# School Health Services and McKinney-Vento

April 15, 3:00pm-4:00pm

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All students prepared for post-secondary pathways, careers, and civic engagement.

Transform K–12 education to a system that is centered on closing opportunity gaps and is characterized by high expectations for all students and educators. We achieve this by developing equity-based policies and supports that empower educators, families, and communities.

- Ensuring Equity
- Collaboration and Service
- Achieving Excellence through Continuous Improvement
- Focus on the Whole Child





Each student, family, and community possesses strengths and cultural knowledge that benefits their peers, educators, and schools.

Ensuring educational equity:

- Goes beyond equality; it requires education leaders to examine the ways current policies and practices result in disparate outcomes for our students of color, students living in poverty, students receiving special education and English Learner services, students who identify as LGBTQ+, and highly mobile student populations.
- Requires education leaders to develop an understanding of historical contexts; engage students, families, and community representatives as partners in decision-making; and actively dismantle systemic barriers, replacing them with policies and practices that ensure all students have access to the instruction and support they need to succeed in our schools.



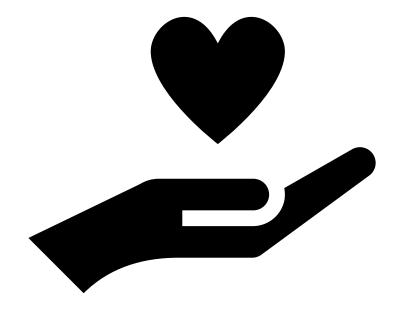
## Tribal Land Acknowledgement

We would like to acknowledge the Indigenous people who have stewarded this land since time immemorial and who still inhabit the area today, the Steh-Chass Band of Indigenous people of the Squaxin Island Tribe.



## Agenda

- What are the health requirements to attend school?
- McKinney-Vento
- Life threatening Health Conditions
- Challenges
- Health Plans, Access, Immunizations
- What You Can Do
- Forms and Resources
- Contact Information



## Why Are We Here?

What about students who cannot provide the needed information or do not live with a parent or guardian?

Specifically, students experiencing homelessness and identified under the McKinney-Vento Act.





## McKinney-Vento Act

The McKinney-Vento Education of Homeless Children and Youth Assistance Act is a federal law that ensures immediate enrollment and educational stability for homeless children and youth. McKinney-Vento provides federal funding to states for the purpose of supporting district programs that serve homeless students.



## McKinney-Vento Act Enrollment Requirements

McKinney-Vento Identified

Federal Law-the McKinney-Vento Homeless

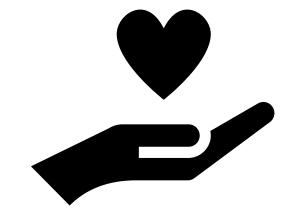
Assistance Act requires the immediate enrollment of

children and youth experiencing homelessness, even

in the absence of records normally required for

enrollment. (42 USC CHAPTER 119, SUBCHAPTER

VI, Part B: Education for Homeless Children and Youths)





## Life Threatening Health Conditions

#### **RCW 28A.210.320**



The attendance of every child at every public school in the state shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school of a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school. Once such an order has been presented, the child shall be allowed to attend school.

- Anaphylaxis
- Asthma
- Epilepsy
- Diabetes
- And more...



## A Challenge

#### **Question:**

My district has a policy that allows homeless and foster students with life-threatening allergies to attend school without the required LHCP treatment plan, medication orders or medication. Based on the Life-Threatening Condition law <u>RCW 28A.210.320</u>, these students should be excluded from school. Why are homeless and foster students allowed to attend school without the required medication to treat anaphylaxis?

#### **Answer:**

Each school district has a homeless and/or foster student liaison whose duties include referrals to health, dental, mental health, and substance abuse services, housing, and other appropriate services needed by children and youth experiencing homelessness.

The school team must work with the student, family, the Washington State Department of Children, Youth, and Families (DCYF), and the healthcare provider to assist the student in obtaining the needed LHCP orders, treatment plan, and medication.



## School Health Plans

#### **IHP/ECP What does it mean?**

- IHP Individualized Health Plan for day-to-day care
- ECP Emergency Care plan

#### Must be updated each school year



#### What is required?

- Information from parent
- Orders from Licensed Health Care Provider
- Medications and equipment necessary to implement the plan
- School Nurse assessment
- Staff training general and health plan specific
- Dissemination of care plans to personnel who 'need to know'



## **RCW 7.70.065** Informed consent - Persons authorized to provide for patients who are not competent

- (b)(i) Informed consent for health care on behalf of a patient who is incapacitated, as defined in (in RCW 11.88.010(1)(e), because he or she is under the age of majority and who is not otherwise authorized to provide informed consent may be obtained from a school nurse, school counselor, or homeless student liaison when:
- (A) Consent is necessary for nonemergency, outpatient, primary care services, including physical examinations, vision examinations and eyeglasses, dental examinations, hearing examinations and hearing aids, immunizations, treatments for illnesses and conditions, and routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries;
- (B) The minor patient meets the definition of a "homeless child or youth" under the federal McKinney-Vento homeless education assistance improvements act of 2001, P.L. 107-110, January 8, McKinney-8,2002, 115 Stat. 2005; and
- (C) The minor patient is not under the supervision or control of a parent, custodian, or legal guardian, and is not in the care and custody of the department of social and health services.
- (ii) A person authorized to consent to care under this subsection (2)(b) and the person's employing school or school district are not subject to administrative sanctions or civil damages resulting from the consent or nonconsent for care, any care, or payment for any care, rendered pursuant to this from this section...

Consent form available on OSPI webpage: Resources for Homeless Children and Youth | OSPI (www.k12.wa.us)



#### VERIFICATION OF STATUS AS AN UNACCOMPANIED HOMELESS CHILD OR YOUTH AND AUTHORIZATION FOR HEALTH CARE SERVICES

For students under the age of majority

Unaccompanied homeless child or youth seeking health care services:

Name	
Name	
Date of	
Birth	
Contact	
Information	
Service	
Provider	
	ifying the status of the child or youth and authorizing access to health care services:
Name	
Title	
District and	
School	
Address	
Telephone	
Email	
that the minor	W 28A.320.147, as amended by 3SHB 1682 (2016), I attest to the best of my knowledge identified above seeking care: (1) meets the definition of a homeless child or youth unde Kinney-Vento program; and (2) is not under the supervision of a parent, custodian, or
	is form provides written notification that the individual and his/her employing is not liable for any care or payment for any care rendered pursuant to this section.
Signature	Date

#### RCW 7.70.065

- A school nurse, school counselor, or homeless student liaison is authorized to provide informed consent for health care, including mental health care, for a patient under the age of majority when:
  - (a) Consent is necessary for nonemergency outpatient primary care services, including physical examinations, vision examinations and eyeglasses, dental examinations, hearing examinations, and hearing aids, immunizations, treatments for illnesses and conditions, and routine follow-up care customarily provided by a health care provider in an outpatient setting, excluding elective surgeries;
  - (b) The minor patient meets the definition of a "homeless child or youth" under the federal McKinney-Vento homeless education assistance improvements act of 2001, P.L. 107-110, January 8, 2002, (115 Stat. 2005); and
  - (c) The minor patient is not under the supervision or control of a parent, custodian, or legal guardian, and is not in the care and custody of the Department of Social and Health Services.
- (2) A person consenting to care under this section and the person's employing school or school district are not subject to administrative sanctions or civil damages resulting from the consent or non-consent for care, any care, or payment for any care, rendered pursuant to this section
- (3) Upon request by a health care facility or a health care provider, a person authorized to consent to care must provide to the person rendering care a declaration signed and dated under penalty of perjury pursuant to RCW 9A.72.085 stating that the person is a school nurse, school counselor, or homeless student liaison and that the minor patient meets the requirements of this section. The declaration must also include written notice of the exemption from liability under this section.

- · Children and youth abandoned in hospitals
- Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g. park benches, etc.)
- Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations
- Migratory children and youth living in any of the above situations



<sup>&</sup>lt;sup>1</sup>The McKinney-Vento Act defines homeless children as "individuals who lack a fixed, regular, and adequate nighttime residence." The act provides examples of children who would fall under this definition:

Children and youth sharing housing due to loss of housing, economic hardship or a similar reason

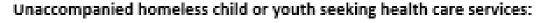
Children and youth living in motels, hotels, trailer parks, or camp grounds due to lack of alternative accommodations

<sup>·</sup> Children and youth living in emergency or transitional shelters

## VERIFICATION OF STATUS AS AN UNACCOMPANIED HOMELESS CHILD OR YOUTH AND AUTHORIZATION FOR HEALTH CARE SERVICES

For students under the age of majority

Fill out student info with student.
Troubleshoot phone contact.



Name	
Date of	
Birth	
Contact	
Information	
Service	
Provider	

Fill out your info Then sign at the bottom

Individual certifying the status of the child or youth and authorizing access to health care services:

Name		
Title		
District and		
School		
Address		
Telephone	14	_
Email		



#### Vaccines Required for School Attendance, K-12 (wa.gov)

#### Parents – Are Your Kids Ready for School?

Required Immunizations for School Year 2025-2026



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	<b>Hib</b> (Haemophilus influenzae type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool  Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on September 1st	5 doses DTaP*	3 doses	3 or 4 doses*  (depending on vaccine)  (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 12th	5 doses DTaP*  Plus Tdap at age  ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

## Options for Accessing Immunization Records

- Access your Family's Immunization Information :: Washington State
   Department of Health
- MyIR and MyIR mobile online immunization access, including COVID vaccine not accessible to minors
- Unaccompanied minors can
  - email WAIISRecords@DOH.WA.GOV
  - or call 360-236-3595 or 1-866-397-0337





#### Access to a Medical Home



- Many Health Care Organizations offer assistance with signing up
- Empower student to understand the process

#### Apple Health:

Apply for or renew coverage | Washington State Health Care Authority

Check to see if student already has coverage – call first!

Phone: 1-800-562-3022

#### Within Reach:

A website for families and individuals in Washington state - Parenthelp123



### Find Vaccine

#### **Vaccine Provider Locations**



- Look for public health or clinics that serve Medicaid patients
- Call ahead and let them know you want to send a student who is an unaccompanied minor with a consent under RCW 7.70.065
- Consider asking about school required vaccines and recommended vaccines - ask the school nurse if student is up to date with immunizations



## What Can You Do?



- Collaborate
- Connect
- Educate and Train
- Provide Resources
- Know Community Partners

## OSPI Resources for Homeless Children and Youth

Use the search box on the OSPI main site using key word: homeless ccess » Access & Opportunity in Education » Education of Homeless Children and Youth » Resources for Homeless Children and Youth





### Additional Resources

- State Laws on Minor Consent for Routine Medical Care
- McKinney-Vento Enrollment & Participation Q&A | SchoolHouse Connection
- Health Coverage for Homeless and At-Risk Youth
- Immediate Enrollment Under McKinney-Vento: How Local Liaisons Can Keep Homeless Students Safe
- Supporting the Education of Unaccompanied Students Experiencing Homelessness



## Questions



### Contacts

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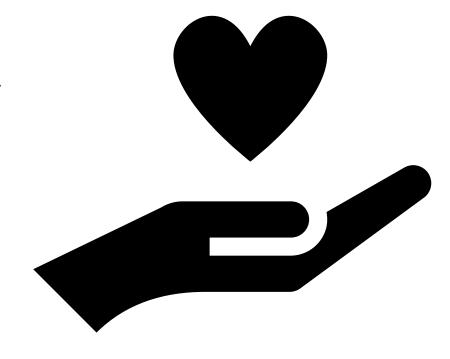
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