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Edward J. Collins, Jr. Center for Public Management, University of Massachusetts Boston

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**THE EDWARD J. COLLINS, JR.
CENTER FOR PUBLIC MANAGEMENT**

**MCCORMACK GRADUATE
SCHOOL OF POLICY STUDIES**

University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393
P: 617.287.4824
www.collinscenter.umb.edu

Report on the Chelsea School Nursing Program

EDWARD J. COLLINS, JR. CENTER FOR PUBLIC MANAGEMENT

March 2011

1. Executive Summary

At the request of the Chelsea Public Schools, the Collins Center conducted an analysis of the school health services delivery system. The research included: (1) Review of City and School documents, (2) Interviews and on-site visits, (3) Review of related research, and (4) Conversations with other experts.

Like most urban school systems, Chelsea is facing the challenges of increased educational, social, and health care needs of its students and dwindling financial resources. Despite this, it was clear that the nurses and staff care deeply about their work and the children they serve. An innovative and cooperative network within each school building is helping to backfill gaps created by funding reductions and is working to provide the highest level of attention to the students' health care needs.

The Center's research resulted in eight key findings about the school nursing program:

1. *The decline in nurse and aide staffing levels has made day-to-day service provision difficult and could lead to very challenging situations when there are absences.*
2. *Paperwork and administrative work is falling behind in some settings.*
3. *A lack of translation capacity results in many interactions taking longer than necessary and can require other staff being taken away from their own work assignments.*
4. *Communication within and between schools and public health departments about school nursing issues needs fine tuning.*
5. *The organizational structure of the school nursing program may no longer be an appropriate match for the challenges that have recently evolved.*
6. *The schedules of the school nurses and the Director of School Nursing do not appear to provide the most effective and efficient level of services.*
7. *A lack of standardization across schools can make service delivery less efficient.*
8. *The accumulation of challenges and frustrations noted above has led to low morale, and staff retention and recruitment may become increasingly difficult.*

To address these findings, the Center has 15 recommendations intended to stimulate discussion.

Short-term recommendations:

1. *Improve Communication between All Parties Involved in Student Health Services*
2. *Enable the Parent Information Center to Input Health Information into the System*
3. *Provide Additional Training on X2*
4. *Standardize Organizational Procedures across Schools*
5. *Make Changes to Director of School and Public Health Nursing Position*
6. *Change Nurse Schedules to Match School Times and Clarify Health Aide Schedules*
7. *Increase Collaboration about SpEd Student Needs and Resources*
8. *Create Protocols for Usage of Volunteers for Translation*

Long-term recommendations:

1. *Review Medicaid Reimbursement Budgeting and Procedures*
2. *Conduct Full Review of Collaborative Opportunities*
3. *Develop Program for Increased Collection of Data Useful for Internal Decision-Making*
4. *Plan Strategy to Obtain Additional Grant Funding*
5. *Conduct Periodic Evaluations of Whether the School Nurses Should Report to the City or CPS*
6. *Consider Marketing the City as Location to Test Public Health Interventions*
7. *Develop Additional Protocols for Maintaining Updated Access to Guardian Contact Information*

2. Background

About the Research

At the request of the Chelsea Public Schools (CPS), the Edward J. Collins, Jr. Center for Public Management in the McCormack School of Policy and Global Studies at UMass Boston (the Center) conducted a review of the delivery of school nursing services in the Chelsea Public Schools. The Center's mandate was "to conduct an analysis of the health services delivery system at the school level" in order to "assist the School Department in the analysis of staffing patterns to ensure basic student health needs are delivered in an effective and efficient manner."

Toward that end the Center's research for this report took several forms:

- a. Review of available and relevant City and School documents,
- b. Interviews with staff and on-site visits to each of the schools and the Parent Information Center,
- c. Review of related research and reports on other communities, and
- d. Conversations with additional experts in school nursing and related issues.

For information about the methodology used, please see Section 5.

The Center's research was also guided by the following principles:

- a. Understand that every community is unique and reflect that uniqueness in the recommendations,
- b. Obtain diverse points of view on all issues,
- c. Focus on the current circumstances and potential opportunities, and refrain from judgments on past practices,
- d. Make recommendations that are pragmatic, and
- e. Make recommendations that are adaptable.

For more information about the principles followed, please see Section 5.

In order to satisfy its first principle, the Center's research included a significant effort to understand the characteristics and context of the City. While even a modest description of the features and characteristics of the community is beyond the scope of this report, it is useful to describe a few of the most relevant themes that became apparent in examining the provision of health services in the school system.

About the Chelsea Public Schools

The City of Chelsea has approximately 37,000 residents occupying 1.8 square miles, making it one of the most densely-populated cities in the nation. The total population has increased dramatically over the last two decades (from about 29,000 in 1990).¹ This population growth has directly affected a wide range of municipal service areas, including street infrastructure, public safety, and education, which are all struggling to maintain and deliver to highest level of service.

¹ U.S. Census Bureau, 2009 Population Estimates, Census 2000, 1990 Census. Accessed most recently in January 2011: http://factfinder.census.gov/servlet/SAFFPopulation?_event=Search&_name=chelsea&_state=04000US25&_county=chelsea&_cityTown=chelsea&_zip=&_sse=on&_lang=en&pctxt=fph

Chelsea continues to be a community of diverse racial backgrounds, with Hispanic or Latino being the largest segment of the population at 57.8%.² The median household income in Chelsea continues to lag behind national levels for both families and per capita. Additionally, Chelsea has a substantial housing shortage, which directly impacts the health of individuals, families, and the community at large. The majority of housing stock in Chelsea was constructed prior to 1939, with a disproportionate balance being renter occupied.³ The dense and aging living conditions can directly contribute to Chelsea's increased crime rate, which is three times the state average. Chelsea's dense housing configuration, aging dwelling units, and close proximity to several nearby major highways and New England's largest airport all also contribute to potential health risks for the community, including asthma, lead poisoning, obesity, chronic respiratory concerns, mental health issues, and increased exposure to infectious and communicable disease.

CPS has an enrollment of 5,638 students across five elementary schools (four with grades 1-4 and an early learning center), three middle schools, and one high school. About 84% of students have a first language other than English, over 16% are classified as "limited English proficient," and over 90% of students are classified as "low-income."⁴

There are currently eight school nurses deployed in the nine schools of CPS, along with two part-time bilingual health aides. The nurses are supervised by a Director of School and Public Health Nursing, who reports to the Director of Health and Human Services.

About School Nursing

The National Association of School Nurses (NASN) defines the practice of school nursing as:

*A specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning.*⁵

NASN has identified seven roles that have evolved from this definition of school nursing: (1) The school nurse provides direct health care to students and staff, (2) The school nurse provides leadership for the provision of health services, (3) The school nurse provides screening and referral for health conditions, (4) The school nurse promotes a healthy school environment, (5) The school nurse promotes health, (6) The school nurse serves in a leadership role for health policies and

² U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates. Accessed most recently in January 2011: http://factfinder.census.gov/servlet/ACSSAFFacts?_event=&geo_id=16000US2513205&_geoContext=01000US|04000US25|16000US2513205&_street=&_county=chelsea&_cityTown=chelsea&_state=04000US25&_zip=&_lang=en&_sse=on&_activeGeoDiv=&_useEV=&_pctxt=fph&_pgsl=160&_submenuid=factsheet_1&_ds_name=null&_ci_nbr=null&_qr_name=null&_re_g=null%3Anull&_keyword=&_industry=

³ U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates. Accessed most recently in January 2011: http://factfinder.census.gov/servlet/ADPTable?_bm=y&_geo_id=16000US2513205&_qr_name=ACS_2009_5YR_G00_DP5YR4&_ds_name=ACS_2009_5YR_G00_-&_lang=en&_sse=on

⁴ Massachusetts Department Of Education. Enrollment Data 2009-10.

⁵ Issue Brief: School Health Nursing Services Role in Health Care, Role of the School Nurse. *National Association of School Nurses*. Accessed most recently in January 2011: <http://www.nasn.org/Default.aspx?tabid=279>

programs, and (7) The school nurse serves as a liaison between school personnel, family, community, and health care providers.⁶

Although comprehensive statewide data were unavailable for Massachusetts, in the 80 public school districts that receive funding from the state's "Essential School Health Services" program in the 2008-9 school year, the student to nurse ratio was 404 students per nurse.⁷

Chelsea Challenges and Assets

This organizational analysis comes at a challenging time for the school nursing program in Chelsea. The number of nurses and health aides was reduced, the volume of paperwork has increased, and the complexity of the health issues that children and staff are facing is consistently rising. Cumulatively, these negative factors have resulted in a significant amount of stress and frustration among the nurses and school officials.

Chelsea, like most urban school systems, is facing the difficult challenge of meeting increased educational, social, and health care needs of its students with dwindling financial and personnel resources. The competing priorities vying for scarce assets within the Chelsea school system is reflective of the national concerns regarding the country's educational stability and trajectory.

Despite the challenging environment and growing strains on the student health program, it was clear through the course of the research that the nurses and staff care deeply about their work and the children they serve. As a result of reduced resources, an innovative and cooperative network within each school is helping to backfill gaps created by funding reductions. The commitment of principals, teachers, and security personnel plays a critical role in achieving a successful and safe environment for the students. There is a strong sense of community within each school and a determined focus to provide the highest level of attention to the student's educational, social, and health care needs.

It is important to re-emphasize that this report looks at the current situation and seeks to find solutions to the issues that were brought to the Center's attention through the research. This report does not look to make judgments about past decisions or events. Rather, it seeks to identify opportunities available.

Furthermore, Center staff recognizes the considerable budgetary challenges the City and CPS face. The school nursing program is a system under strain within larger systems that are themselves facing significant stresses. Budgets at all levels are suboptimal, and the amount and complexity of work being sought from staff continue to rise.

The Center acknowledges that there are no easy solutions. Nevertheless, there are organizational adjustments that can be made in the short-term that will hopefully alleviate some of the issues, and there are potential long-term, sustainable solutions that the City and CPS should begin to consider.

⁶ Ibid.

⁷ The Essential School Health Services Program Data Report, 2008 – 2009 School Year. *Massachusetts Department of Public Health, Bureau of Community Health Access and Promotion, Office of Statistics and Evaluation*. Accessed most recently in January 2011: http://www.mass.gov/Eeohhs2/docs/dph/com_health/school/eshs_report_08_09.pdf

3. Key Findings

The health delivery system in CPS is under strain in numerous and significant ways. Cutbacks in staff levels, increases in paperwork, lack of translation capabilities, an insufficient level of communication, and a rise in the number and complexity of health issues have led to stresses and frustrations, which themselves further strain the system. While these issues are obviously and deeply interconnected, it is important to separate them out in order to discuss potential solutions.

Key Finding 1: *The decline in nurse and aide staffing levels has made day-to-day service provision difficult and could lead to very challenging situations when there are absences.*

The loss of funding from the disappearance of the *Essential School Health Grant* has led to a dramatic drop in the number of health aides.⁸ The number of nurses has fallen by one as well, so that there is now less than one nurse per school. The current staffing model allocates one nurse at Chelsea High School, one nurse at Clark Middle, one nurse covering both the Browne and Wright Middle Schools (which share one building), one nurse covering the Early Learning Center, and four nurses covering the four elementary schools at the Burke complex. Additionally, there are two part-time health aides, one who divides her time between the Early Learning Center and the Brown/Wright Middle Schools, and one who divides her time between the High School and other schools.

This level of staffing leads to several problems.

- It is increasingly difficult to simultaneously keep up with regular health visits (e.g., medications), walk-in issues (e.g., fevers, coughs, scrapes, etc.), paperwork, and administrative work.
- If a serious health incident occurs while there is an ill child in the health office and there is no aide on duty, the nurse needs to find another adult to stay with the child while he or she goes to deal with the incident. Nurses are legally and ethically prohibited from abandoning a child alone in the health office.
- On the occasions where one or more of the nurses are sick or otherwise not in attendance, the staffing is such that either one of the four nurses at the Burke has to fill in for the missing nurse, or the health office has to be closed entirely.
- On the rare occasions where there are multiple absences, there is no way to ensure that the health offices in each of the schools are adequately staffed.

Key Finding 2: *Paperwork and administrative work is falling behind in some settings.*

The cutback in health aides has not only affected the ability to keep up with direct services, but in some settings it has resulted in paperwork and administrative functions being unable to keep pace with the demand. A portion of this paperwork is mandatory reporting to the Commonwealth or other organizations (for example, immunization data); some of it is more directly involved with health services provision (for example, individual student med plans); some of it is related to internal school system reporting (for example, school incident reports).

⁸ It is the Center's understanding that the State has restored some of the funding for this grant since the initial draft of this report was completed. If so, this could potentially alleviate some of the staffing level issues.

This problem has been complicated this year by the introduction of new software (the X2 program). With proper training and utilization, this software will eventually improve the efficiency of administrative and reporting tasks, but as with the introduction of any new software, the transition period slows down the process this year while staff adapt to the new system.

Key Finding 3: *A lack of translation capacity results in many interactions taking longer than necessary and can require other staff being taken away from their own work assignments.*

About one in six CPS students is classified as “limited English proficient.” It is likely the proportion among these students’ parents and guardians is significantly higher. The predominant non-English language spoken in Chelsea is Spanish. Although several nurses can speak a little Spanish, none are fluent in it or any of the other most commonly-spoken non-English languages. The two health aides are both fluent in Spanish and provide translation capacity not only in the schools where they are working, but also in response to calls from the other schools.

When neither aide is available, nurses have no option but to ask for translation assistance from principals, secretaries, teachers, or security guards. Often the need for translation requires multiple rounds of phone calls. For example, when a child’s parent needs to be reached about a child’s illness, that can mean multiple calls as the nurse attempts to diagnose the issue and decide what the appropriate treatments and other next steps are. This often requires multiple calls between nurse and aide, and between aide and parent. (It should also be noted that maintaining accurate parent emergency contact phone numbers was frequently cited as a significant challenge, which is exacerbated by the lack of sufficient bilingual staff available for parent outreach.)

In short, the current ad hoc approach to finding translation slows down the provision of health services significantly and at times demands the help of staff who are working outside the scope of their actual roles. It is inefficient both for health provision and for the schools more generally.

At one point, an opportunity arose for the City to get volunteers to assist with the translation, but opposition to the idea prevented it from being implemented.

Key Finding 4: *Communication within and between schools and public health departments about school nursing issues needs fine tuning.*

Good internal communication is essential for the successful operation of any organization. While there is suitable communication about the school nursing program in some channels, it is inadequate in others. Moreover, the communication may not be sufficiently systematic or comprehensive to be able to handle the current challenges facing the program.

Just to take a few examples, some of the nurses and principals were not aware of the scheduling of the health aides who rotate between schools, several principals had little to no contact with the public health administration, and the report of frequency of visits by the Director of School Nursing varied greatly from school to school.

This lack of communication can cause immediate problems on a day-to-day basis, reduces the level of collective problem-solving that can occur, weakens the cohesion of the program, and lowers morale.

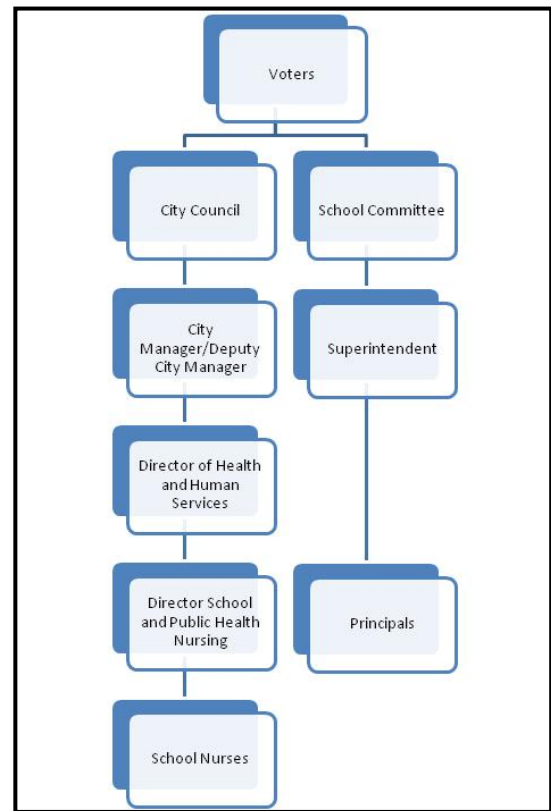
Part of the difficulties stems from the near-impossibility of scheduling meetings, given the existing schedules of the nurses. (It is important to note that the Center is not in favor of meetings for the sake of meetings. Yet regular, properly-planned, and focused meetings can be tremendously helpful in keeping an organization running smoothly.) Beyond the lack of meetings, it also seems that part of the difficulty stems from the need to put in place a structured communications plan.

Key Finding 5: *The organizational structure of the school nursing program may no longer be an appropriate match for the challenges that have recently evolved.*

As noted, the school nurses report to the Director of School and Public Health Nursing, who works in City Hall, reports to the Director of Health and Human Services, and also supervises the City’s Public Health Nurse. The Director of Health and Human Services position is also based in City Hall and is responsible for five departments, including the City’s Library Department, and reports to the Deputy City Manager.

The school nurses work within the schools, but they do not report to anyone in the school administration. (Informally, all the nurses and principals generally described a very positive working relationship.) Although they report to the City, the school nurses are paid by CPS through agreement signed by both sides.

Throughout Massachusetts, there are various approaches to the organizational structure of school nurses, and Chelsea’s approach exists in several other municipalities. Nevertheless, the organizational of the school nursing program reflects a time when the City had significant grant-funding supporting multiple positions.



Key Finding 6: *The schedules of the school nurses and the Director of School Nursing do not appear to provide the most effective and efficient level of services.*

At several of the schools, nurses’ schedules were not in line with the schedule of students being present, both during the school day and during after school activities. The most extreme example of this is at the Browne School (which is an extended day school) where some students are present by 7 a.m. for breakfast, all kids are due in at 7:30 and the nurse does not start until 8:00; the nursing day ends at 2:30, school closes at 3:36 and students are present in special activities until 4:00. By November 1 of this school year, an ambulance had to be called twice during non-nursing hours. And

at almost every school, there are periods of time when there are students in class or on the grounds when the health office is closed.

Additionally, the schedule of the Director does not appear to align well with the schedules of the schools nurses themselves. The Director's position operates on a City schedule, not a CPS schedule. For that reason, the Director works through the summer, a period which the Director herself noted has a significantly lower level of activity and work.

Finally, as noted previously, the challenges of scheduling have contributed to limiting the communications and discussion among the nurses and between the nurses and the Director.

Key Finding 7: *A lack of standardization of office organizational procedures across different schools can make the delivery of services less efficient.*

The nurses generally manage their own health centers in ways that they have developed over time to match their own needs and rhythms. In times when there had been back-up support by health aides and infrequent need for nurses to cover different schools, this would not have been issue. However, in the current operating environment, when there is far less health aide support time and when nurses are frequently called from one school to another, small differences in organizational procedures could pose significant challenges.

For example, with different nurses maintaining different filing systems, it can be difficult for a nurse providing coverage for an absent nurse at a different school to locate documents necessary to review when helping a child take medication. Finally, the health office pass is not being universally utilized.

It is important to note that this finding is not addressing the medical or professional protocols and procedures that the nurses are using, only the organizational procedures.

Key Finding 8: *The accumulation of challenges and frustrations noted above has led to low morale, and staff retention and recruitment may become increasingly difficult.*

Systems that are under significant strain can easily see quick drops in morale. The issues described previously are not only problems in and of themselves, but they have led to a level of stress and frustration among staff that becomes its own problem and makes finding solutions more difficult.

Most nurses feel that the medical and supportive staffing level has fallen below the level necessary to be able to provide best-practice level health services to CPS students. They are concerned about the medical risks to the children, the liability risks to CPS and the City of Chelsea, and the risks to their own professional licensure. Furthermore, there is a feeling that there is insufficient recognition among high-level decision-makers of the rapidly-increasing seriousness of the situation. The nurses are of the opinion that decision-makers are not aware of how their role impacts not only individual students, but over-arching public health issues and even CPS' standardized test scores.

When staff feels both overwhelmed and under-appreciated, job satisfaction plummets. Even seasoned professionals who express a commitment to their responsibilities will reach a point of diminishing returns and increasing frustration. The school nurses in Chelsea express dedication and

commitment to their jobs and the community, but they also express concern about the increasing student-nurse ratio and their difficulty in providing the level and quality of service they would like to provide.

4. Recommendations

After reviewing the research and formulating the key findings, Collins Center staff have worked to craft a series of recommendations that may help to address some of the issues raised in this report. It is important to reiterate that the recommendations made here are not intended as a judgment about any past decisions or events. This report only deals with the current situation and potential options for improving it.

Additionally, although a staffing shortage among student health services is one of the key findings, this report does not directly advocate for the City or CPS to find immediate additional resources for staffing for the school nursing program. Although that would be the most obvious solution to many of the issues identified, it is not a particularly helpful one. The vast majority of programs on both the City and CPS sides are being cut and could use more resources, and the budget projections for the next year and for the foreseeable future look like they may force continuing cutbacks. Instead, these recommendations attempt to find ways to utilize existing resources more efficiently and effectively, to bring new resources into the system, and to put in place the systems that will prevent the system from having to face further cutbacks over the long-term. If the recommendations here do not lead to significant improvements, then the City and CPS may need to look at directly increasing the resources allocated to student health services.

The recommendations presented here are broken into two categories, depending on their timeframe for implementation. They are not intended to be exhaustive and are not mutually exclusive. It is the hope of Center staff that they will generate significant public dialogue prior to being adopted and implemented.

Short-term Recommendations

The short-term recommendations are recommendations that Center staff feel can be implemented immediately or at least relatively quickly.

1. Improve Communication between All Parties Involved in Student Health Services: As the strains on the school health system have grown, the communication has not grown to match. It is clear from the research that there are gaps in communication between and among the various staff and administrators who are connected to student health services.

In order to begin correcting this, the first step should be collecting information about who needs to get what information and what the preferred method of communication is. This could be done either with a meeting among all key players or via a survey. Again, the point is most definitively NOT to find out why there is a lack of communication, but rather how the communication systems can be improved.

2. Enable the Parent Information Center (PIC) to Input Vaccination and/or Other Health Information into the System: All student immunization and other relevant health information should be entered into the data system at the time of initial registration of each student. The PIC is the entry point for new students coming into CPS. Parents are required to stop there

and to fill out a significant amount of paperwork, including health-related information. However, due to a lack of training, protocols, and mandate, PIC staff have not been required to input all of the health data into the X2 system. There is an opportunity here to significantly reduce the backlog of paperwork that the nurses and health aides face with some relatively minor changes – specifically, by giving the PIC a role in inputting health-related information on students as they are registered for school. This will require some upfront resources in order to provide training for PIC staff in how to do this work and to develop strong protocols so that the PIC staff feel like they are protected in the event that a problem occurs from the data entry. This training could be provided by the Director of School Nursing in an on-going manner if the Director is relocated at PIC and available to answer questions as they come up (see 5). It may also require a small annual increase in resources to boost PIC staffing levels during periods of peak workload in August.

3. Provide Additional Training on X2: It is imperative that each person required to use X2 reach a comfort level with the software. X2 is the backbone of the information system on all children within the Chelsea schools. More training sessions need to be offered, including individual tutoring sessions for those that request it. All staff must clearly understand that the use of X2 for all information input is mandatory and their responsibility.
4. Standardize Organizational Procedures across Schools: As noted, the nurses have developed many of their own systems and procedures over time. Normally, the benefits of this (e.g., the nurses all having developed procedures to match their own needs and skills) would arguably outweigh the negatives (e.g., potential problems when others need to interact with those procedures). However, given the frequency that nurses end up being shifted to other schools to provide coverage, the importance of standardized protocols for things such as filing, labeling, and updating data is greatly increased. For that reason, the Director of School Nursing should bring together all the nurses for a meeting to work on a plan for standardization. The plan should be made collaboratively and designed to be implemented on a schedule that takes advantage of slower periods of activity and does not add to the existing strains on the system.
5. Make Changes to Director of School and Public Health Nursing position: This position is critical to the functioning of the entire student health services mission. As such, one of the most important adjustments that could be made to the system would be to adjust and focus the responsibility of the role. Center staff recommend changing the job title from “Director of School and Public Health Nursing” to “School Nurse Leader,” and changing the job description and work schedule to reflect this. This would bring about several benefits.

First, the position would have the flexibility to step into a direct service role when needed, so that in nursing shortage crisis situations (e.g., several nurses absent on the same day), there is one more nurse available to provide direct services. It is important to note that the current

Director stated that having the position available to provide direct service would be a useful step.⁹

Second, the position would be brought closer to the school nurses themselves, both literally and figuratively. On the literal side, this would mean moving the Director's office into one of the schools. Given the PIC's move into the Early Learning Center, and given some of the other recommendations included in this report, it could prove very beneficial to have the Director based out of the PIC/ELC, rather than at City Hall. On the figurative side, the position's schedule could be changed to reflect the CPS calendar (or a modified version of the CPS calendar), instead of the City work schedule. The Nurse Leader would be available to cover at the extended-time program and would be available to assist in handling the medical questions that arise during the busy August enrollment period at PIC; on the other hand, the Nurse Leader would not be expected to work any evenings at City Hall.

The Nurse Leader, along with the Director of Health and Human Services, should continue searching and advocating for additional resources, including grant-writing, working on partnership opportunities, etc. Finally, since the Nurse Leader would be an evaluator and staff developer for the other school nurses, it would be important that s/he have the opportunity for training in leadership and communication skills.

6. Change School Nurse Schedules to Match School Times and Clarify Health Aide Schedules: At several schools, there were mismatches between the school hours and the nurses' schedules. The City and CPS should work together to come up with a mutually-agreeable schedule to ensure that the nurses' schedules are as aligned as possible with the school hours.
7. Increase Collaboration about SpEd Student Needs and Resources: During the research, there was at least one example of a situation where a school nurse reported facing a sudden and significant new daily amount of work as a result of the mainstreaming of a SpEd student. This process, which brings both work and funding back to CPS, has the potential to create big challenges and big opportunities for the student health services. The challenges come in the form of increased workload and the opportunities take the form of new potential revenues. For both of these reasons, it is important that there be frequent communication and collaboration between the City and CPS on this topic. The SpEd director and business manager should periodically discuss the needs of students in outside placements and the possibility of returning them to their neighborhood schools, what the impact would be on individual school nurses, and if the needs of any of these students could be met in the schools, with any necessary additional health services provided as needed. If so, the monies now spent on the outside placement could possibly be used to hire additional nurses/health aides.
8. Create Protocols for Usage of Volunteers for Translation: The school nurses and school administrators have responded creatively to the challenges posed by a lack of translation capacity in student health services. However, the current solution cannot be sustained over

⁹ There also appears to be some confusion around the position. At different points during the Center's research, Center staff were told that the Director was prohibited from providing direct service, was allowed to provide direct services but was not doing so, and already is providing direct services.

the long-term. It is both inefficient and potentially unsafe. School nurses currently use principals, secretaries, teachers, and security guards in a haphazard and ad hoc way to provide translation when they are unable to get hold of the health aides. Not only does the search to find someone slow down handling of the immediate situation, but it also means longer delays for other students waiting for assistance. It also means unnecessary anxiety for the nurses as they scramble to find someone who can translate, and often who can then translate again, since often situations require multiple rounds of communication with a student and/or parents.

A better and more consistent system of providing translation would relieve a great deal of strain on the student health system and would end the need to pull other staff away from their own roles and responsibilities. Fortunately, translation might be an area where the City and CPS could collaborate to obtain services for little or no costs. With the proper protocols and controls, volunteer translation could provide a very cost-effective way to relieve some of the strain on the school health program.

Long-Term Recommendations

The long-term recommendations are recommendations that Center staff feel are very important but will take more time to plan and implement.

1. Review Medicaid Reimbursement Budgeting and Procedures: CPS has an outside vendor who helps CPS and the City recover the Medicaid reimbursement to which they are entitled. Theoretically, they have an incentive to ensure that all possible revenues are being claimed. However, the school nurses themselves may not have the necessary incentives to be fully invested in getting all the possible claims. This is because all revenue from this source goes straight into the general fund. When nurses are so stretched for time, it is not difficult to envision situations where there might be increased willingness to let potential revenue slip by. At the same time, there have been significant changes to what municipalities can claim for Medicaid reimbursement over the last few years. This has led to a dramatic decrease in Medicaid revenue. The City and CPS may want to take some time to review whether all possible revenue is being maximized and whether changes in budgeting and procedures such as the allocation of Medicaid revenue might increase the amount of revenue obtained.
2. Conduct Full Review of Collaborative Opportunities with Mass General Hospital and Boston University, and Seek Further Opportunities with Other Agencies: Partnerships are a major pillar of public health efforts, and Chelsea already has several excellent ongoing partnerships with Mass General Hospital and Boston University. Given the strains on the school nursing system, it is critical to explore all further opportunities that might specifically address the issues created as a result of these strains. Whether that would mean expansion of existing work (e.g., the MGH clinic in the High School and the BU dental clinic in the Williams building) or developing entirely new programs with other entities such as Beth Israel, Everett Institute, UMass-Boston Nursing School, etc., is an open question. The City and CPS must develop a list of potential opportunities that might be mutually beneficial for the providing agency and the CPS.

3. Develop Program for Increased Collection of Data Useful for Internal Decision-Making: Between state and federal reporting requirements, there are already a great number of data sets collected in CPS, both directly related to student health and otherwise. However, the kinds of data demanded by external agencies may not be the same kinds that are most useful for internal management analysis and decision-making. CPS and the City need to work together to develop a list of data sets that would be useful in making decisions about student health services. This type of work would be an ideal project for graduate students looking for thesis or dissertation topics and would take most of the workload off of City or CPS staff. Some examples of questions that might prove useful to research are:
 - What are the detailed breakdowns of student-nurse encounters, by type of encounter, school, age of student, time of day, day of week, etc.?
 - How much classroom time is lost due to various health-related encounters? Due to delays in finding translation? Due to difficulty finding parent or guardian contact information?
 - Are there any correlations between MCAS scores and number of nurse encounters or health-related incidents?
4. Plan Strategy to Obtain Additional Grant Funding and to Restore Some of the Resources that Were Lost as the Grant Funds Declined: Although it is understandably unlikely to expect that there will be resources available in the short-term to restore the lost resources to the school nursing program, the City and CPS should be working on a long-term budget plan for student health services. Developing a plan would need to entail several steps, including using data to demonstrate the value of the school nursing program in Chelsea (see 3), maintaining detailed budget options, and continuing to be aggressive in seeking grant opportunities and other ways of leveraging outside resources.
5. Conduct Periodic Evaluations of Whether the School Nurses Fit Best Reporting to the City or CPS: Across the Commonwealth, there are examples where school nurses report to the public health side and there are examples where they are port to the schools side. There is no general consensus on the best model for delivering these services. Even within Chelsea, both sentiments were expressed by CPS and City officials. For that reason, there is no clear recommendation here either to switch the school nurses over to being under the management of CPS, and there is no clear recommendation to keep the structure as it is. Instead, CPS and the City should periodically evaluate whether the current organizational structure is the most effective and efficient model for delivering services in Chelsea.
6. Consider Marketing the City as a Location to Test Public Health Interventions: Over the long term, it is important to look to all possible strengths and assets for ways to generate additional resources and services. One of Chelsea's relatively unique strengths is that it has many characteristics that would make it an ideal site for clinical trials of various public health interventions: easy-accessibility from several major highways, small geographic size with schools that are extremely close together, a diverse and multi-lingual population, an unfortunately high number of public health challenges, etc. Marketing itself as a place to try

out new teen substance abuse education programs, anti-smoking or anti-obesity campaigns, etc. could be a creative way to bring in new public health resources at minimal cost.

7. Develop Additional Protocols for Maintaining Updated Access to Parent or Guardian Contact Information: One further issue frequently reported during the research as hampering the delivery of student health services was the unreliability of the records of parent or guardian contact information. This is most emphatically not the result of a lack of attempts to obtain and keep up-to-date this information. It is the result of the frequency with which the adult population of the City moves, changes jobs, or changes cell phones. Very often the nurses or health aides have to make several or even many phone calls to track down the parents or guardians of a child who needs to be taken home or to be given medicine. CPS and the City should work together to research whether or not similar communities are having more success with this, and, if so, utilize whatever procedures they are following to develop better protocols for collecting and maintaining this information.

As previously noted, these recommendations are not mutually exclusive. In theory, any combination of them (or even all of them) could be implemented in various sequences. At the same time, they are not mutually dependent. They are not all required for the success of any individual recommendation (although some are more connected than others).

These recommendations are intended to present an array of options to deal with the various issues facing the school nursing program over both the short-term and the long-term.

Beyond these recommendations, Center staff believe that both CPS and the City need to keep in mind that they have the same goal for the school health program: providing the highest-quality student health services in the most efficient manner. Although the current situation may be a difficult one, remembering their common goal may help both sides improve communication and collaboration.

9. Methodology and Principles

The research for this project falls into two general categories: (a) research on the specific Chelsea school nursing program situation, and (b) research on the experiences of other communities.

The Chelsea research was primarily based on interviews with school nurses, principals, and other CPS and City staff. Center associates interviewed approximately 20 people for this project. In addition, Center staff reviewed numerous CPS and City documents, including budgets, job descriptions, grant proposals, presentations, and inter-departmental agreements. Center staff also collected data from the Commonwealth about Chelsea.

As for the experiences of other communities, the Center associates who worked on this project have significant experience in public health, school administration, and municipal government. Staff also researched school nursing in Massachusetts and nationally.

In working on this project, the Center relied on a set of principles that are spelled out explicitly here.

- a. **Understand That Every Situation Is Unique.** The Center does not believe there is a single solution that will work in every municipality. Every municipality is different, and cookie-cutter solutions do not serve the best interests of the communities that the Center serves. For that reason, the Center will examine every municipality on its own terms and formulate the recommendations that will make the most sense for it.
- b. **Obtain Diverse Points Of View On An Issue.** The Center recognizes that there are multiple perspectives to every issue, and that the same facts can lead different people to different conclusions. In order to have the best possible understanding of the topic, the Center will make significant efforts to obtain all points of view, including those contrary to whatever the majority view seems to be. Recommendations may not provide solutions acceptable to all, but the Center will listen to all sides and take steps to understand all reasonable opposing viewpoints.
- c. **Refrain From Passing Judgments On Past Occurrences.** Understanding the full context of a project requires understanding the history that led to the request for assistance. That often means being aware of past problems and issues that have occurred, which in turn frequently means hearing accusations and blame being cast. The Center believes it would be inappropriate and unproductive to pass judgments on who bears responsibility for past problems.
- d. **Make Recommendations That Are Pragmatic.** Although the Center always strives to provide recommendations for the best policy alternatives available, the Center recognizes that all policy is made in a real-world political, fiscal, and cultural context. For that reason, the Center attempts to ensure that its policy recommendations can be implemented and are not simply exercises in proposing unachievable ideals.
- e. **Make Recommendations That Are Adaptable.** The Center believes that the world of municipal governance is changing rapidly, due to a variety of fiscal, technological, regulatory, and other factors. For that reason, the Center attempts to provide recommendations that are flexible enough to be successful not only for the present environment, but also for whatever major changes might appear in the near future.

Appendix

About the Collins Center

The Edward J. Collins, Jr. Center for Public Management is dedicated to helping governments work better. Established in July 2008, the Center serves all levels of government and is located within the John W. McCormack Graduate School of Policy Studies at the University of Massachusetts Boston.

For more information, please visit the Center's website: <http://www.collinscenter.umb.edu/>

About the Center Staff

PROJECT MANAGER: Stephen McGoldrick

McGoldrick has been Deputy Director of the Collins Center since its opening in 2008. Before joining the Center, he served as the Deputy Director of the Metropolitan Area Planning Council for 10 years. In that position, he was responsible for developing regional service delivery mechanisms, facilitating strategic alliances among governments and providing technical assistance to local governments on management, organizational and governance issues. McGoldrick has provided consulting services to dozens of local governments, public school systems and housing authorities. From 1991 to 1996 he served as chief of staff to the Chelsea receiver and subsequently facilitated the establishment of Chelsea's post-receivership government as the Commonwealth's transition officer. From 1983 to 1990 he held leadership positions in the administrations of mayors of Everett and Somerville. McGoldrick holds a Master of Science in Management degree from Lesley University and a B.A. in Political Science from the University of Massachusetts Amherst.

ASSOCIATE: James G. Gardiner

Gardiner consults on a range of public health and health services issues. Previously he was the Commissioner of Health and Human Services for the City of Worcester from 2005 to 2009. In that capacity, he managed a wide variety of municipal divisions, including public health, code enforcement, elder affairs, veterans' affairs, and the public library system. Prior to that, Gardiner was Director of Public Health for the Town of Clinton and held a variety of public health and inspections-related positions with the City of Worcester. Gardiner is an active member of numerous boards and commissions related to health and human services policy issues. He has a B.S. in Health Service Administration/Public Health from Providence College.

ASSOCIATE: Pamela Simpkins

Simpkins consults on school administration and management projects. She has two decades of experience as principal or acting principal at numerous schools in the Lowell Public Schools. Prior to that, she was a coordinator of specialized programs for elementary school children with developmental challenges in the Lowell system. Before joining the Lowell Public Schools, Simpkins held various teaching and administrative positions in the Billerica Public Schools. She has a Master in Public Administration from Harvard's Kennedy School of Government, an M.A. from Tufts' Eliot-Pearson School of Child Study, and a B.A. from the University of Massachusetts Boston.

ASSOCIATE: Michael Ward

Ward works on a variety of municipal government projects for the Center, including regionalization, charter reform, and performance management work. Ward has worked for local government in Massachusetts and New Mexico. As a budget analyst for the Town of Concord, he helped the Town begin integrating performance measurement into its annual budget process, assisted with the financial management of a Recreation Center enterprise fund, and worked on numerous budget and procurement projects. Ward studied innovative urban policy in Curitiba, Brazil and Singapore as a Thomas J. Watson Fellow. Ward has a Master in Public Policy from Harvard's Kennedy School of Government and a B.A. in Sociology from Amherst College.