



School Nurse Update

#1 August 2018

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IN THIS ISSUE

Welcome to the 2018/19 School Year!!

This back to school issue of the DPI School Nurse Update is full of important notices and information. I hope that you will find time in your very busy schedule to look over this update and note issues that may be of concern for you and your students this coming school year.

Please pay particular attention to the **many notices from the Department of Health Services (DHS)**. Of particular importance is the information about **resetting your WIR password**. Also note upcoming **professional development activities under SAVE THE DATE**.

State Superintendent Tony Evers announced on July 23 the first of four major **budget requests** for the 2019-2021 biennium. In that request is **funding to support pupil services positions, including school nurses**, and funds to assist students with mental health challenges. See attached infographic with more information.

With the **ending of the CDC 1301 grant** Laura Marty is no longer with the Department of Public Instruction. There were many great resources created as part of that grant and they remain available on the [School Nursing webpage](#).

Several **immunization compliance resources** are included in this update. Here are the links to locate your **district's official compliance rate** for the 2017/18 school year: [public school districts](#) and [private school districts](#). I will participate in DHS's school immunization webinar on August 23. See link under **SAVE THE DATE**.

PRACTICE POINTS emphasizes the importance of setting yourself up at the beginning of the school year so you can **collect the data you need to demonstrate your impact on student health and academic outcomes**.

Best wishes for a safe and successful start to the school year!!

Dangerous New Challenge!!

Student Record Transfers

Back to School Tool Kit

Changes to Reportable Communicable Diseases

Immunization Law Clarifications

New FAPE Bulletin

PRACTICE POINTS- Data Collection Points for 2018/19

SAVE THE DATE

DPI School Nurse Summer Institute- August 9, 2018- Madison - Human Trafficking. [Registration open until August 5.](#)

DHS School Immunization webinar- August 23, 2018 1:00 PM [Link to webinar.](#)

Wisconsin Asthma Coalition Annual Meeting- September 21, 2018 – see flyer

New School Nurse Orientation – October 18-19, 2018 Wausau, WI

Building the Heart of Successful Schools – December 6-7, 2018



DPI Corner

Sixty-four school districts and consortiums are sharing \$3.25 million in state grant funding to provide school-based mental health services.

<https://dpi.wi.gov/sites/default/files/news-release/dpinr2018-72.pdf>

The DPI Special Education Compliance Team released a [new FAPE Bulletin](#). Good information for school nurses to know when attending IEP and 504 meetings.

Student Mental Health Clinical Consultation Billing

Wisconsin Act 59 created a pathway for clinical mental health providers to bill Medicaid for consultation time for students who are Medicaid eligible. This change allows clinical mental health providers to be reimbursed for consultation to educator teams and individual school staff. Note that this policy does not apply to the school-based service benefit. For more information, see the attached handout from Forward Health (No. 2018-25)

Student Records Transfers

2017 Wisconsin Act 251 amended the student records transfer provision contained in section 118.125(4) of the statutes. Previously, student records were to be transferred to a student's new school within five days of receipt of a written notice the student was transferring from the parent, adult student, or new school. **The amended statute now requires records to be transferred no later than the next working day after the receipt of the written request.** The change was effective April 5, 2018.



New Free and Reduced Lunch Eligibility Guidelines Published

Each year, the U.S. Department of Agriculture (USDA) Food and Nutrition Service uses federal poverty information to update income eligibility guidelines for meals served at schools and day care programs. As an agency administering USDA programs, the Wisconsin Department of Public Instruction publicizes these guidelines annually.

<https://dpi.wi.gov/sites/default/files/news-release/dpinr2018-70.pdf>

'Juuling' and Teenagers: 3 Things Principals and Teachers Need to Know

A trendy product that has stirred concern among many child health advocates went undetected in many school hallways, bathrooms, and even classrooms when students first started using it. The tiny device, called a Juul, looks more like a USB drive than what it actually is, a form of e-cigarette that allows students to inhale flavored nicotine vapor, often without detection by adults. [Read more on Education Week...](#)

Dangerous/Deadly Hot Water Challenge



Photo :Shutterstock

A new and dangerous trend has led children nationwide to suffer serious burns and, in at least one case, death.

The "Hot Water Challenge," which kids say was inspired by YouTube videos, involves pouring boiling water on an unsuspecting friend - or, in one fatal instance, daring a friend to drink boiling water through a straw.

<https://www.forbes.com/sites/brucelee/2018/07/29/hot-water-challenge-why-you-shouldnt-pour-boiling-water-on-someone/#49efof4b6f11>

Traumatic Brain Injury Updates

National Association of School



Traumatic Brain Injuries, also known as TBIs, affect the lives of millions of Americans nationwide. Anyone can experience a TBI, but data suggest that children and older adults (age 65 and older) are at greatest risk. Many traumatic brain injuries, including concussions, are preventable, and you can help spread the word.

NEW CDC Posters: Do you know the leading cause of concussion in your sport? These posters spotlight the leading causes of concussion in individual sports and steps to take to help lower the chance for concussion or other serious brain injury.

Nurses Back-to School Toolkit

Covering Wisconsin has new County Community [Resources Sheets](#). Available in English and Spanish for all of Wisconsin 72 counties! www.coveringwi.org

Recursos comunitarios
Alimentos y nutrición | Ayuda económica
Asistencia infantil | Hogar y alquiler

Seguro de salud
Cada persona de la familia puede calificar para una opción diferente.

- 1. BadgerCare Plus (Medicaid in Wisconsin)**
Para adultos y niños con bajos ingresos y sin seguro.
- 2. Mercado de Seguro Médico (Obamacare)**
Para las personas que no tienen un plan de seguro de salud económico de su trabajo. La ayuda financiera se basa en los ingresos.
- 3. Medicaid SSI**
Seguro de salud para personas que reciben SSI (Seguridad de Ingresos Suplementarios).
- 4. Medicare**
Para personas de 65 años o más, o que tienen Seguro Social por discapacidad, o una enfermedad renal en etapa terminal.

5. Programa Katie Beckett
Para niños con discapacidades o necesidades de salud graves.

¿Encuentre ayuda en persona?
¿Necesita ayuda con una solicitud? Marque 2-1-1 para hablar con organizaciones locales.

Centro de Servicios al Ciudadano
1-800-784-0388

Centro de Servicios al Ciudadano
1-800-784-0388

Centro de Servicios al Ciudadano
1-800-242-1089

Apoyamos

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NSP 007-0000

Community Resources
Food & Nutrition | Cash Assistance
Child Assistance | Home & Rent

Health Insurance
Each person in your family may qualify for a different option.

- 1. BadgerCare Plus (Wisconsin Medicaid)**
For adults and children with low or no income.
- 2. The Marketplace (Obamacare)**
For people who don't have affordable health insurance at their job. Financial help is based on income.
- 3. Medicaid SSI**
Health insurance for people who get SSI (Supplemental Security Income).
- 4. Medicare**
For ages 65 or older, or have Social Security Disability, or end-stage kidney disease.

5. Katie Beckett Program
For children with a disability or serious health needs.

Find in-Person Help!
Need help with an application? Call 2-1-1 for local organizations.

County Center
1-800-784-0388

County Center
1-800-784-0388

County Center
1-800-242-1089

Local Help

The Parenting Place
920.201.4400

Child Abuse and Prevention Board Releases New Campaign

Five for Families is a statewide public awareness campaign developed as a universal prevention strategy by the Wisconsin Child Abuse and Neglect Prevention Board. The primary goal of the campaign is to increase knowledge of the Protective Factors Framework, an evidence-informed, strengths-based approach to child maltreatment prevention and family well-being promotion created by the [Center for the Study of Social Policy](#). See attachment to this update.



Immunization Law Clarification Letter

[Link to letter.](#)

WIR Passwords- Action Needed!

Beginning July 28, 2018 you will find a new process for resetting your WIR password. WIR will be implementing a "Forgot Password?" feature, which will make it easier for you to reset your forgotten password. In preparation for this new feature you will need to ensure your WIR user account is up to date.

How to update your user account:

1. Log in to your WIR organization
2. Click manage access/account located on the menu bar at the top
3. In the navigation under Manage My Account, click Edit My User Account
4. Your current information will be displayed
5. Update your information and be sure to include all contact information (address, city, email, phone number, etc.)
6. To have the ability to reset your own password, an email address must be included on your WIR user account

Once this function is implemented, the first time you log into WIR you will be prompted to establish your profile by selecting and answering five security questions.

CDC: 6 Reasons to Get HPV Vaccine for Your Child

CDC's new website highlights [six important reasons](#) for parents to get HPV vaccine for their children. The website includes graphics that are sharable on your social media platforms as well as a full page PDF that can be printed to share with parents.

CDPP Launches New Prediabetes Webpages

The Wisconsin Division of Public Health's Chronic Disease Prevention Program (CDPP) has [added new prediabetes webpages](#) to assist you in creating awareness about prediabetes and the National Diabetes Prevention Program (DPP). The webpages feature basic information about prediabetes and the National DPP; links to resources including an online prediabetes screening test and locator for National DPP classes; and, information/resources specific to health care, employers, and payers. You also can find a prediabetes screening test widget to add to your website, promotional materials, and a map of Medicare DPP suppliers. You can reach the prediabetes webpages by clicking the link above or by clicking on "Prediabetes & Diabetes" on the [CDPP home page](#).

Administrative Rule Ch. DHS 145 – Control of Communicable Diseases Revision Approved

The Wisconsin Department of Health Services (DHS) announces that revisions to Chapter 145 of DHS Administrative Code have received final legislative approval. Chapter DHS 145 was promulgated to establish a surveillance system for the purpose of controlling the incidence and spread of communicable diseases in Wisconsin. Revisions to this rule will be published in the Administrative Register and become effective July 1, 2018.

What is changing?

References in Chapter DHS 145 to publications containing standards for the control of communicable diseases have been updated and are now contained in the “Note” for each applicable section. Details of the revised references are available in the approved [rule text](#).

The most significant revisions to Chapter DHS 145 are in its [list of Communicable Diseases and Other Notifiable Conditions in Appendix A](#). To improve clarity, causative agent names or synonyms were added to some diseases, specific conditions were alphabetized, and the general categories of Outbreaks and Diseases Foreign to Wisconsin were separated from the other Category I conditions. Because Category I diseases are of urgent public health importance, the initial notification of a disease incident now requires speaking with a local health officer or their designee (e.g., local public health nurse, on-call staff, DHS epidemiologist). Fax, mail, or electronic reporting can then be used for subsequent reports of the same incident.

Diseases added to the Category I list are expected to be uncommon and include:

- Carbapenem-resistant Enterobacteriaceae (CRE)
- Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV)
- Primary Amebic Meningoencephalitis (PAM)
- Viral Hemorrhagic Fever (VHF)

Diseases added to the Category II list include:

- Borreliosis (other than Lyme disease)
- Coccidioidomycosis (Valley Fever)
- Environmental and occupational lung diseases (asbestosis, silicosis, chemical pneumonitis, and diseases caused by bio-dusts and bio-aerosols)
- Free-living amoebae infection
- Influenza-associated hospitalization
- Latent tuberculosis infection (LTBI)
- Rickettsiosis (other than spotted fever)
- Blue-green algae and Cyanotoxin poisoning
- Carbon monoxide poisoning
- Zika virus infection

The Category III description of reporting human immunodeficiency virus (HIV) infection has also been updated to reflect additional laboratory results that are required to be reported. Most laboratories are already complying with the requirements.

Details of revisions to Appendix A are highlighted in the preview of the [approved rule](#). Subject matter experts at DHS are preparing case reporting and investigation protocols (EpiNets) for added diseases and conditions. The EpiNet and related guidance and forms for each disease can usually be found in the “For Health Professionals” section of the DHS disease-specific website. The [DHS Disease Reporting webpage](#) will be revised to include the updates.

PRACTICE POINTS

Most of you know, besides my role as the Department of Public Instruction's State School Nurse/Health Services Consultant, I hold a position with the National Association of School Nurses (NASN) as a Board of Director. I also presently serve on the Executive Committee for NASN and am the chairperson for the Strategic Research Committee. All that means I am committed that Wisconsin collects and reports robust school health services data to stakeholders at both the state and national level! It begins with Wisconsin school nurses being empowered and having the capacity to collect and report their district data at the local level.

This summer the NASN announced its new data initiative "*The National School Health Data Set: Every Student Counts™*." I encourage all school nurses to look at the materials available to both members and non-members on the [NASN website](#). Wisconsin's voluntary School Health Services Survey will continue to use the nationally defined data points for the 2018-19 school year. A hand out to help you collect some of these data points is attached to this update. Plan to begin the school year with these data points in mind. Additional data points are requested in the Wisconsin end of the year survey. You may print out a copy of the 2017-18 Wisconsin School Health Services Survey on the [DPI website](#) so you are prepared to collect these additional data points.

It is important to note that when reporting the number of students with chronic health conditions it is imperative to know which of your students have medically diagnosed versus parent reported health conditions. Before the school year begins, look at how you might designate this in your electronic health record keeping system so it is easy to pull the data. You may not be able confirm all students have medically diagnosed asthma, but you can separate those in your data banks that are medically diagnosed. Having that robust information is a start.

Each year I pick a topic to travel around the state and talk with as many school nurses as I can. This year in keeping with this new initiative, I will be discussing ways to build school nurse capacity for data collection. I will also be talking about how school nurses can find and evaluate current school health related research to inform their evidenced-based school nursing practices. Please contact me if you have a group of school nurses you would like for me to meet!!

School Nurse Webpage:

<https://dpi.wi.gov/sspw/pupil-services/school-nurse>

To join the School Nurse Email List and receive school nursing updates [click here](#)





Five for Families

Public Awareness Campaign Toolkit



CHILD ABUSE & NEGLECT
Prevention Board





ABOUT THE CAMPAIGN

Five for Families is a statewide public awareness campaign developed as a universal prevention strategy by the Wisconsin Child Abuse and Neglect Prevention Board. The primary goal of the campaign is to increase knowledge of the Protective Factors Framework, an evidence-informed, strengths-based approach to child maltreatment prevention and family well-being promotion created by the [Center for the Study of Social Policy](#).

While the target audiences for the Protective Factors Framework are family support professionals and policy makers, **Five for Families** translates this framework into everyday language for parents, caregivers, friends, neighbors and community members to message the 5 essential strengths that keep every family strong.

Five for Families language was developed in partnership with parents, caregivers and family support professionals. Listed below is the campaign language in relation to the original Protective Factors Framework.

5 Strengths	Protective Factors
Helping Kids Understand Feelings	Social and Emotional Competence of Children
Parenting as Children Grow	Knowledge of Parenting and Child Development
Connecting with Others	Social Connections
Building Inner Strength	Parental Resilience
Knowing How to Find Help	Concrete Supports in Times of Need

USING THE TOOLKIT TO CONNECT WITH LOCAL EFFORTS

This toolkit was created to support partner's efforts to include **Five for Families** language and materials in their existing outreach and communication efforts related to their work with families. Here are a few key ideas to help promote the **Five for Families** campaign, but we encourage you to be creative and think of the most effective strategies for your agency and community.

- Spread the word through presentations to work-related coalitions, professional networks and associations.
- Mention the campaign to family and friends
- Write a short call to action on your own organization's website or newsletter and include a link to FiveforFamilies.org
- Utilize your organization's website, social media channels, newsletters
- Hang up or distribute the posters and rack cards in key locations around the community
 - Libraries
 - Community Centers
 - Coffee shops
 - Schools and PTA/PTO
 - Local festivals

MESSAGING GUIDANCE

Five for Families is a strengths-based campaign that provides information about the five essential strengths that keep all families strong. When promoting or integrating **Five for Families**, we would appreciate your help in keeping the messaging positive. The main message is the 5 Strengths benefit all families and the messaging should not:

- Target only families with identified risk factors
- Include maltreatment rates
- Be a directive to families
- Include language inferring that families are weak or unsafe without the 5 Strengths

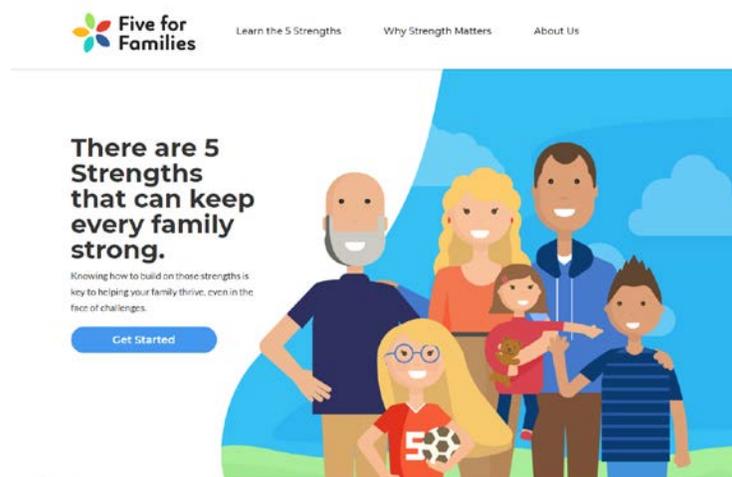
When posting about the **Five for Families** campaign on social media, consider these guidelines to create a recognizable brand easily identified by families.

- Use the Five for Families images provided
- Direct followers to the campaign's homepage using this link: **FiveforFamilies.org**
- Increase the visibility of your post by liking and tagging the Child Abuse and Neglect Prevention Board (<https://www.facebook.com/preventionboard/>) and Celebrate Children Foundation Facebook (<https://www.facebook.com/celebratechildren/>) pages.

STATEWIDE CAMPAIGN ELEMENTS

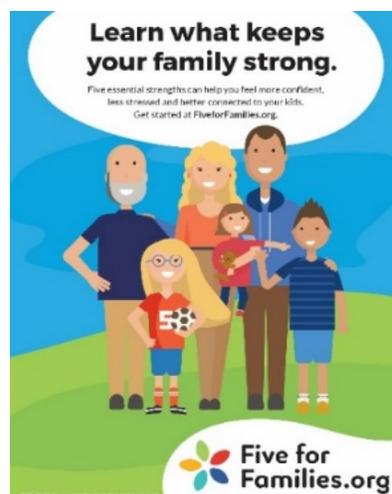
Listed below are the multiple elements related to the **Five for Families** public awareness campaign, all of which are designed to encourage individuals to visit the campaign website, FiveforFamilies.org. The website includes information on each of the 5 Strengths and why strength matters, video testimonials from Wisconsin parents and grandparents, exercises that guide understanding and offer new ideas for building family strength, and a place to share what makes your family strong. Spanish translation of the website, videos, posters and rack cards will be available fall 2018.

1. Campaign Website – FiveforFamilies.org



2. Posters – 8.5” x 11” and 11” x 17”

Order at [Document Sales](http://DocumentSales.com)



3. Promotional Videos



:06 second spots

[Every Family Is Strong](#)
[Help Your Family Grow Stronger](#)
[Five to Thrive](#)

:30 second spot

[The Five Strengths](#)

4. Rack Card – 3.5” x 8.5”

Order at [Document Sales](#)

Learn the
5 Strengths
 that keep families strong.



Parenting as Children Grow
 Learning skills to support your child's growth.



Building Inner Strength
 Staying flexible and calm during times of stress.



Knowing How to Find Help
 Seeking support and accepting help in times of need.



Helping Kids Understand Feelings
 Showing your kids how to express and handle emotions.



Connecting with Others
 Building a network of people who care about you and your family.

To learn how to build on your family's strengths, visit:



(Front)



(Back)

5. Social Media Images



6. Sample Press Release or Newsletter

Five for Families Campaign To Strengthen Wisconsin Families

The Wisconsin Child Abuse and Neglect Prevention Board is launching the Five for Families campaign that features an interactive website, www.FiveforFamilies.org, to spread the word about the five essential strengths that keep every family strong.

The Five Strengths were identified by the Center for the Study of Social Policy, a national child and family public policy and research organization, as part of their Strengthening Families Protective Factors Framework™. Learning how to build on the Five Strengths can help parents feel more confident, less stressed and better connected to their kids.

The Five Strengths are:

- Helping Kids Understand Feelings
- Parenting as Children Grow
- Connecting with Others
- Building Inner Strength
- Knowing How to Find Help

“All families benefit from the Five Strengths. When these factors are present, research tells us that they support the optimal development of children and reduce the likelihood of child abuse and neglect,” states Michelle Jensen, Executive Director of the Child Abuse and Neglect Prevention Board.

At the website, www.FiveforFamilies.org, parents can access information and everyday ideas to help identify and build upon their family strengths. The site features interviews with Wisconsin parents and grandparents sharing their understanding of the Five Strengths and how focusing on these strengths has benefitted their families. The website highlights the role extended family, friends, neighbors and the broader community play in building strength.

Parents, caregivers and professionals working with families were key partners in developing Five for Families. “The Five Strengths help me focus on the positives within families,” states **[NAME, TITLE AND ORGANIZATION]**. “FiveforFamilies.org is a resource for strengths-based information and strategies that I can share with families to help them discover how they are strong and how to build on their strengths.”

The vision of the Wisconsin Child Abuse and Neglect Prevention Board is that every child in Wisconsin grows up in a safe, stable and nurturing environment. For over thirty years, the Board has advocated for policy changes needed for state programs, statutes, policies and budgets to strengthen families, reduce child abuse and neglect, and improve coordination among state agencies providing prevention services.

If you would like more information about the Five for Families campaign or programs offered at **[ORGANIZATION]**, please contact **[NAME, PHONE NUMBER AND EMAIL]**

LIMITED PAID MEDIA CAMPAIGN ELEMENTS

To launch the first year of **Five for Families**, the Prevention Board utilized paid media to increase the reach of the campaign in a limited number of communities. If your organization has available funding or access to no-cost media placement in your community and would like to use the materials below, please contact preventionboard@wi.gov for more information.

7. Print Ads – 6.5” x 9.5” and 7.0” x 9.0”



8. Cinema Video Ads – :30 Spot



9. Billboards – 14’x48’, 10’5”x 22’8” and 7’6” X 20”



10. Bus Wrap: 30” x 144”



BRANDING GUIDELINES



Logos Usage

- Always use the full-color logo against a white background
- Always use the appropriate version of the logo (print vs. web)
- Don't use a black and white version of the logo if possible
- Don't use the logo in any other color combination than identified in this document
- Don't stretch, rotate, or distort the logo
- Don't use the logo at less than 100% opacity or tints/screens of color
- Don't change the typography next to the logo mark
- Don't rotate the **Five for Families** mark. The red and blue colors should always be next to the **Five for Families** name or associated content
- If the logo will be blown up large-scale, please send printer the svg logo file to ensure crispness

When the **Five for Families** logo shares space with local, county, state or national partners, balance the logos within the space and use sufficient white space between and around the logos.



Questions

Please contact us at PreventionBoard@wi.gov with any questions.

**Thank you for helping spread the word about
Five for Families!**

Affected Programs: BadgerCare Plus, Medicaid

To: Advance Practice Nurse Prescribers With Psychiatric Specialty, Community Health Centers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Psychiatrists, Psychologists, Qualified Treatment Trainees, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

New Outpatient Mental Health Policy Adding Coverage of Mental Health Clinical Consultations for Students

Effective for dates of service on and after July 1, 2018, mental health clinical consultations for members who are students under 21 years of age with an established mental health diagnosis are covered services under the Outpatient Mental Health services benefit.

Covered Services

As established in 2017 Wisconsin Act 59, a mental health clinical consultation is defined as communication between a mental health provider and BadgerCare Plus or Medicaid student members, ages 21 and under, with an established mental health diagnosis. The intent of the mental health clinical consultation is to inform individuals working with the member of the following:

- Member's symptoms
- Strategies for effective engagement, care, and intervention
- Treatment expectations for the member

Mental health clinical consultations are reimbursable services when provided by enrolled mental health providers currently allowed to render outpatient mental health services to any of the following:

- Educator teams
- Individual educators
- School staff

Mental health clinical consultations may be provided via telephone or face-to-face interviews. The content and duration of the mental health clinical consultation must be documented. Mental health clinical consultations follow the same documentation requirements as other outpatient mental health services. These requirements can be found in the Documentation chapter of the Provider Enrollment and Ongoing Responsibilities section of the Outpatient Mental Health service area of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/.

Note: This policy does not apply to the School-Based Services benefit. For coverage information regarding the School-Based Services benefit, refer to the School-Based Services service area of the Online Handbook.

Noncovered Services

Mental health clinical consultations not related to the member's diagnosis or treatment for mental illness are considered noncovered services. As a reminder, outpatient mental health services for persons with the primary diagnosis of intellectual disability are considered noncovered services, except when they experience psychological problems that necessitate psychotherapeutic intervention.

For a list of noncovered services, refer to the Noncovered Services topic (topic #6117) of the Noncovered Services chapter of the Covered and Noncovered Services section of the Outpatient Mental Health service area of the Online Handbook.

Claims Submission

Codes and Modifiers

Mental health providers are required to use Healthcare Common Procedure Coding System procedure code H0046 (Mental health services, not otherwise specified) to bill for 15-minute increments of mental health clinical consultations. Units must be rounded to the closest 15-minute unit, per *Current Procedural Terminology* rounding guidelines. Mental health clinical consultations may only be billed separately as an individual service and cannot be billed as a part of any other service or assessment.

Providers are required to indicate the member's established mental health diagnosis with an appropriate *International Classification of Diseases* diagnosis code.

Providers are required to use the appropriate professional level modifiers when submitting claims. For a complete list of professional modifiers and their descriptions, refer to the Modifiers topic (topic #6218) in the Codes chapter of the Covered and Noncovered Services section of the Outpatient Mental Health service area of the Online Handbook.

Information Regarding Managed Care Organizations

This is a new service available for all eligible members, regardless of enrollment in an HMO. BadgerCare Plus and Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

P-1250

WISCONSIN ASTHMA COALITION - 2018 ANNUAL MEETING

Friday

SEPT. 21

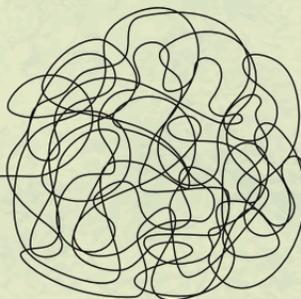
8:00 A.M.-3:00 P.M.
ANNUAL MEETING

Location

BEST WESTERN
BRIDGEWOOD
RESORT HOTEL

NEENAH, WIS.

What's next?



When asthma is out of control. →

Highlights

- ENGAGING SPEAKERS
- NEW RESEARCH AND PROGRAMS
- WISCONSIN ACTION PLAN IDEAS
- NETWORK

Learn more at
<https://2018wac.eventbrite.com>



WISCONSIN BUDGET PROPOSAL

Prioritizing School Mental Health

Overwhelming Demand

State support remains far short of demand for programs to assist students with mental health challenges. One in five students faces a mental health issue. Over 80 percent of incidents go untreated. For those who do receive treatment, roughly 75 percent of the time it's administered at school.

80%
OF MENTAL HEALTH
INCIDENTS GO UNTREATED

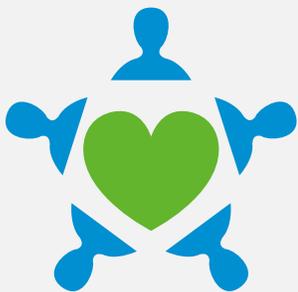
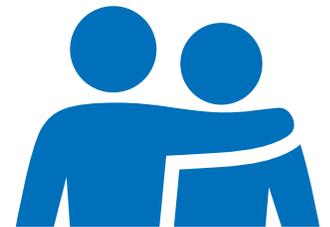


Tenfold Funding Increase

The department's 2019-21 budget seeks a tenfold increase in mental health funding to meet pressing student and family needs. This includes \$10 million to fully fund and expand collaborative grants (previously funded at \$3.25 million). This new, popular program brings schools and community providers together to serve the needs of students and families.

More Pupil Services Staff

In many districts, pupil services staff are working at ratios that limit their reach and effectiveness. These positions are critical to healthy and safe schools. The budget seeks \$44 million to extend a categorical aid that matches district funds when hiring these positions. The previous program focused solely on social workers (with \$3 million of state support).



Support for Students and Families

Over \$5 million will fund statewide training and support, including two additional programs focused on preventing youth suicide. Suicide became dramatically more common among Wisconsin youth over the last four years. A new state program to fund parent peer specialists, in conjunction with family-run organizations, will help empower and assist families in overcoming emotional and mental health challenges.

YEAR LONG DATA COLLECTION
SCHOOL HEALTH STAFFING

DATA POINTS (do not double count any persons)	DEFINITION AND INCLUSION/EXCLUSION CRITERIA <i>RN=Registered Nurse LPN=License Practice Nurse LVN=Licensed Vocational Nurse FTE=Full-time Equivalent (based on teacher FTE)</i>	DATA POINT #
1. Number of enrolled students in district (use official October count submitted to DOE)	<i>Use the District's official October count (many states submit this number to DOE).</i>	
2. Total number of RN FTEs with an assigned caseload providing direct services	<i>Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Direct services also include care provided in a health care team including LPNs or aides. Inclusion/Exclusion -Include long term substitute (but not the substitute RN list for short term needs) -Exclude nurses working with medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5) -Exclude % of administrative assignment</i>	
3. Total number of LPN/LVN FTEs with an assigned caseload providing direct services with a designated case load	<i>See definition of direct services above</i>	
4. Total number of health aide (non-RN, non-LPN/LVN) FTEs with an assigned caseload providing direct health services (e.g., give medication, staff health office, perform specific health procedures)	<i>This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides IF it is included as a specific part of their responsibility (i.e. cover health office regularly).</i>	
5. Total number of supplemental/float RN FTEs	<i>Permanently hired/contracted RNs who provide supplemental/additional direct nursing services or specific procedures, e.g. child find/EPST. Do not include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the RNs identified in #2 and #8.</i>	

6. Total number of supplemental/float LPN/LVN FTEs	<i>Permanently hired/contracted LPNs/LVNs who provide supplemental/additional direct nursing services or specific procedures. Do not include LPNs/LVNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the LPNs/LVNs identified in #3 and #9.</i>	
7. Total number of supplemental/float health aide (non-RN, non-LPN/LVN) FTEs	<i>Permanently hired/contracted health aides (non-RN, non-LPN/LVNs) FTE who provide supplemental/additional direct nursing services or specific procedures. Do not include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified in #4 and #10.</i>	
8. Total number of RNs with special assignment FTEs	<i>Include RNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).</i>	
9. Total number of LPN/ LVNs with special assignment FTEs	<i>Include LPNs/LVNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).</i>	
10. Total number of health aides (non-RN, non-LPN/LVN) with special assignment FTEs	<i>Include health aides (non-RN, non-LPN/LVNs) working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).</i>	
11. Total number of RN FTEs providing administrative or supervisory school health services	<i>RNs providing management/clinical supervision to RNs, LPNs/LVNs, or other health extenders, or conducting other administrative health services, e.g. case management.</i>	
12. Total number of LPN/ LVN FTEs providing administrative or supervisory school health services	<i>LPNs/LVNs providing management/clinical supervision to LPNs/LVNs, or other health extenders, or conducting other administrative health services.</i>	
13. Total number of assistant FTEs providing administrative support services to RNs or LPNs/LVNs	<i>Assistants providing administrative support services to RNs or LPNs/LVNs, e.g. clerical assistance</i>	
TOTAL Health Services FTE	<i>This number is a total of the numbers you entered for this section and is for your use.</i>	0.00

CHRONIC CONDITIONS		
DATA POINT	DEFINITION AND CLARIFICATIONS	DATA POINT #
14. Number of students enrolled in assigned school	<i>Use official October count (many states submit this number to DOE Department of Education). This should be the number from schools reporting conditions</i>	
15. Number of students with a diagnosis of asthma from a health care provider	<i>Include only those with a diagnosis of asthma from a health care provider</i>	
16. Number of students with a diagnosis of Type 1 Diabetes from a health care provider	<i>Include only those with a diagnosis of Type 1 Diabetes from a health care provider</i>	
17. Number of students with a diagnosis of Type 2 Diabetes from a health care provider	<i>Include only those with a diagnosis of Type 2 Diabetes from a health care provider</i>	
18. Number of students with a diagnosis of a seizure disorder from a health care provider	<i>Include only those with a diagnosis of seizure disorder from a health care provider</i>	
19. Number of students with a diagnosis of life threatening allergy from a health care provider	<i>Include only those with a diagnosis of a life threatening allergy from a health care provider</i>	
TOTAL Chronic Conditions	<i>This is a total of chronic conditions based on the numbers you entered for this section and</i>	0
Percentage of students with Chronic Conditions	<i>This is the percentage of students with chronic condition based on your answers above. This is for your use.</i>	#DIV/0!
Percentage of students with Asthma	<i>This is the percentage of students with asthma based on your answers above. This is for your use.</i>	#DIV/0!
Percentage of students with Type 1 Diabetes	<i>This is the percentage of students with Type 1 Diabetes based on your answers above. This is for your use.</i>	#DIV/0!
Percentage of students with Type 2 Diabetes	<i>This is the percentage of students with Type 2 Diabetes based on your answers above. This is for your use.</i>	#DIV/0!
Percentage of students with Seizure disorder	<i>This is the percentage of students with seizure disorders based on your answers above. This is for your use.</i>	#DIV/0!

Percentage of students with life threatening allergy	<i>This is the percentage of students with life threatening allergies based on your answers above. This is for your use.</i>	#DIV/0!	
	YEAR LONG DATA COLLECTION		Calculated Percentages of RN visits
	HEALTH OFFICE VISITS-DISPOSITION		
DATA POINT	DEFINITION AND CLARIFICATIONS	DATA POINT #	
20. Number of student encounters/health office visits to RN resulting in the student returning to class or staying in school during the 2018-2019 school year ²⁰ .	<i>Include only students who are seen (face to face) by RN (not other health office staff)</i>		#DIV/0!
21. Number of student encounters/health office visits to the RN resulting in 911 being called or regionally appropriate equivalent during the 2018-2019 school year	<i>Include only students who are seen (face to face) by RN (not other health office staff)</i>		#DIV/0!
22. Number of student encounters/health office visits to the RN resulting in the student being sent home during the 2018-2019 school year	<i>Include only students who are seen (face to face) by RN (not other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.</i>		#DIV/0!
TOTAL HEALTH OFFICE DISPOSITIONs to RN	<i>This is the total number of visits to RN based on your numbers and is for your use.</i>	0	
PERCENTAGE OF HEALTH OFFICE DISPOSITIONs to RN	<i>Total percentage of visits to RN</i>	#DIV/0!	% of visits LPN/LVN

23. Number of student encounters/health office visits to LPN/LVN resulting in the student returning to class or staying in school during the 2018-2019 school year	<i>Include only students who are seen (face to face) by LPN/LVN (not RN or other health office staff)</i>		#DIV/0!
24. Number of student encounters/health office visits to the LPN/LVN resulting in 911 being called or regionally appropriate equivalent during the 2018-2019 school year	<i>Include only students who are seen (face to face) by LPN/LVN (not RN or other health office staff)</i>		#DIV/0!
25. Number of student encounters/health office visits to the LPN/LVN resulting in the student being sent home during the 2018-2019 school year	<i>Include only students who are seen (face to face) by LPN/LVN (not RN or other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.</i>		#DIV/0!
TOTAL HEALTH OFFICE DISPOSITIONS to LPN/LVN	<i>This is the total number of visits to LPN/LVN based on your numbers and is for your use.</i>	0	
PERCENTAGE OF HEALTH OFFICE DISPOSITIONS to LPN/LVN	<i>Total percentage of visits to LPN/LVN</i>	#DIV/0!	% of visits aide (non-RN, non-LPN/LVN)

26. Number of student encounters/health office visits to health aide/UAP (non-RN, non-LPN/LVN) resulting in the student returning to class or staying in school during the 2018-2019 school year	<i>Include only students who are seen (face to face) by other health/UAP staff (non-RN, non-LPN/LVN). You may include secretary or others IF it is included as a specific part of their responsibility.</i>		#DIV/0!
27. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN/LVN) resulting in 911 being called or regionally appropriate equivalent during the 2018-2019 school year	<i>Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN/LVN). You may include secretaries or others IF it is included as a specific part of their responsibility.</i>		#DIV/0!
28. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN/LVN) resulting in the student being sent home during the 2018-2019 school year	<i>Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN/LVN). You may include secretaries or others IF it is included as a specific part of their responsibility. Includes students sent home with the recommendation/directive to see a health care provider.</i>		#DIV/0!
TOTAL HEALTH OFFICE DISPOSITIONS TO AIDE	<i>This is the total number of visits to AIDE/UAP (non-RN, non-LPN/LVN) based on your numbers and is for your use.</i>	0	
PERCENTAGE OF HEALTH OFFICE DISPOSITIONS TO AIDE	<i>Total percentage of visits to Aide (non-RN/non-LPN/LVN)</i>		#DIV/0!
TOTAL ALL HEALTH OFFICE DISPOSITIONS	<i>This is the total number of health office visits no matter who saw the student (based on your numbers)</i>	0	



9:00 am-3:00 pm
Registration 8:30-9:00 am

■ **October 16, 2018**

CESA #9

304 Kaphaem Road
Tomahawk, WI 54487

Contact:

Lynn Verage, CESA #9

(715) 453-2141

lverage@cesa9.org

Online Registration

<https://login.myquickreg.com/register/event/event.cfm?eventid=21176>

Registration Questions:

Mary Devine, CESA #4

(800) 514-3075

mdevine@cesa4.org



Motivational Interviewing Basics for Schools

**Are you curious to learn more about
the use of motivational interviewing in schools?**

Find out about the application of Motivational Interviewing in education, including how it might be a tool for you to be more effective in helping students change, improve, and learn. Explore the approach, learning the skills, and ideas about why and how it works.

Participants will:

- Be able to define motivational interviewing
- Understand the spirit of this intervention
- Become familiar with and practice OARS skills
- Introduce the four processes in motivational interviewing
- Create a plan for using motivational interviewing in your everyday life.

This workshop will give you background knowledge that will help you decide if School SBIRT (<http://www.wishschools.org/resources/schoolsbirt.cfm>) training is a good fit for your school.

Trainers:

Carol Zabel and Jackie Schoening, Wisconsin Safe and Healthy Schools Center

Cost: \$ 50.00

Payable to: CESA #4

Send Payment to:

CESA #4, 923 East Garland Street, West Salem, WI 54669

ATTN: Mary Devine

**With all checks or purchase orders, PLEASE include and clearly define:
Participant name, exact name of workshop, and date. Thank you!**



TIME / DATES / LOCATIONS

Registration: 8:30-9:00 am

Training 9:00 am-3:00 pm

■ October 25, 2018

CESA #5; 626 E. Slifer Street

Portage, WI 53901

Contact: Lynn Verage, CESA #9

(715) 453-2141 x228; lverage@cesa9.org

■ November 1, 2018

CESA #8; 223 W. Park Street,

Gillett, WI 54124

Contact: Christine Kleiman, CESA #7

(920) 617-5645; ckleiman@cesa7.org

■ November 8, 2018

CESA #3; 1300 Industrial Drive

Fennimore, WI 53809

Contact: Jackie Schoening, CESA #6

(920) 236-0515; jschoening@cesa6.org

■ January 17, 2019

CESA #6; 2300 State Road 44

Oshkosh, WI 54904

Contact: Jackie Schoening, CESA #6

(920) 236-0515; jschoening@cesa6.org

■ March 12, 2019

CESA #4, 923 E. Garland Street

West Salem, WI 54669

Contact: Carol Zabel, CESA #10

(715) 720-2145; czabel@cesa10.org

■ April 8, 2019

CESA #12; 618 Beaser Avenue

Ashland, WI 54806

Contact: Lynn Verage, CESA #9

(715) 453-2141 x228; lverage@cesa9.org

Registration or billing questions:

Mary Devine, CESA #4

(800) 514-3075; mdevine@cesa4.org

Send payment to:

ATTN: Mary Devine

923 East Garland Street

West Salem, WI 54669

PLEASE include and clearly define:

Participant name, exact name of workshop, and date, with all checks or purchase orders. Thank you!



Addressing Anxiety Related Needs

A WORKSHOP FOR EDUCATION PROFESSIONALS

Participants will learn:

- About the neurology, prevalence and diagnostics of anxiety and anxiety-related disorders including the components and symptoms of anxiety as well as the anxiety sequence.
- How to support students' self-reported anxiety levels and use this data to guide interventions.
- A variety of strategies to support anxiety both proactively and reactively for learners across the grade band and ability level.

About the presenter:

Jessica Nichols serves the Wisconsin Department of Public Instruction as an Education Consultant on the Special Education Team. Her work supports students with autism, students with emotional behavioral disabilities, and student needs related to mental health and trauma. Jess has extensive experience supporting a variety of learners as a teacher, coach, consultant and trainer. She has a passion for early intervention and meaningful family engagement and is committed to promoting a deeper understanding of the myriad of factors impacting youth in Wisconsin's public schools.

COST: \$50.00 (Lunch and snacks are provided)

REGISTER ONLINE:

Portage — <https://login.myquickreg.com/register/event/event.cfm?eventid=21179>

Gillett — <https://login.myquickreg.com/register/event/event.cfm?eventid=21180>

Fennimore — <https://login.myquickreg.com/register/event/event.cfm?eventid=21181>

Oshkosh — <https://login.myquickreg.com/register/event/event.cfm?eventid=21182>

West Salem — <https://login.myquickreg.com/register/event/event.cfm?eventid=21183>

Ashland — <https://login.myquickreg.com/register/event/event.cfm?eventid=21184>