

# Request for Proposal

## APPROPRIATION FOR SCHOOL NURSES

*UCA 53F-2-519*

*2019-2020*

### Timeline

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- ⦿ April 1, 2019
  - ⦿ Annual application process initiated
- ⦿ April 30, 2019
  - ⦿ Applications (pages 1–2) **DUE BY MIDNIGHT** via [Utah Grants](#)
    - Program contact: [BettySue Hinkson](mailto:bhinkson@utah.gov) (bhinkson@utah.gov, (801) 538-6814)
    - [Utah Grants Help Desk](mailto:utahgrants@schools.utah.gov): (801) 538-7604, [utahgrants@schools.utah.gov](mailto:utahgrants@schools.utah.gov)
- ⦿ May 1–15, 2019
  - ⦿ Applications reviewed and approved on a first-come-first-reviewed basis
- ⦿ June 15, 2019
  - ⦿ Award letter or application status provided to all applicants
- ⦿ November 30, 2019
  - ⦿ Accountability Report due

## Introduction

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This section defines the funding and describes the process by which school districts and charter schools (local education agencies [LEAs]) may access these funds.

**Statement of Purpose:** The Uniform School Fund for FY2020 has allocated \$1,002,000 to the State Board of Education for Appropriation for School Nurses (A4SN).

Consistent with 53F-2-519 and R277-415:

- (1) The State Board of Education shall distribute monies appropriated to award grants to LEAs that:
  - a. Provide an equal amount of matching funds, and
  - b. Do not supplant other monies used for school nurses.

In the 2018 general legislative session, the following requirement was added:

- (2) (a) A school district or charter school that is awarded a grant under this section shall require each school nurse employed by the school district or charter school to complete two hours of continuing nurse education on the emotional and mental health of students. (More details in definitions on page 3.)

This new section requires the Utah State Board of Education (USBE) to develop and monitor this training. ***All school nurses in LEAs receiving funding will need to comply with this requirement.***

We encourage LEAs, with the help of public health departments, to maintain school nursing staff hired prior to 2008 and use these 2019-20 funds to further increase school nursing personnel to the extent possible.

It is the position of the National Association of School Nurses (NASN) that daily access to a registered professional school nurse can significantly improve students' health, safety, and abilities to learn. To meet the health and safety needs of students, families, and school communities, school nurse workloads should be determined at least annually, using student and community specific health data (NASN, 2015). The number of schools assigned to a school nurse should also be taken into consideration.

The Utah Department of Health (UDOH) recommends:

1. One full-time registered school nurse per school; or
2. Several full-time registered school nurses per school (for schools with high health acuity/social determinants of health/disparity needs); or
3. One full-time registered school nurse to no more than five schools (for schools with lower health acuity/social determinants of health/disparity needs). This permits the school nurse to visit each school one day per week for supervision/evaluation of delegated tasks to unlicensed assistive personnel (UAP).
4. Districts with less than 5,000 students should make every attempt to meet the above recommendations.

## Funding

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The total \$1,002,000 allocation from the legislature for the Appropriation for School Nurses shall be distributed to LEAs for the continued reduction of school nurse to student ratios.

- ⊙ Duration of Funding
  - ◇ July 1, 2019 to June 30, 2020.
- ⊙ Available Funding
  - ◇ \$1,002,000 by K-12 enrollment, ability to match funding, and percent of change to LEA school nursing staff since FY2007.
- ⊙ Funding Procedure
  - ◇ Funding appropriated by the Utah State Legislature for the continuation of the Appropriation for School Nursing will be available to LEAs through this application process.
  - ◇ LEAs will receive continued support from this funding source based upon applicants meeting requirements and assurances.
- ⊙ Eligible Applicants
  - ◇ Utah LEAs who:
    - agree to match the awarded funds for use in school nursing services; and
    - agree not to supplant other money used for school nurses; and
    - agree that each school nurse employed by the LEA will complete the required USBE training on the emotional and mental health of students.

**PLEASE REQUEST ONLY THE AMOUNT YOU ARE WILLING AND ABLE TO MATCH.**

## Definitions

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- ⊙ Advanced Practice Registered Nurse (APRN)
  - ◇ A nurse with post-graduate education in nursing. An APRN has specialized training and knowledge that a registered nurse (RN) does not.
- ⊙ Emotional and Mental Health Training
  - ◇ This training is required of each school nurse employed by the LEA to receive funding and will need to be updated every five years. It is to be developed by USBE, and must include training on:
    - The awareness of, screening for, and triaging to appropriate treatment for mental health problems;
    - Trauma-informed care;
    - Signs of mental illness;
    - Alcohol and substance abuse;
    - Response to acute mental health crises; and
    - Suicide prevention, including information about the 24-hour availability of the School Safety and Crisis Line.

- ⊙ Health Aid or Clerk
  - ⋄ A health aid or clerk must work under the direction of an RN. These nurse extenders can provide valuable assistance to the RN but cannot function alone. Because of this, *Matching Funds for School Nurses cannot be used for health aid/clerk services.*
- ⊙ Licensed Practical Nurse (LPN)
  - ⋄ A licensed practical nurse (LPN) must work under the direction of an RN or medical doctor. These nurses can provide valuable assistance to the RN but cannot function alone. Because of this, *Matching Funds for School Nurses cannot be used for LPN services.*
- ⊙ Other Nurse (ON)
  - ⋄ A professional, licensed RN that supports the school and may be required to provide daily nursing services or interventions to a more select group of students such as children with complex health care needs, special education inclusions, and children who have multiple disabilities. Titles may include Insulin Nurse, Nurse Instructor, Special Duty or Private Duty Nurse, and Contract Agency Nurse. *Matching Funds for School Nurses cannot be used for these services.*
- ⊙ Special Education School Nurse (SESN) and Preschool School Nurse (PKSN)
  - ⋄ Typical school nurses (TSNs) who serve in unique roles, providing services for students identified as having special education needs or preschool students. These nurses ONLY provide services to special education or preschool students. Because there is other funding available to pay for these nurses, *Matching Funds for School Nurses cannot be used for SESN or PKSN services.*
- ⊙ Typical School Nurse (TSN)
  - ⋄ A professional, licensed, specialized RN that advances the well-being, academic success, and life-long achievement of students. The TSN serves as the health care expert in the school. Some of the activities performed by TSNs include assessment of health status, case management for students with health conditions, performing health care procedures, delivering emergency care, administering medication and vaccines, identifying vision and hearing problems that impact learning, training of and delegation of licensure to school staff for administration of medications and nursing procedures. The TSN provides leadership in promoting health and safety to students and staff through health counseling and wellness programs. Titles may include District School Nurse or Public Health Nurse working in LEA. The TSN may provide services to typical, special education, and preschool students. ***These are the ONLY nurses that Matching Funds for School Nurses can be used for.***

## Assurances

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Each LEA desiring funding provides the following assurances:

1. Awards given **MUST be matched** by the LEA or **must be repaid** to the USBE. For example, if the LEA is awarded \$2,000 from this funding, the LEA must also spend a minimum of \$2,000, for a total minimum of \$4,000 spent on school nursing services.

2. Monies provided through this grant shall continue to be used to increase the hours of current part-time school nurses or to hire new school nurses in order to lower school nurse to student ratios from the FY2007 level.
3. A school nurse who is hired as one full FTE at a school LEA site cannot be counted as a partial FTE at a second school LEA site.
4. A physician/APRN consultant to provide oversight for school health services is required, physician/APRN name and license number must be provided.
5. Matching funds may be provided through a match **in-kind** (e.g., collaborative with local health department, using contracted hours or services with a licensed physician to oversee medical and nursing activities for district or charter school) with documentation of a memorandum of understanding (MOU) or with a signed contract. All in-kind volunteer hours should have a MOU or signed contract which specifies the expectations of the LEA. (See approved sources of matching funds on page 6.)
6. LEAs shall provide documentation ensuring that monies received are not used to supplant costs for nurses hired prior to July 1, 2008 by providing the following information:
  - a. Funding amounts and sources of funding for school nurses for FY2007.
  - b. Funding amounts and sources of funding for current school nurses.
  - c. Current personnel cost information.
  - d. Current school nurses with names and license numbers.
7. A report will be due by November 30 of each year to include:
  - a. Names and license numbers of new hire school nurses (if applicable), and
  - b. Documentation that each school nurse has received required mental health training.
8. Current school nurses and new hire school nurses for participating LEAs shall have completed a nursing program from an accredited college or university, have a current Utah license, and at **least an RN**. *Licensed Practical Nurses cannot be funded with these monies.*
9. Participating LEAs shall provide to USBE and the UDOH, according to timelines as requested, any reports as may be required. School nurses in participating LEAs agree to participate in standardized data collection as established by the UDOH. This includes, but is not limited to, the annual **school health workload census**.
10. If an LEA does not match funds, the LEA will need to repay the awarded funds.
11. Amount of award is based on student enrollment, ability to match funds, percent of change in LEA school nurse staff since FY2007, and availability of funds. Award will vary each year.
12. A new application must be submitted each year.

## Application Procedure

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Pages 1–2 of the non-competitive LEA application form must be submitted to Utah Grants no later than midnight April 30, 2019. Incomplete applications will be rejected.

Issuer reserves the right to seek additional information to clarify responses provided on the application. Each application packet must include the following:

- ⦿ Completed application for Appropriation for School Nurses (pages 1–2 of the application; add pages if more space is needed) and
- ⦿ Signature of superintendent (district) or principal (charter), School Nurse Supervisor, or Director, on page 1 of the application.

**Application Review:** Proposals will be reviewed as soon as they are received, and LEAs will be notified of funds approved no later than June 15, 2019. The total disbursement amount will not be known until November 2019.

## Selection Process

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A representative of the USBE will review applicant qualifications in accordance with the evaluation criteria set forth herein. Proposals that are submitted timely and comply with the mandatory requirements of the application will be evaluated in accordance with the terms of the application. In past years, approximately 99% of applicants were approved.

- ⦿ Questions
  - ⦿ Any questions regarding this application should be submitted in writing via email to [BettySue Hinkson](mailto:bhinkson@utah.gov) (bhinkson@utah.gov).
- ⦿ Submission Due Date
  - ⦿ Responses to this application are due by midnight on April 30, 2019.
- ⦿ Refusal of Funds
  - ⦿ If an eligible LEA chooses not to access/use funds made available under this application to provide school health services, the LEA must notify USBE, through the above contact information, by close of business on April 30, 2019.
  - ⦿ Refusal of funds for 2019-20 will not limit eligibility for any funds which may be available in the future.

## Matching and In-Kind Funds

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- ⦿ Matching funds approved for use **CAN** include:
  - ⦿ Paid hours, benefits, and mileage for a registered professional school nurse (RN or APRN).
  - ⦿ Paid hours, benefits, and mileage for a licensed medical physician (MD, DO).
- ⦿ Matching funds **CANNOT** include those used for:
  - ⦿ Licensed practical nurses (LPNs).
  - ⦿ Health aids/clerks.
  - ⦿ Certified Nurse Assistants (CNAs).
  - ⦿ Office space.
  - ⦿ Medical supplies.

- ⊙ In-kind sources **CAN** include:
  - ◇ Volunteer hours by a registered professional nurse (RN, APRN) valued at any hourly market rate approved by the Superintendent.
  - ◇ Volunteer hours by a licensed medical physician (MD, DO) valued at any hourly market rate approved by the Superintendent.
  - ◇ Amount paid by a local health department (LHD) toward school nurses (salary, benefits, mileage) supported by an executed memorandum of understanding or contract, which shall include an hourly rate attributable to the services provided.
  - ◇ Amount paid by another outside source toward school nurses (salary, benefits, mileage).
- ⊙ In-kind sources **CANNOT** include:
  - ◇ Office space and supplies.
  - ◇ First aid supplies.

## Cover Sheet

Pages 1–2 must be completed and submitted by April 30, 2019 for consideration.

Page 3 is required if funding is approved and will be due by November 30, 2019.

### Name and Address of LEA

LEA Name

Street Address

City  State  Zip

### Program Director (Name of department head who oversees school nursing services staff)

Director Name  Title

Telephone  Email

### LEA Licensed Physician/APRN

Physician Name  Title

Telephone  Fax

Street Address

City  State  Zip

### Type of Application: Appropriation for School Nurses

#### Funding Amount Requested

(Please request only the amount you are willing and able to match)

I do hereby certify that all assurances contained in the Application Requirements, and all committed resources to this program, both financial and in-kind, will be provided. Submission of this document signifies that all parties listed below have reviewed and approved this proposal.

#### LEA Representative Signature (Superintendent/Director/Program Director)

Name and Title

Signature  Date

#### Outside Partner Representative Signature

(i.e., Local health department/local hospital system that provides paid school nursing services)

*Required if school nursing services are contracted with outside partner.*

Name and Title

Agency Name

Signature  Date

# FY2020 Appropriation for School Nurses Funding Application

1. LEA Name

2. We currently do not have a school nurse and would use these funds (if awarded) to hire one.

Yes  No  N/A

3. FY2019 School Nurses (Do NOT include diabetes or 1:1 nurses but DO include SpEd/PreK/LPN nurses)

Name	License #	% FTE OR # hrs per [TIME]	Nurse Type	Email

4. Please describe proposed enhancements to school nursing services and expected funding sources.

No enhancements proposed – plan to maintain current school nursing services.

	School Nurse FTE	District Funds	District Funds In-Kind Value	Local Health Dept. (LHD)	LHD In-Kind Value	MD/DO/APRN	MD/DO/APRN In-Kind Value	Other	Other In-Kind Value
Current									
Proposed									

Describe in-kind sources (i.e., RN/MD donated hours)

District Funds	Local Health Dept.	MD/DO/APRN	Other

Narrative of above proposed enhancements

5. Have you ever been required to pay back any of these funds in past years? If yes, please describe.

No  Yes

6. Total amount requested matching funds for school nursing services for FY2020. (In-kind and monetary matches must be twice the amount being applied for. Please request only the amount you are willing and able to match.)

7. FY2007 school nursing FTE  Total number of nurse employees

YTD	SN FTE	Total # of Nurse Employees	Total LEA Funds Spent on SN	Total OTHER Funds Spent (i.e., LHD)	Source of OTHER Funds (i.e., LHD)	Total In-Kind Value (i.e., hrs. donated)	Source of In-Kind (i.e., hrs. donated)	USBE Funds Awarded
FY2019								

Required signatures are on page one.

# FY2020 Appropriation for School Nurses Accountability Report

If funding is approved, email this form to [BettySue Hinkson](#) by November 30, 2019.

**The allocation will not continue until this information is received.**

LEA Name

Name and Title of Person Completing This Form

Email  Phone

1. Please describe the enhancements you proposed in #4 of the funding application.

No enhancements proposed (maintenance only).

2. Did you implement the proposed enhancements as described in #4 of the funding application?

Yes  No If no, why not?

3. Names of newly hired school nurses.

Name	License #	% FTE OR # hrs per [TIME]	Nurse Type	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Required mental health training – please enter the names and dates completed for nurses hired AFTER December 30, 2018.

Name	Date Attended	Name	Date Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Total amount (salary plus benefits) spent on school nurse services in FY2019. This should show the total spent on ALL nurses in the school(s) last year and should include any outside dollars spent (i.e., local health dept. funds, local medical center contract).

6. Total in-kind donations toward school nursing services in FY2019.

7. Total amount of school nurse FTE for FY2020.

8. We are on-target to match (either money or in-kind) these funds for FY2020.  Yes  No  
If no, please contact [BettySue Hinkson](#) to have allocation decreased.

9. I do hereby certify that all assurances contained in the Application Requirements, and all committed resources to this program, both financial and in-kind, will be provided. Submission of this document signifies that all parties listed below have reviewed and approved this report.

**District Superintendent or Program Director Signature** (person who oversees school nurse staff)

Name and Title

Signature  Date

**Outside Partner Representative Signature**

(i.e., Local health department/local hospital system that provides paid school nursing services)

*Required if school nursing services are contracted with outside partner.*

Name and Title

Agency Name

Signature  Date