HEALTH ASSESSMENT FOR STUDENTS ENROLLED IN TEP

The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence (National Conference of State Legislatures, 2023). This act also ensures the privacy of this status by law, so it is imperative that only the staff that need to know this information are notified. MMSD's Transition Education Program (TEP) has a goal to reduce barriers to school enrollment and achievement so that children from families who are experiencing homelessness have a full and equal opportunity to succeed in school (MMSD, n.d.). Homelessness is prevalent among students enrolled in MMSD, and evidence shows that homelessness among children can have significant negative academic and health consequences. Not only does this population experience worse health outcomes, but they also have higher use of emergency healthcare and hospitalizations, fragmented health care resulting in disruption of care especially for chronic conditions, and significant barriers to access to high quality, consistent health care (Briggs, 2013; Gultekin et al., 2020). This issue is important to MMSD because children cannot learn if they are not healthy. School nurses are an integral part of the multidisciplinary team and are in a key position to intervene to improve outcomes in this population.

This guideline will describe a standardized process for school nurses to follow to provide a comprehensive health assessment and referrals to care for MMSD students enrolled in the TEP program.

First, each school nurse should communicate and collaborate with their school secretary and social worker to establish a process to notify the school nurse of all incoming and outgoing students at their school.

Step 1: Record Review

The school nurse should run a report on a monthly basis to get a list of TEP students at their school. Instructions on how to run this report can be found here.

The school nurse should review the report and assess whether each TEP student has:

- Health Insurance
- Primary care provider
- Seen primary care provider in last year
- Immunizations up to date
- Vision screening completed in MMSD and this year if 4K, KG, 3rd, 5th, 8th grade
- Hearing screening completed in MMSD
- Health conditions noted in IC
- Health documents (IHP, EHP) in IC
- Health office frequent flier
- Chronic absenteeism

Samantha Starkey, BSN, RN, CPN; Madison Metropolitan School District; 2023

- Chronic tardiness
- Dental insurance
- A dentist
- Seen a dentist

<u>Step 2:</u> Communicate/Collaborate with School Social Worker and other School Nurses (if applicable)
The school nurse should communicate with the school social worker to see if they have reached out or started working with the family yet, and, if so, what resources have been offered or what additional information they have obtained about the student and/or family. The school nurse and social worker should work together to come up with a plan and next steps for the student and family (when nurse should contact family for health assessment, what resources are needed, etc

If the student has siblings that attend a different MMSD school, the school nurse should collaborate with the school nurse(s) at the other school(s) to determine which nurse will call the family and complete the health assessments for all students in the family. This will streamline the process and minimize the number of nurses contacting the family to obtain health information.

<u>Step 3:</u> Comprehensive Health Assessment
The school nurse should meet with the family, either in person, virtually, or by phone, with the social worker if possible, to perform a comprehensive health assessment. The school nurse should use and fill out this TEP Health Assessment Form.

When introducing the conversation to the family, the school nurse may use the following scripting (but feel free to adjust language to make the conversation with the family personable)

"Hello. My name is _____ and I am the school nurse at _____ School. I am part of the Student Services Team and work closely with our school social worker to support you, your child, and your family. Our healthcare system is complicated; I want to be part of your child's team and make sure they have everything they need to be healthy. Would now be an okay time for me to ask you a few questions about your child's health?"

<u>Step 4</u>: Referrals
If health concerns arise during the health assessment or the family is in need of assistance or resources to access health care, the school nurse should use the Referrals Document as a guide. The school nurse should determine the highest priority health need and assist the family by making a referral or taking appropriate action for 1-2 health needs at a time.

Please keep track of the number of each type of referral made for later collection via nurse survey

Step 5: Follow-Up

After the school nurse makes a health referral or assists the family in addressing an identified health need, the nurse should follow-up with the family to ensure the referral has been completed or the health need has been met (i.e. health insurance obtained or primary care provider established). Once the health need has been met, the school nurse should document this in Infinite Campus under the corresponding tab (i.e. health insurance status, follow-up, screening). If needed, the school nurse should refer to the Infinite Campus Manual for instructions on how to enter follow-up.

If more than one health need was identified in the health assessment, the school nurse should continue to refer back to the health assessment findings and continue to assist the family in obtaining health resources and services while updating completed follow-ups and information in Infinite Campus as appropriate.

If any questions or concerns please contact Stephanie Gramann at 204-5619.

References

America's Health Rankings. (n.d.). *Students experiencing homelessness in Wisconsin.* United Health Foundation. Retrieved 2023, June 21. https://www.americashealthrankings.org/explore/measures/homeless_students/WI

Briggs, M.A. (2013). Providing care for children and adolescents facing homelessness and housing insecurity. *American Academy of Pediatrics, 131*(6), 1206–1210. https://doi.org/10.1542/peds.2013-0645

Damron, N. (n.d.). *Poverty fact sheet: No place to call home: child & youth homelessness in the United States.* Institute for Research on Poverty & Morgridge Center for Public Service, University of Wisconsin-Madison.

https://morgridge.wisc.edu/wp-content/uploads/sites/4/2017/02/No_Place_to_Call_Home_Child_and_Youth_Homelessness_in_the_United_States.pdf

Gultekin, L.E., Brush, B.L., Ginier, E., Cordon, A., & Dowdell, E.B. (2020). Health risks and outcomes of homelessness in school-aged children and youth: A scoping review of the literature. *The Journal of School Nursing, 36*(1), 10–18. https://doi.org/10.1177/1059840519875182

Madison Metropolitan School District. (n.d.). *Homeless services - transition education program (TEP).* https://www.madison.k12.wi.us/support-services/homeless-services-transition-education-program-tep

National Alliance to End Homelessness. (2023, April). *Children and families.* https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/children-and-families/

National Center for Homeless Education. (2022). Student homelessness in America: School years 2018-19 to 2020-21. https://nche.ed.gov/wp-content/uploads/2022/11/Student-Homelessness-in-America-2022.pdf

National Conference of State Legislatures. (2023, March 29). *Youth homelessness overview*. https://www.ncsl.org/human-services/youth-homelessness-overview#:~:text=Each%20year%2C%20an%20estimated%204.2,by%20a%20parent%20or%20guardian.