressing identified student needs.
- Implementing the Signs of Suicide program in at least one grade annually (middle and/or high school). School nurses will collaborate with behavioral health staff and community organizations to implement the program, as well as serve as one of the school resources for students to contact.
- Preventing and/or responding to individual behavioral crises. Prevention strategies may include elements such as daily check-ins to vulnerable students. (School nurses should assist in identifying vulnerable students, providing interventions and referrals as needed.)
- Responding to a traumatic loss/event which may affect the entire school community, e.g., death, suicide (or attempt), major injury, including linkages to state-funded suicide response services. (School nurses will serve on the crisis response team.)
- Developing a protocol for supporting the re-entry of students hospitalized for mental health or substance abuse issues. (School nurses will collaborate with in-

hospital providers, parents, behavioral health colleagues, administrators and others in pre-planning for re-entry into the school setting.)

- Identifying and building relationships with internal and external mental/behavioral health providers to promote collaboration and facilitate referrals. (School nurses need to establish a targeted plan of identifying qualified mental/behavioral health experts and establishing communication systems with them. They will need to describe the school nursing role in identifying students in need of services, as well as implementing plans of care during the school day.)
- Assisting in the implementation of the Rosie D. requirements as they relate to schools, e.g., advising parents of the annual mental health screening by the PCP.
- Collaborating with such programs as the MDOE Safe and Drug-free School Program and the MDPH Substance Abuse Program and their initiatives.

L. * Individualized Health Care Plans (IHCPs) for students with special health care needs (developed jointly with the parents, student and primary care provider as appropriate) and linked to special education services, when appropriate, shall be in place.

- * The plans must be in place for all students with special health care needs who receive health care treatment during the school day.
- * Plans and policies for management of chronic diseases shall be consistent across grade levels within the district.
- In addition, a plan must be developed to monitor the attendance and to track any changes in early dismissals of children with IHCPs.
- There shall be continued collaboration with special education services in the district to ensure that the special health care needs (physical and mental) of children with Individual Education Plans are also met. *Please note: in order to ensure consistency of standards, the oversight of the nurses caring for these children should be provided by the School Nurse Leader.*

M. * Evaluation of current communications and/or marketing strategy for sharing information about the comprehensive school health program shall be in place and updated as necessary:

- *a brochure (or section of the student handbook/website) about the health service program.
- * presentation of the school health program, including updates and data, to the school committee a minimum of once a year.
- * ongoing meetings between the building-based school nurses and principals where information/data specific to the health needs of the building population is shared.
- a mechanism to regularly share information with the parents and community about health issues of children/youth and young adults, including prevention strategies. Information from the *revised Comprehensive School Health Manual(2007)* and weekly updates may be used in the health literacy program.

N. * A position description of the school physician shall be in place with a strong recommendation for his/her participation in statewide meetings of school physicians. *Please note: The name of the school physician and his/her credentials must be shared with the MDPH School Health Unit.*

O. Adequate school health room facilities, equipment and supplies, generally described in the *revised Massachusetts Comprehensive School Health Manual (2007)*, Chapter 2, and as required by M.G.L. c.71, s.53 shall be maintained.

P. Development of a strategy to attract students into nursing as a career (nursing workforce development), as well as recruit nurses into school health. Attracting students may include future nurses' clubs, visits to local health care facilities, presentations on the profession of nursing, etc.

Component 2: Continued support of the collaboration with the comprehensive, coordinated health education program, including a tobacco/alcohol/other substance use prevention and cessation program, which includes:

A. * Support of the school district's comprehensive K-12 school health education program based on the MDOE Health Education Frameworks.

B. * Collaboration with the MDPH's Tobacco Control and Substance Abuse Programs and their youth initiatives, including enforcement of tobacco/drug-free school policies, family education, and linkage with community programs as appropriate.

C. Ongoing tobacco cessation programs which include both a short and long term evaluation of the effectiveness of the program. At least one high school or middle school nurse should be trained in the University of Massachusetts School Nurse Individual Interventions to Assist Students to Stop Smoking program (when the study is completed).

Component 3: Sustained linkages of students with primary care providers, dental providers, behavioral/mental health programs (as needed) and community prevention programs, and the enrollment of uninsured children with appropriate health care insurers. The plan must incorporate the following:

A. * Maintenance of a process for assuring that all children, youth and young adults will have (a) an identified primary care provider, (b) an identified dental care provider, and (c) insurance coverage for both preventive and primary health care, with referrals as needed.

B. Provision of information to families regarding multiple options available through Massachusetts Health Care Reform.

C. * Assurance that physical examinations (including "sports physicals") of students continue to be the responsibility of their primary care physician.

D. * Continued participation in community coalitions and initiatives addressing child, youth and young adult medical, dental and mental health issues.

Component 4: Further development of a Management Information System, which meets the *"Information Management System Guidelines for MDPH-Funded Essential School Health Service Programs,"* described in the appendix titled "Technology".

A. * Required data transmitted to MDPH electronically according to DPH defined schedule. (Please note: this includes the completion of the monthly MDPH Activities Report, the Annual Report and others, as requested.)

B. * Program-specific data report prepared and shared with the school administration, school committee, school health advisory committee, local board of health, where applicable, and other individuals/organizations concerned with the health of the community's children, youth and young adults.

C. * Submission of special reports and completion of certain surveys as requested by MDPH, including but not limited to asthma surveillance, preschool vision screening, healthy weight questionnaire, and oral health survey, etc.

D. Beginning review of data concerning utilization of the health room to evaluate delivery of school nursing services and to improve student outcomes.

Component 5: Continued Implementation of Performance Improvement (Continuous Quality Improvement) and Evaluation Program: The school health program should be based on ongoing evaluation and evidence-based practice. Therefore the following requirements must be met to demonstrate improvement of service delivery:

A. * Participation in a minimum of one annual performance improvement program as defined by the MDPH (with consultation from the ESHS Evaluation Advisory Committee).

B. * Completion of a client satisfaction survey at least every three years as defined by the MDPH.

C. Demonstration of continued improvement in the referral follow-up of all population-based screenings and completion of an annual report to MDPH upon request.

D. Completion of the Healthy Weight Questionnaire annually and demonstration of continued improvement in Wellness activities as indicated by results.

Component 6: Services to Private Schools Located in the Applicant's Community: Consistent with the community model, the Department places high priority on applicants whose total public and private student community is represented. The ESHS grant is intended to continue to provide certain public health and some school health services to the private schools, as well as expert public school nursing consultation as the private schools develop their own programs and staff. All applicants must complete the following:

(1) identify all private schools within their community,
(2) list them by priority to begin to provide and/or expand health services with consultation from the school nurse leader,
(3) include in the application as many as possible "*Memoranda of Agreement with Private School"*, and/or
(4) include evidence that all attempts were made.

Please note: In order for private schools to partner with the ESHS grantee, the private school must provide a minimum of 5 hours of nursing services (RN) per week within the first 6 months of the grant. The private school will be required to increase this to 10 hours per week the second year and a minimum of 15 hours per week the third year and every year thereafter to participate in the program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement.

(Newly hired nurses, hired with ESHS funds, must meet the MDOE licensure standards.) If the private school is currently funding more than this number of hours, this number may not be reduced as this is considered supplanting. Funding through this RFR cannot be used to supplant any current services funded by the private school budget, but rather to extend the number of hours currently funded, as appropriate. Additional funding for private schools is described later in this RFR.

A. Private Schools: Plan for infrastructure: Eligible applicants must renew memoranda of administrative agreement with the private school administration maintained in the district and shared with the Department. The MOA shall outline the responsibilities of each party as appropriate and the funding contribution of each.

Private Schools: The ESHS District School Nursing Leader shall:

- * Meet with the designated private school administrator(s) *at a minimum* annually to plan for implementing grant components, as well as assess progress toward meeting the goals of the grant. The MDPH recommends that a meeting with the administrators of all the participating private schools *together* be held at least annually.
- * Assume responsibility or designate an MDOE licensed school nurse to assume responsibility for collaborating with private schools to develop and implement a plan to begin providing/extending health services to the students in private schools. *Please note: If other than the public school nurses are appointed with ESHS funding, e.g., local public health nurses, community agency partnerships, school of nursing partnerships, private agencies, etc., approval must be sought from MDPH, and the nurses must either be MDOE licensed or eligible for licensure.*
- * Develop a communication and reporting system (e.g., joint planning meetings and consistent data collection system) with the ESHS school health service program to ensure implementation of consistent standards for children receiving school health services within the community. (The ESHS data forms shall be used.)
- * Collaborating with the private school, identify the role of a school physician in relation to the community private schools.
- Collaborating with the private school, begin to identify the role of the School Health Advisory Council structure in relation to private schools, i.e., either private school based or integrated into the public school committee.

Participating Private Schools: The Private School Administration shall:

- As a condition of participation in the grant, provide a minimum of 5 hours per week of nursing services within the first 6 months of the grant. The private school will be required to increase this to 10 hours per week the second year and a minimum of 15 hours per week the third year and every year thereafter to participate in the

program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement.
(See previous recommended school nurse ratios from the *Options Report.)* Newly hired nurses, funded through the ESHS grant, must meet the MDOE licensure requirements. If the private school is currently funding more than this number of hours, funding from this grant may not be used to supplant these hours. Grant funds should be used to expand the program.

- *Designate an appropriate person (usually an administrator or school nurse) who is responsible for *facilitating* the completion of a student health needs assessment and provision of services in the school.
- Ensure that there is a minimum of one meeting annually (and preferably more frequently) between the private school administrator and the ESHS Nurse Leader to plan for implementing the requirements of the grant and assess progress in meeting the goals of the grant.
- Ensure that the designated private school nurse will collaborate with the ESHS school nursing staff and will be freed from direct service to participate in ongoing staff meetings, continuing education, etc.
- Collaborate with the public school district regarding the role of the school physician.
- Collaborate with the public school district to participate in or, if the private school has its own health advisory committee, collaborate with the School Health Advisory Council in order to develop a community approach.

B. Private Schools: Basic Services: The following basic services shall been implemented if the private school is currently part of the ESHS grant, or before or during Year 1 of the ESHS grant:

- * A school-wide student health needs assessment, including but not limited to children with special health care needs, those requiring medication during the school day, etc.
- * Review of immunization status of all students and development of a record system.
- Population based screening for all students consistent with mandates for public schools. (If the public school receives a waiver for certain screenings, under 105 CMR 200, this may apply to the private schools.)
    - * Vision
    - * Hearing
    - * Postural screening, (grades five through nine, mandated)
    - Comprehensive growth screening process and reporting of BMIs in grades 1-4-7-10.
- * Identification of all children with special health care needs who require services during the school day, and development of an individual health care plan.
- * Review of primary care provider, dental provider, and health insurance status of all students, with referrals/linkages as needed. (Referrals for child health insurance may be made to MassHealth and Children's Medical Security Plan; parents should also be informed about options available for coverage through Massachusetts Health Care Reform.)
- Implementation of a school based emergency response plan, which is coordinated with the community response plan.

- Review of implementation of school health service policies. See Chapter 2, revised *Massachusetts Comprehensive School Health Manual (2007).*
- Maintenance of data on early dismissals and 911 calls.
- *Addition of school nursing hours from the ESHS private school budget allocation as determined by the School Nurse Leader and in collaboration with the private schools within the community.

In addition, the following shall be completed by the end of Year 1:

C. Private Schools: Expansion of the Basic Services:

1. * Ensure the entry to school health assessment process into the private school includes the same components as that of the public school.

2. **By the end of Year 1**, ensure that there will be a plan for increasing school nursing hours (MDOE certified, BSN) for at least some portion of every day, in the private schools. ESHS funds, under the direction of the SNL, may be used to add hours. The long-range goal is to (1) reach the same level of staffing as the public school and (2) achieve consistency with the staffing standards described in the Options Report, as discussed previously.

3. **Within the first six months of Year 1,** implement a program to meet the Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000). *Please note: this is the private school's responsibility. The MDPH will review applications for delegation where several private schools in geographic proximity agree to share nurses as a "district". These applications will be reviewed individually to determine whether they meet the regulations.*

4. **Other:** The following shall apply to Year 1 in those private school buildings where there are services in place at the inception of the grant; and to Year 2 for all other schools:

   - develop a plan for health service facilities in each school building.
   - plan and begin to implement the first five areas of the Essential Program (infrastructure and policy development, comprehensive, coordinated health education and tobacco control, linkages with primary care providers, quality improvement program, etc.)
   - develop a plan for implementing a school health management information system consistent with grant requirements **by the end of Year 3.**

*Please see Appendix "**Basic School Health Services"*** to be used as a guide as the programs continue to develop.

Component 7: Collaboration/Consultation/Networking: Consistent with the goal of developing as many quality school health programs as possible, all successful applicants will be required to (a) provide consultation to nurse leaders/contacts in two unfunded school districts (Mentored School

Districts), as well as (b) networking and communication to other schools within the community, e.g., charter schools, vocational technical schools and educational collaboratives.

A. **Consultation with a Minimum of Two Mentored School Districts (School districts that do not receive ESHS grants):** *Please note: The MDPH will assign the mentored schools after grants have been awarded; applicants who applied for the grant but did not receive the grant will be given priority as mentored schools. (See budget allocation for the limited amount of funding to support the mentoring program.)*

The ESHS Program shall:

- Hold monthly meetings (at a minimum) to collaborate and work on grant requirements. *Please note: If available in the geographic region, the ESHS Advisor School District may coordinate these meetings up to four times per year. (See future RFR for Advisor Schools.) If unavailable, funded school districts in the same region(s) may coordinate these meetings, holding them together to promote a regional collaboration and sharing.*
- Provide ongoing consultation based on the requirements of the ESHS grants. This may include telephone consultation and site visits. Consultation may include but not be limited to developing policies on a range of issues, establishing a management information system, identifying new and creative sources of funding, etc.
- Assist the Mentored Schools to establish a School Health Advisory Council consistent with ESHS requirements.
- Assist the mentored schools to complete and/or revise and update a minimum of four school health service policies, including the school district's emergency plan (coordinated with the community plan).
- Oversee the $10,000 funding for developing the two mentored school health service programs. (See section on use of funding for guidance.) *Please note: One area the schools may wish to address is workforce development for substitute nurses.*
- Support the development of a management information system and data collection consistent with ESHS grant requirements. This includes the return to class rate as it relates to the nurse: student ratio. *Please note: Mentored schools will implement the ESHS data reporting forms by the beginning of year 2 at the latest.*
- Consistently communicate all MDPH and relevant community health communications, including resources, to these schools.

B. Educational collaborative/charter schools/vocational technical schools

The ESHS Program shall:

- Promote school nursing networking within the community by such mechanisms as providing telephone consultation, inviting the charter/educational collaborative/vocational technical schools to meetings, professional offerings and other networking opportunities as appropriate.

- Ensure that all charter schools /educational collaboratives/vocational technical schools receive information from the MDPH (weekly e-mails and alerts), as well as information on local school health issues, events, and resources. Please submit MOAs.

Currently Funded Programs

This procurement closed. Please do not respond.

PERFORMANCE REQUIREMENTS/OUTCOMES

While the ESHS grants are expected to implement all areas of the scope of service, the following are beginning outcome measures for the first year of the grant. These will be reviewed/expanded each year. **The ESHS program will submit annually a brief written report on the progress in meeting the outcomes and targets.** The MDPH and the ESHS program will jointly agree on a plan for ongoing priorities and improvement. *Please note: As health status indicators change, public health priorities may also change.*

OUTCOME #1
For programs with more than 2500 students, the ESHS program has a full time qualified school nurse leader (SNL), freed from direct service, meeting the qualifications of the grant, who is responsible for managing the entire school health services program, as well as the ESHS grant, and its budget. For those with fewer than 2500 students, there shall be a SNL with 0.5 full time equivalent freed from direct service to manage the program.

Target #1: The SNL is freed from providing direct services, per grant requirements, and has responsibility for oversight of the ESHS budget, in collaboration with the superintendent. The SNL attends all required ESHS meetings.

Target #2: School districts shall develop and implement a sustainability plan for the SNL position to be supported by its operating budget prior to the Department exercising its option to renew the grant award. At a minimum, the SNL sustainability plan shall include local school district funding source options plus supervisory and reporting responsibilities.

Target #3: The SNL annually assesses administrative support and shares this with the MDPH. Support may be demonstrated by such areas as participation in the school's management team and collaboration with the school district's administrators regarding progress in meeting the grant requirements.

OUTCOME #2
School Health Advisory Council identifies and provides consultation on health issues of the school population.

Target # 1: The committee meets at a minimum four times per year with minutes completed and signatures of attendees on file.

Target #2: The School Health Advisory Council and school health service program conducts an ongoing needs assessment, including assessment of the wellness policy implementation, to identify health issues of concern in the student population, especially obesity, mental/behavioral health (including substance abuse) and management of chronic diseases. Both the needs assessment and an action plan shall be submitted to MDPH upon request.

Target #3: The School Health Advisory Council provides an annual report, including progress in meeting the goals of the action plan, to the School Administration and the School Committee and, upon request, MDPH.

OUTCOME #3

Management information systems are implemented at the school and school district level to identify health service activities, changing health needs of students and areas for further study.

Target #1: The ESHS program submits the MDPH required monthly activities report to the MDPH by the 15th of the following month and the annual report by July 15 of the current year.

Target #2: Return to class rates are above 85%; if the number falls, the SNL will review corrective actions. In addition, the school nurse to student ratio is reported on the annual report.

Target #3: The ESHS program must evaluate delivery of school nursing services to improve school nursing outcomes by reviewing data concerning the utilization of the health room. This evaluation shall be submitted to MDPH upon request.

Target #4: The SNL presents an annual report, including the data and trends in child health indicators, to the School Committee and Superintendent; the school nurses at the building level shares the data with school principals.

OUTCOME #4

In addition to adhering to all state mandates and regulations, health services are monitored, evaluated and increasingly evidence based through the implementation of a performance improvement program (continuous quality improvement program) into school nursing practice.

Target # 1: The ESHS program completes at least one performance improvement project (as defined by the MDPH) annually; results are reported by July 15 of the end of the school year.

Target #2: In collaboration with the MDPH School Health Unit, each ESHS program conducts a client satisfaction study at a minimum every three years with subsequent implementation of any policy or procedure changes as indicated, if rates fall below 90% satisfaction. Results are shared with the school administration, school committee and parents' groups, etc.

Target #3: Each ESHS program tracks compliance with all population-based screenings including preschool vision screening (by PCPs) and failed screening referral completion rate with a target of at least 85% completion during the first three years; the program will improve by 20% annual increments until reaching or exceeding the target.

OUTCOME #5 (Private Schools)

Through the ESHS grants, the private schools demonstrate development of their school. health services.

Target #1: The private school assures the equivalent of a minimum of 5 hours of nursing services (RN) within the first 6 months of the grant. The private school will be required to increase this to 10 hours the second year and a minimum of 15 hours the third year and every year thereafter to participate in the program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement. (Preferably there will be a nursing presence on as many days as possible.)

Target #2: The private school nurse(s) collaborate with the ESHS nurse leader to complete a needs assessment, including assessment of early dismissal rates.

Target #3: The private school complies with the Regulations Governing the Administration of Prescription Medications within the first six months of Year 1. (This is the responsibility of the private school.)

Target #4: By the end of Year 3, the private school develops a plan for implementing a school health management information system consistent with grant requirements.

OUTCOME #6 (Mentored Schools)

The ESHS program, working with the Mentored School Districts, demonstrates development in their school health services based on the requirements of the ESHS grant. The Mentored School Districts identify a nurse leader/contact, who, collaborating with the ESHS nurse leader, will meet the following targets.

Target #1: The ESHS program provides consultation through monthly meetings as defined by the RFR and maintains records of said consultation and progress of each mentored school district.

Target #2: The Mentored School Districts establishes a School Health Advisory Council and completes and/or significantly updates four policies by the end of year 1 and each year thereafter. *Please note:* Each Mentored School District shall have a school district and school building emergency plan in place by the end of Year 1. This may be considered one of the policies.

Target #3: Each Mentored School District has a plan for implementing a management information system by the end of Year 3. Data collection will be consistent with ESHS requirements.

Section VII

NEW APPLICANTS – NOT PREVIOUSLY FUNDED

SCOPE OF SERVICE

In developing ESHS application and associated plans to achieve the stated results, each program must meet established school health program standards, provide services in accordance with best practices, and meet all state mandates. Applicants will be aided by the recently distributed revised *Massachusetts Comprehensive School Health Manual (2007).* When implementing programs and providing services, applicants will be expected to use such resources as the Massachusetts Department of Public Health, Massachusetts Department of Education, Massachusetts Division of Medical Assistance, Massachusetts Department of Mental Health, School Health Institute (SHI), funded by the MDPH, and other resources which may be appropriate.

Applicants should collaborate with school administrators, the designated school physician(s), special education director, pupil personnel director, guidance counselors, health education coordinator, parent advisory committees, school health advisory council, wellness committee, local primary care providers, boards of health, other local public and private schools, SBHCs, mental and oral health providers, youth and family service programs, health maintenance organizations, and local colleges, hospitals and universities.

COMPONENTS

Each program must meet or continue to meet the following seven components as described below:

1. **School health service program infra-structure**
2. **Collaboration with the comprehensive, coordinated health education program, tobacco control program, etc.**
3. **Plan for linkage of students with primary care providers, dental providers, mental health programs (as needed), community prevention programs, and health care insurance.**
4. **Development of a management information system.**
5. **Implementation of performance improvement (continuous quality improvement) and evaluation programs.**
6. **Services to private schools located in the applicant's community**
7. **Collaboration/consultation/networking among school nurses.**

Each program will begin or continue to meet the following seven components. Generally, components 1-5 are basic to any school health service program.

Component 1: School health service program infrastructure which begins to or continues to support the following basic services:

A. **School nurse leader (SNL): Because all health care delivery systems require strong clinical leadership to ensure optimal standards of care, the school nurse leader is an integral component of the school health service program and a primary focus of this proposal.** The School Nurse Leader must meet the following criteria:

- have a minimum of a baccalaureate or masters degree in nursing, preferably a masters degree, (licensed or eligible for licensure as a "school nurse" by the Massachusetts Department of Education), (The MDPH strongly recommends that the SNL also seek the MDOE administrative licensure within three years.)
- be employed fulltime in her/his designated management role, freed from direct service except in those school districts with fewer than 2500 students where she/he may be 0.5 full time equivalent, (*Please note: The SNL shall not be used as a substitute nurse.)*
- have responsibility and authority for the entire school health service program, including the ESHS grant and its budget,
- oversee the school health service budget and track reimbursement from Municipal Medicaid,
- be a member of the school district's administrative management team,
- recruit and complete evaluations of nursing and health care staff, in collaboration with school principals,
- assume responsibility for communicating MDPH information (entire weekly e-mails) to the nursing staff in all schools (public and private) within the community, as well as other specified unfunded communities,
- attend quarterly ESHS SNL meetings, SNL orientation, the School Health Institute medication administration conference (every 5 years), and committees addressing health issues, (It is also recommended that the SNL attend the School Health Institute Leadership Academy.)
- participate in Community Health Network Areas (CHNAs), as appropriate, and other coalitions pertinent to the health of the community's children,
- be certified in the NIMS700 (National Incident Management System) and ICS100 (Incident Command System) for emergency planning and participate in school-based and community emergency/pandemic planning efforts,
- establish relationships with local hospitals, providers and universities to promote strategies to enhance the care of children, youth and young adults,
- encourage staff to attend the School Health Institute programs and complete the clinical competencies as they are developed,
- encourage staff to become members of a school nurse research network, e.g. the Massachusetts School Nurse Research Network (MASNRN) or other research initiatives. A minimum of one staff member is recommended.

C. Formation and maintenance of a School Health Advisory Council (either the same as or linked to the school's Wellness Committee to advise the school district on its comprehensive, coordinated school health program including its wellness policies: the council should meet the guidelines described in Chapter 2 of the *revised Comprehensive School Health Manual* (2007) and include school nurse leader/school nurse representation in addition to the health coordinator/educator, parents, students, teachers, administrators, guidance counselors, school physician, food service directors, board of health, community providers, etc. It should meet, at a minimum, on a quarterly basis and extend its purview to areas of concern identified in the needs assessment, e.g., injury prevention, oral health, tobacco/substance use, mental health, emergency

planning, etc. Minutes should be completed and maintained on file with signatures of attendees.

- Maintenance of a school wellness policy that promotes healthy eating and active living behaviors with evidence-based and evidence-informed models and practices (e.g. Healthy Choices or other program).
- Development and implementation of a process for comprehensive growth screening (including BMI) with a referral protocol in grades 1-4-7-10 using the " MDPH Comprehensive Growth Screening Guidelines for Schools" tool.
- Coordination of the school-based program with local primary care providers through communication systems, etc. See Chapter 2, revised *Massachusetts Comprehensive School Health Manual* (2007).

D. Implementation of a staffing plan with position descriptions, which require all school nurses employed to be either licensed or eligible for Department of Education licensure as "school nurses" (Department of Education regulations 603 CMR 7.00). The staffing plan should ensure sufficient numbers of school nurses for the district and school building size and with the capacity to provide the level of services required by the ESHS program. (Please see the 1998 Report to the Legislature, *Options for Developing School Health Services in Massachusetts* mentioned previously.) Staffing should also be based on a needs assessment: school buildings with complex student needs may need additional school nurses.

E. Design and implementation of a student health needs assessment conducted at regular intervals (at a minimum every 2-3 years). See Chapter 2, revised *Massachusetts Comprehensive School Health Manual* (2007).

F. Establishment of ongoing meetings of the school nurse leader with the superintendent where information and data are shared (at a minimum twice a year).

G. In schools with a school based health center, completion of a MOA between the SNL/Superintendent and the SBHC, outlining plans for collaboration and meetings, which will meet the requirements of *Attachment: Memorandum of Collaboration with School Based Health Centers.* The memorandum should be submitted as part of the grant application process.

H. Development, review, revision, administrative approval and implementation of key school health policies listed in Chapter 2, revised *Massachusetts Comprehensive School Health Manual* (2007).

I. A medication administration program consistent with 105 CMR 210.000. (See Chapter 6, revised *Massachusetts Comprehensive School Health Manual* (2007), as well as a medication administration plan for all students requiring prescription and over-the-counter medications during the school day.

J. Development of a *plan* for oral health services which addresses the following:
   - Assessment of oral health status as outlined by the Massachusetts Department of Public Health.

- Provision of oral health prevention (dental sealants) programs with a definitive plan for referral of restorative needs and follow-up. The oral health program may be provided either directly or through referrals.
- Implementation of school-based fluoride rinse programs in communities with non-fluoridated water.

K. A comprehensive school district and school building emergency plan linked to local emergency medical services:

- The school nurse leader and as many school nurses/school personnel as possible should be trained in NIMS 700 and ICS100 through Federal Emergency Management Agency.
- Nurse leaders should participate in developing the school continuity of operations plan (COOP).
- Training should be provided (generally with resources from MDPH and the SHI) for school nurses in emergency planning.

L. A plan for supporting the mental and behavioral health of the school community, including but not limited to
- Collaborating with the school administration to ensure a respectful school climate and positive social norms, as well as education of all staff members to ensure a consistent response to issues related to bullying, threats of violence, etc. (School nurses at a minimum will assist in planning the education, identifying issues, and track intentional injuries.)
- Integrating the promotion of mental health, wellness and stress reduction into the educational program. (School nurses will collaborate with educators to identify opportunities to incorporate these issues into ongoing curricula.)
- Establishing and maintaining an interdisciplinary team at the building level (with school nurse participation) which meets at least monthly to identify students at educational, health and/or behavioral risk.
- Developing one student support group (in addition to those pertaining to tobacco use) for addressing identified student needs.
- Implementing the "Signs of Suicide" program in at least one grade annually (middle and/or high school). School nurses will collaborate with behavioral health staff and community organizations to implement the program, as well as serve as one of the school resources for students to contact.
- Preventing and/or responding to individual behavioral crises. Prevention strategies may include elements such as daily check-ins to vulnerable students. (School nurses should assist in identifying vulnerable students, providing interventions and referrals as needed.)
- Responding to a traumatic loss/event which may affect the entire school community, e.g., death, suicide (or attempt), major injury, including linkages to state-funded suicide response services. (School nurses will serve on the crisis response team.)
- Developing a protocol for supporting the re-entry of students hospitalized for mental health or substance abuse issues using a multidisciplinary team. (School nurses will collaborate with in-hospital providers, parents, behavioral health colleagues, administrators and others in pre-planning for re-entry into the school setting.)

- Identifying and building relationships with internal and external mental/behavioral health providers to promote collaboration and facilitate referrals. (School nurses need to establish a targeted plan of identifying qualified mental/behavioral health expertise and establishing communication systems with them. They will need to describe the school nursing role in identifying students in need of services, as well as implementing plans of care during the school day.)
- Assisting in the implementation of the Rosie D. requirements as they relate to schools, e.g., advising parents of the annual mental health screening by the PCP.
- Collaborating with such programs as the MDOE Safe and Drug-free School Program and the MDPH Bureau of Substance Abuse Services and their initiatives.

M. Individualized Health Care Plans (IHCPs) for children with special health care needs developed jointly with the parents, students and primary care providers as appropriate and linked to special education services, when appropriate.

- The plans must be in place for all students with special health care needs who receive health care treatment during the school day.
- Plans and policies for management of chronic diseases shall be consistent across grade levels within the district.
- In addition, a plan must be developed to monitor the attendance and to track any changes in early dismissals of children with IHCPs.
- There should be a plan to collaborate with special education services in the district to ensure that the special health care needs (physical and mental) of children with Individual Education Plans are also met. *Please note: in order to ensure consistency of standards, the nursing care of these children should be supervised by the School Nurse Leader.*

N. Development of a communications and/or marketing strategy for sharing information about the comprehensive school health program which includes:

- a brochure (or section of the student handbook/website) about the health service program.
- presentation of the school health program, including updates and data, to the school committee a minimum of once a year.
- ongoing meetings between the building-based school nurses and principals where information/data specific to the health needs of the building population is shared.
- a mechanism to regularly share information with parents and the community about health issues of children/youth and young adults, including prevention strategies. Information from the revised *Massachusetts Comprehensive School Health Manual* (2007) and weekly updates may be used in the health literacy program.

O. Development of a position description of the school physician and strong recommendation for his/her participation in statewide meetings of school physicians. *Please note: The name of the school physician and his/her credentials must be shared with the MDPH School Health Unit.*

P. Provision of adequate school health room facilities, equipment and supplies, generally described in the revised *Massachusetts Comprehensive School Health Manual* (2007), Chapter 2, and as required by M.G.L. c.71, s.53.

Q. Development of a strategy to attract students into nursing as a career (nursing workforce development), as well as recruit nurses into school health. Attracting students may include future nurses' clubs, visits to local health care facilities, presentations on the profession of nursing, etc.

Component 2: Collaboration with the comprehensive, coordinated health education program, including a tobacco/alcohol/other substance use prevention and cessation program, which includes:

A. Support of the school district's comprehensive K-12 school health education program based on the MDOE Health Education Frameworks.

B. Collaboration with the MDPH's Tobacco Control and Substance Abuse Programs and their youth initiatives, including enforcement of tobacco/drug-free school policies, family education, and linkage with community programs as appropriate.

C. Implementation of ongoing tobacco cessation programs which include both a short and long term evaluation of the effectiveness of the program. At least one high school or middle school nurse should be trained in the University of Massachusetts School Nurse Individual Interventions to Assist Students to Stop Smoking program (when the study is completed).

Component 3: Plan for linkage of students with primary care providers, dental providers, mental health programs (as needed) and community prevention programs, and for the enrollment of uninsured children with appropriate health care insurers. The plan must incorporate the following:

A. Process for assuring that all children, youth and young adults will have (a) an identified primary care provider, (b) an identified dental care provider, and (c) insurance coverage for both preventive and primary health care with referrals as needed.

B. Provision of information to families regarding multiple options available through Massachusetts Health Care Reform.

C. Review of physical examinations (including "sports physicals") to ensure this responsibility is assumed by the primary care physician.

D. Participation in community coalitions and initiatives addressing child, youth and young adult medical, dental and mental health issues.

Component 4: Development of a Management Information System, which meets the *"Information Management System Guidelines for MDPH-Funded Essential School Health Service Programs,"* described in Appendix titled "Technology".

A. Required data transmitted to MDPH electronically according to DPH defined schedule. (Please note: this includes the completion of the monthly MDPH Activities Report, the Annual Report and others, as requested.)

B. Program-specific data report prepared and shared with the school administration, school committee, school health advisory committee, local board of health, where applicable, and other individuals/organizations concerned with the health of the community's children, youth and young adults.

C. Submission of special reports and completion of certain surveys as requested by MDPH, including but not limited to asthma surveillance, preschool vision screening, healthy weight questionnaire, and oral health survey, etc.

Component 5: Implementation of Performance Improvement (Continuous Quality Improvement) and Evaluation Program: The school health program should be based on ongoing evaluation and evidence-based practice. Therefore the following requirements must be met:

A. Participation in a minimum of one annual performance improvement program as defined by the MDPH (with consultation from the ESHS Evaluation Advisory Committee).

B. Completion of a client satisfaction survey at least every three years as defined by the MDPH.

C. Completion of population-based screening referral follow-up report annually to MDPH upon request.

D. Completion of the Healthy Weight Questionnaire annually.

Component 6: Services to Private Schools Located in the Applicant's Community: Consistent with the community model, the Department places high priority on applicants whose total public and private student community is represented. The ESHS grant is intended to begin to provide certain public health and some school health services to the private schools, as well as expert public school nursing consultation as they develop their own programs and staff. All applicants must complete the following:

(1) identify all private schools within their community,
(2) list them by priority to begin to provide and/or expand health services, as described later in this RFR (with consultation from the school nurse leader),
(3) include in the application as many as possible "*Memoranda of Agreement (MOA) with Private School Collaboration"*, and/or
(4) include evidence that all attempts were made to obtain an MOA with all private schools.

Please note: In order for private schools to partner with the ESHS grantee, the private school must provide a minimum of 5 hours of nursing services (RN) within the first 6 months of the grant. The private school will be required to increase this to 10 hours the second year and a minimum of 15 hours the third year and every year thereafter to participate in the program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement.
(Newly hired nurses paid for by ESHS funding must meet the MDOE licensure standards.) If the private school is currently funding more than this number of hours,

funding through this RFR cannot be used to supplant current services. Additional funding for private schools is described later in this RFR.

A. Private Schools: Plan for infrastructure: Eligible applicants must have memoranda of administrative agreement with the private school administration maintained in the district and submitted to the Department. The MOA shall outline the responsibilities of each party as appropriate and the funding contribution of each.

Private Schools: The ESHS District's School Nursing Leader shall:

- Meet with the designated private school administrator(s) *at a minimum* annually to plan for implementing grant components, as well as assess progress toward meeting the goals of the grant. The MDPH recommends that a meeting with the administrators of all the participating private schools *together* be held at least annually.
- Assume responsibility (or designate a MDOE licensed school nurse to assume responsibility) for collaborating with private schools to develop and implement a plan to begin providing/extending health services to the students in private schools. *Please note: If other than the public school nurses are appointed with ESHS funding, e.g., local public health nurses, community agency partnerships, school of nursing partnerships, private agencies, etc., approval must be sought from MDPH, and the nurses must either be MDOE licensed or eligible for licensure.*
- Develop a communication and reporting system (e.g., joint planning meetings and consistent data collection system) with the ESHS school health service program to ensure implementation of consistent standards for children receiving school health services within the community. (The ESHS data forms shall be used.)
- Collaborating with the private school, identify the role of a school physician in relation to the community private schools.
- Collaborating with the private school, begin to identify the role of the School Health Advisory Council structure in relation to private schools, i.e., either private school based or integrated into the public school committee.

Private Schools: The Private School Administration shall:

- As a condition of participation in the grant, provide a minimum of 5 hours per week of nursing services (RN) within the first 6 months of the grant. The private school will be required to increase this to 10 hours per week the second year and a minimum of 15 hours per the third year and every year thereafter to participate in the program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement. See previous recommended school nurse ratios from the *Options Report.* Newly hired nurses, funded through the ESHS grant, must meet the MDOE licensure requirements. If the private school is currently funding more than this number of hours, funding from this RFR may not be used to supplant these services. Grant funds should be used to expand the number of school nursing hours in the private schools.
- Designate an appropriate person (usually an administrator or school nurse) who is responsible for *facilitating* the completion of a student health needs assessment and provision of services in the school.

- Ensure that there is a minimum of one meeting annually (and preferably more) between the private school administrator and the ESHS Nurse Leader to plan for implementing the requirements of the grant and assess progress in meeting the goals of the grant.
- Ensure that the designated private school nurse will collaborate with the ESHS school nursing staff and will be freed from direct service to participate in ongoing staff meetings, continuing education, etc.
- Collaborate with the public school district regarding the role of the school physician.
- Begin to identify the role of the School Health Advisory Council structure, i.e., either private school based or integrated into the public school committee in order to develop a community approach.

B. Private Schools: Basic Services: The following basic services shall be implemented as soon as possible, but at the latest by the end of Year 1 of the grant: for new ESHS programs.

- A school wide student health needs assessment, including but not limited to children with special health care needs, those requiring medication during the school day, etc.
- Review of immunization status of all students and development of a record system.
- Population based screening for all students consistent with mandates for public schools. (If the public school receives a waiver of certain screenings (105 CMR 200.000) this may apply to the private schools.)
    - Vision
    - Hearing
    - Postural screening, (grades five through nine, mandated)
    - Comprehensive growth screening process and reporting of BMIs in grades 1-4-7-10.
- Identification of all children with special health care needs who require services during the school day, and development of an individual health care plan.
- Review of primary care provider, dental provider, and health insurance status of all students, with referrals/linkages as needed. (Referrals for child health insurance may be made to MassHealth and Children's Medical Security Plan; parents should also be informed about the options available for coverage through Massachusetts Health Care Reform.)
- Implementation of a school based emergency response plan, which is coordinated with the community response plan.
- Planning for implementation of a medication administration system consistent with 105 CMR 210.00 (Regulations Governing the Administration of Prescription Medications in Public and Private Schools) by the end of Year 1, at the latest.
- Establishment (beginning) of school health service policies. *See Chapter 2,* revised *Massachusetts Comprehensive School Health Manual* (2007).
- Maintenance of data on early dismissals and 911 calls.
- Addition of school nursing hours from the ESHS budget allocation as determined by the School Nurse Leader in collaboration with all private schools within the community.

In addition, the following shall be completed by the end of Year 1 or beginning of Year 2 (and preferably before that time, if possible):

C. Private Schools: Expansion of the Basic Services:

1. Ensure the entry to school assessment process into the private school includes the same components as that of the public school.

2. By the beginning of Year 2, ensure that there will be a plan for increasing school nursing hours (MDOE certified, BSN) *for at least some portion of every day*, in the private schools. ESHS funds, under the direction of the SNL, may be used to add hours. The long-range goal is to (1) reach the same level of staffing as the public school and (2) achieve consistency with the staffing standards described in the Options Report, as discussed previously.

3. At the end of Year 1, implement a program to meet the Regulations Governing the Administration of Prescription Medications in Public and Private Schools (105 CMR 210.000). *Please note: this is the private school's responsibility. The MDPH will review applications for delegation where several private schools in geographic proximity agree to share nurses as a "district". These applications will be reviewed individually to determine whether they meet the regulations.*

4. **Other:** The following shall apply to Year 1 in those private school buildings where there are services in place at the inception of the grant; and to Year 2 for all other schools:

   - develop a plan for health service facilities in each school building.
   - plan and begin to implement the first five areas of the Essential Program (infrastructure and policy development, comprehensive, coordinated health education and tobacco control, linkages with primary care providers, quality improvement program, etc.)
   - develop a plan for implementing a school health management information system consistent with grant requirements by the end of Year 3.

Please see ***Appendix for the provision of "Basic School Health Services"*** to be used as a guide as the programs continue to develop.

Component 7: Collaboration/Consultation/Networking: Consistent with the goal of developing as many quality school health programs as possible, all successful applicants will be required to (a) provide consultation to nurse leaders/contacts in two unfunded school districts (Mentored School Districts), as well as (b) networking and communication to other schools within the community, e.g., charter schools, vocational technical schools and educational collaboratives.

A. Consultation with a Minimum of Two Mentored School Districts (School districts that do not receive ESHS grants): *Please note: The MDPH will assign the mentored schools after grants have been awarded; applicants who applied for the grant but did not receive the grant will be given priority to be Mentored School Districts. See budget allocation for the limited amount of funding to support the mentoring program.*

The ESHS Program shall:

- Hold monthly meetings (at a minimum) to collaborate and work on grant requirements. *Please note: If available in the geographic region, the ESHS Advisor School District may coordinate these meetings up to four times per year. (See future RFR for Advisor Schools.) If unavailable, funded school districts in the same region(s) may coordinate these meetings, holding them together to promote a regional collaboration and sharing.*
- Provide ongoing consultation based on the requirements of the ESHS grants. This may include telephone consultation and site visits. Consultation may include but not be limited to developing policies on a range of issues, establishing a management information system, identifying new and creative sources of funding, etc.
- Assist the Mentored Schools to establish a School Health Advisory Council consistent with ESHS requirements.
- Assist the mentored schools to complete and/or revise and update a minimum of four school health service policies, including the school district's emergency plan (coordinated with the community plan).
- Oversee the $10,000 funding for developing the two mentored school health service programs. See section on use of funding for guidance. *Please note: One area the schools may wish to address is workforce development for substitute nurses.*
- Support the development of a management information system and data collection consistent with ESHS grant requirements. This includes the return to class rate as it relates to the nurse: student ratio. *Please note: Mentored schools will implement the ESHS data reporting forms by the beginning of year 2 at the latest.*
- Consistently communicate all MDPH and relevant community health communications, including resources, to these schools.

B. Educational collaborative/charter schools/vocational technical schools. Submit MOAs.

The ESHS Program shall:

- Promote school nursing networking within the community by such mechanisms as providing telephone consultation, inviting the charter/educational collaborative/vocational technical schools to meetings, professional offerings and other networking opportunities as appropriate.

- Ensure that all charter schools /educational collaboratives/vocational technical schools receive information from the MDPH (weekly e-mails and alerts), as well as information on local school health issues, events, and resources.

New Programs--Not Previously Funded

PERFORMANCE REQUIREMENTS/ OUTCOMES

While the ESHS grants are expected to implement all areas of the scope of service, the following are beginning outcome measures for the first year of the grant. These will be reviewed/expanded each year. The ESHS program will submit annually a brief written report on the progress in meeting the outcomes and targets. The MDPH and the ESHS will jointly agree on a plan for

ongoing priorities and improvement. *Please note: As health status indicators change, public health priorities may also change.*

OUTCOME #1
For programs with more than 2500 students, the ESHS program has a full time qualified school nurse leader (SNL), freed from direct service, meeting the qualifications of the grant, who is responsible for managing the entire school health services program, as well as the ESHS grant, and its budget. For those with fewer than 2500 students, there shall be a SNL with 0.5 full time equivalent freed from direct service to manage the program.

Target #1: The SNL is freed from providing direct services, per grant requirements, and has responsibility for oversight of the ESHS budget, in collaboration with the superintendent. The SNL attends all required ESHS meetings.

Target #2: School districts shall develop and implement a sustainability plan for the SNL position to be supported by its operating budget prior to the Department exercising its option to renew the grant award. At a minimum, the SNL sustainability plan shall include local school district funding source options plus supervisory and reporting responsibilities.

Target #3: The SNL annually assesses administrative support and shares this with the MDPH. Support may be demonstrated by such areas as participation in the school's management team and collaboration with the school district's administrators regarding progress in meeting the grant requirements.

OUTCOME #2
School Health Advisory Council identifies and provides consultation on health issues of the school population.

Target # 1: The committee meets at a minimum four times per year with minutes completed and signatures of attendees on file.

Target #2: The School Health Advisory Council and school health service program conducts a beginning/ongoing needs assessment, including assessment of the wellness policy implementation, to identify health issues of concern in the student population, especially obesity, mental/behavioral health (including substance abuse) and management of chronic diseases. An action plan is developed.

Target #3: The School Health Advisory Council provides an annual report, including progress in meeting the goals of the action plan, to the School Administration and the School Committee and upon request, to MDPH.

OUTCOME #3

Management information systems are implemented at the school and school district level to identify health service activities, changing health needs of students and areas for further study.

Target #1: The ESHS program submits the MDPH required monthly activities report to the MDPH by the 15th of the following month and the annual report by July 15 of the current year.

Target #2: Return to class rates are above 85%; if the number falls, the SNL will review corrective actions. In addition, the school nurse to student ratio is reported on the annual report.

Target #3: The SNL presents an annual report, including the data and trends in child health indicators, to the School Committee and Superintendent; the school nurses at the building level shares the data with school principals.

OUTCOME #4

In addition to adhering to all state mandates and regulations, health services are monitored, evaluated and increasingly evidence based through the implementation of a performance improvement program (continuous quality improvement program) into school nursing practice.

Target # 1: The ESHS program completes at least one performance improvement project (as defined by the MDPH) annually; results are reported by July 15 of the end of the school year.

Target #2: In collaboration with the MDPH School Health Unit, each ESHS program conducts a client satisfaction study at a minimum every three years with subsequent implementation of any policy or procedure changes as indicated, if rates fall below 90% satisfaction. Results are shared with the school administration, school committee and parents' groups, etc.

Target #3: Each ESHS program tracks compliance with preschool vision screening (by PCPs) and the school's failed vision screening referral completion rate with a target of at least 85% completion during the first five years; the program will improve by 20% annual increments until reaching or exceeding the target. (Strategies for improvement of the preschool vision screening rates will be identified with the assistance of the Advisor School, MDPH and Boston University Department of Pediatric Ophthalmology.) (*Please note: In future years, targets for completion of other mandated screenings will be considered.)*

OUTCOME #5 (Private Schools)

Through the ESHS grants, the private schools demonstrate development of their school health services.

Target #1: The private school assures a minimum of 5 hours per week of nursing services (RN) within the first 6 months of the grant. The private school will be required to increase this to 10 hours per week the second year and a minimum of 15 hours per week the third year and every year thereafter to participate in the program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement. Preferably there will be a presence as many days as possible.

Target #2: The private school nurse(s) collaborate with the ESHS nurse leader to complete a needs assessment, including assessment of early dismissal rates.

Target #3: The private school complies with the Regulations Governing the Administration of Prescription Medications by the end of Year 1. (This is the responsibility of the private school.)

Target #4: By the end of Year 3, the private school develops a plan for implementing a school health management information system consistent with grant requirements.

OUTCOME #6 (Mentored Schools)

The ESHS program, working with the Mentored School Districts, demonstrates development in their school health services based on the requirements of the ESHS grant. The Mentored School Districts identify a nurse leader/contact, who, collaborating with the ESHS nurse leader, will meet the following targets.

Target #1: The ESHS program provides consultation through monthly meetings as defined by the RFR and maintains records of said consultation and progress of each mentored school district.

Target #2: The Mentored School Districts establishes a School Health Advisory Council and completes and/or significantly updates four policies by the end of year 1 and each year thereafter. *Please note:* Each Mentored School District shall have a school district and school building emergency plan in place by the end of Year 1. This may be considered one of the policies.

Target #3: Each Mentored School District has a plan for a management information system in place by the end of Year 3. Data collection will be consistent with ESHS requirements.

Section VIII
7. Anticipated Expenditures, Funding Or Compensation For Expected Duration:

FUNDING ALLOCATIONS

A. **Basic ESHS Funding:** Funding for a baseline program for Essential School Health Services (ESHS) is approximately $50,000 annually procured through this RFR.

B. **Additional Funding Based on Enrollment:** School districts with an enrollment greater than 2,500 students will be eligible for additional funding, based on the chart included in this RFR (*Budget Document).*

C. **Funding for the Private Schools *in the ESHS School District only*:** In addition to baseline funding for the ESHS programs, the Department plans to provide funding to ESHS programs for certain beginning/expanded basic services in those private schools where services are currently not provided or need to be increased. To participate, private schools must agree to fund school nursing coverage (RN) equal to a minimum of 5 hours per week of nursing services within the first 6 months of the grant. The private school will be required to increase this to 10 hours per week the second year and a minimum of 15 hours the third year and every year thereafter to participate in the program. Nursing hours provided by volunteer parent nurses (RN) can count towards this minimum requirement.

   Calculating the budget submitted to the Department will vary by eligible applicant community depending on the number of participating private schools and the number of students enrolled in these schools. This funding is in addition to the baseline funding of the eligible applicant ESHS program. The ESHS programs may apply for $4000 to $14,000 for each private school building that agrees to participate. The cap for private schools is $140,000 per community. While the intent is to distribute the funding as equitably as possible to each specific private school, the actual allocation may vary from the funding formula, based on the needs assessment and progress in meeting the requirements of the grant. *Because the public school is responsible for the management and accounting of grant funds, decisions regarding fund distribution rest with the public SNL.* Funding priorities include an increase of school nurse staffing and the implementation of a management information system. All grant award dollars will be made to public entities as defined in the RFR eligibility criteria.

D. **Funding for the Two Mentored School Districts:** Ten thousand dollars will be added to the baseline amount of the ESHS grant for the two school districts (mentored school districts) to which the public schools provide consultation. MDPH will assign two school districts to each successful applicant after the awards.

E. **Funding for Cities with Enrollment Greater than 20,000 Who Agree to Organize Their School Health Services Program into "Districts" or "Clusters":** During previous ESHS programs, school health programs in several large cities organized their many school buildings into clusters or districts to provide a more manageable system of leadership development, networking, and consultation. Each cluster/district has a school nurse designated as the cluster/district leader and holds ongoing meetings to address issues pertinent to the cluster/district, as well as share best practices. In

addition to the School Nurse Leader for the overall school district, there is a nurse liaison to oversee the clusters/districts and assist in leadership development of school nurses designated as cluster/district leaders. School districts with enrollment of more than 20,000 students (Boston, Worcester, and Springfield) are eligible for an additional $40,000 if they agree to divide their schools into "districts" or "clusters" with a responsible nurse liaison, scheduled meetings, ongoing efforts to meet grant requirements and professional development.

Section IX

ADDITIONAL GUIDELINES FOR THE USE OF FUNDS

A. **Supplanting:** Funds are intended to be an adjunct to the funding of the current school health service program, which is the responsibility of the local community. The ESHS grants will be similar to cost reimbursement contracts. Department funds may not be used for purposes other than those outlined in the RFR. **Department funds may not be used to supplant existing services.** Supplanting is defined as using funds to replace or substitute for established "core "dollars for the school health service program and staff. Core dollars for a school health service program may be derived from local school budgets, MDOE Chapter 70 program (Foundation Budget), Municipal Medicaid, local boards of health, health insurance providers or other sources of stabilized annual funding which support the school health service program infrastructure and MDOE certified school nurse staffing levels, in accordance with statutory requirements. The MDPH considers supplanting by a school administration as the intentional shifting of any core funded staff to this grant with the intent of reducing or eliminating local contribution/responsibility for the school health service program including health services staff.

B. **Reconciliation:** The Massachusetts Department of Public Health exists within the Executive Office of Health and Human Services (EOHHS) and requires grant expenditures to be reconciled for each fiscal year of the award. School districts must account for and reimburse the Commonwealth any unspent portion of the funds for each fiscal year of the grant. School districts awarded a grant are expected to comply with all established procedures.

C. **Sustainability:** School districts are expected to maximize existing sources of funding, e.g., Municipal Medicaid, Foundation Budget, etc. The ESHS grants are intended to assist school districts in developing high quality school health service programs in a limited period of time; the expectation is that at the conclusion of the ESHS grants, ongoing support will be assumed by other funding sources.

D. **Priorities:** Priority should be given to appoint a school nurse leader and additional MDOE licensed school nursing staff and support personnel, as determined by the school nurse leader.

School Nurse Leader: School districts will be expected to develop a sustainability plan for the school nurse leader. Additional points are awarded during the application process. Any funds freed from the grant if the SNL salary is assumed by the school district budget may then be used to continue to develop the school health service program to meet grant requirements. These include adding other staff, e.g., support

staff, as defined by the SNL, programming to meet the needs of the student populations, e.g., mental/behavioral health, etc.

E. **Management Information System and Other Expenditures**: An increased percent of funding during the first year (for newly funded programs only) may be used for equipment purchases and costs associated with the program start-up. Establishing a school health service data system is a requirement; therefore, schools should be encouraged to purchase computer equipment *(Appendix: "Technology").* Items under equipment and supply categories may include computers, printers, other technology, facsimile machines, software, telephone lines[7], network connections and wiring, workstations, health office clinical equipment, appropriate medication storage cabinets, etc. *Please note: These items should be specific to the school health services program and purchased with the approval of the school nurse leader.*

F. **Additional Uses:** Funds may also be used for substitute nursing staff (e.g., to provide services during meetings, continuing education programs, etc.), special projects, reasonable in-state professional development costs and equipment. *Please note: Statewide nursing professional development programs are the responsibility of the School Health Institute: generally, funds should not be used to duplicate any programming provided by the SHI, but rather staff should be encouraged to attend the Institute programs. The MDPH also recommends that the local school district's professional development budget include funding for school nurses.*

G. **School District Support:** ESHS grant dollars are subject to appropriation by the legislature for each fiscal year and are part of the larger state budget process. These grant dollars are available through the Executive Office of Health and Human Services (EOHHS) and not the Department of Education. This fiscal situation will be new to some grantees. Any grantee unfamiliar with EOHHS procurement requirements and rules should expect payment and fiscal procedures to be slightly different from the familiar Department of Education requirements and processes. School districts should anticipate financially supporting the ESHS program until a state budget is developed each year and until MDPH is officially authorized to issue payment. There should be no stop or delay in ESHS service delivery as defined in the RFR while the state budget is in process or until MDPH is able to issue payment throughout the year.

H. **Mentored School Districts:** The nurse leader will determine the distribution of the funds to the mentored school districts based on need. Funds may be used for substitute nursing staff (e.g., to provide services during meetings, continuing education programs, etc.), special projects, reasonable in-state continuing education costs and equipment. *Priority shall be given to implementing management information systems.*

I. **Private School Services:** The nurse leader will collaborate with the private school administrators to determine the distribution of the funds to the private school districts based on need. Priority will be given to employing MDOE licensed school nurses and a management information system. Funds may be used for substitute nursing staff (e.g., to provide services during meetings, continuing education programs, etc.), special projects, reasonable in-state continuing education costs and equipment.

[7] All school health offices should have at least one dedicated outside telephone line.

The "Programmatic Definitions" for the years of the contract are equivalent to fiscal years. For the purposed of this RFR, the Programmatic Definition is as follows: Year 1: Ends 6/30/09; Year 2: Ends 6/30/10; Year 3: Ends 6/30/11; Year 4: Ends 6/30/12; and Year 5: Ends 6/30/13.

Section X

General Response Requirements

- COMM-PASS Required Forms
- RFR Applicant Cover Page, Required Attachments (MOA & Budget) with signatures
- Response to questions in RFR

Section XI

8. Instructions for Submission of Responses:

- The original (one sided) and eight (8) copies (double sided) of the RFR should each be labeled (include your school district name) and assembled in a packet (e.g. Pocket Portfolio or Manila file folders) with the "Applicant Cover Page" in the front of each copy. The original should be clearly marked and placed on top. Pages should be numbered. Applicants must stay within the character limits for each question.

- Please do not use clamps/paperclips and do not staple/three hole punch any part of each application packet. Letters of support are not considered part of the application.

- Submission by e-mail (e.g. WORD/ADOBE file attachments) and/or any other form of electronic submission will not be accepted for this procurement.

- **Completed applications should be mailed or delivered to:**
  Anne Sheetz, R.N, M.P.H.
  ESHS RFR
  Massachusetts Department of Public Health
  250 Washington Street, 5th Floor
  Boston, MA 02108-4619

In accordance with the instructions on the screen, the forms listed on the Comm-PASS "Forms & Terms" screen for this grant application must be submitted with your response.

Section XII

9. DEADLINE FOR RESPONSES Or Grant Procurement Calendar:

Letter of Intent Deadline Date: January 30, 2008

A letter of intent stating the desire of the agency to bid for this contract is *strongly* encouraged, although it is nonbinding. (Applicants may still apply without this letter.) Please send the letter of intent by January 30, 2008, by mail or fax to the attention of Anne H. Sheetz at fax # (617) 624-6062, Massachusetts Department of Public Health, School Health Unit, 250 Washington Street, 5th Floor, Boston, MA 02108-4619.

Indicate Deadline Date: 2/19/08

This procurement closed. Please do not respond.

Indicate Deadline Time: 12 noon

Will a Bidders Conference be offered? ☐ No ☒ YES (Indicate Date, Time and Place):

1) Tuesday January 22 from 1-2:30 pm (Plymouth)
John Carver Inn
25 Summer St.
Plymouth, MA 02363

2) Thursday January 24 from 9-10:30 am (Waltham)
Homes Suites Inn
455 Totten Pond Rd.
Waltham, MA 02154

3) Thursday January 24 from 1-2:30 pm (Sturbridge)
Sturbridge Host Hotel
366 Main St.
Sturbridge, MA 01566

Will opportunity for written questions be offered? ☐ No ☒ YES (By 3 PM, 1/30/08; please mail or FAX to Anne H. Sheetz, Fifth Floor, 250 Washington Street, Boston, MA 02108 FAX 617 624-6062.

This procurement closed. Please do not respond.

ESSENTIAL SCHOOL HEALTH
LIST OF EIGHTY (80) SCHOOL DISTRICTS AWARDED A GRANT STARTING IN FY09 (THE NUMBER OF SCHOOL DISTRICTS AND AWARD AMOUNT SUBJECT TO CHANGE)
Acton-Boxborough Regional School District
Amesbury Public Schools
Andover Public Schools
Arlington Public Schools
Ashburnham Westminster Regional School District
Attleboro Public Schools
Barnstable Public Schools
Belchertown Public Schools
Berkshire Hills Regional School District
Billerica Public Schools
Boston Public Schools
Braintree Public Schools
Bridgewater-Raynham Regional School District
Brockton Public Schools
Brookline Public Schools
Cambridge Board of Health/Cambridge Public Schools
Canton Public Schools
Central Berkshire Regional School District
Chelsea Public Schools
Chicopee Public Schools
Douglas Public Schools
East Longmeadow Public Schools
Fall River Public Schools
Fitchburg Public Schools
Framingham Public Schools
Gardner Public Schools
Gateway Regional School District
Georgetown Public Schools
Gill-Montague Regional School District
Gloucester Public Schools
Granby Public Schools
Hadley Public Schools
Hampden-Wilbraham Regions School District
Hampshire Regional School District
Harwich Public Schools
Haverhill Public Schools
Holyoke Public Schools
Hudson Public Schools
Lawrence Public Schools
Leominster Public Schools
Lexington Public Schools
Lowell Public Schools c/o Lowell Health Department
Ludlow Public Schools

This procurement closed. Please do not respond.

ESSENTIAL SCHOOL HEALTH
LIST OF EIGHTY (80) SCHOOL DISTRICTS AWARDED A GRANT STARTING IN FY09 (THE NUMBER OF SCHOOL DISTRICTS AND AWARD AMOUNT SUBJECT TO CHANGE)
Lynn Public Schools
Mansfield Public Schools
Marblehead Public Schools
Marshfield Public Schools
Medford Public School
Middleborough Schools
Nashoba Regional School District
Natick Public Schools
Needham Public Schools
New Bedford Public Schools
Newburyport Public Schools
Newton Health & Human Services/Newton Public School
North Andover Public Schools
North Attleborough Public Schools
North Berkshire School Union
Northampton Public Schools
Northborough-Southborough Public Schools
Northbridge Public Schools
Pittsfield Public Schools
Plymouth Public Schools
Provincetown Public Schools
Quincy Public Schools
Randolph Public Schools
Rockport Public Schools
Sandwich Public Schools
Scituate Public Schools
Somerville Health Department/Somerville Public Schools
Springfield Public Schools
Stoughton Public Schools
Taunton Public Schools
Walpole Public Schools
Waltham Public Schools
West Bridgewater Public Schools
Weston Public Schools
Weymouth Public Schools
Wilmington Public Schools
Worcester Public Schools