

[(d)] (C) The [pediatric-school] nurse practitioner, PHYSICIAN ASSISTANT, OR OTHER APPROPRIATE HEALTH CARE PROVIDER shall:

(1) Collaborate with board certified or board eligible pediatricians in the health management of the school children; [and]

(2) [Be responsible for revising and implementing a system for referral in accordance with the "referral and follow-up guidelines" in the Maryland State School Health Manual.

(e) (1) Nursing supervision shall be provided by the Nurse Supervisor of School Health, Caroline County Health Department.

(2) The health officer also shall be available for consultation] CONCENTRATE ON THE EARLY IDENTIFICATION, HEALTH COUNSELING, AND REFERRAL FOR MENTAL HEALTH PROBLEMS, WITH AN EMPHASIS ON SUICIDE PREVENTION; AND

(3) ASSESS, TO THE EXTENT POSSIBLE, WHETHER SCHOOL HEALTH PROGRAMS COULD BE USED AS A BASIS FOR ~~SERVING~~ ADVISING OTHER FAMILY MEMBERS OF THE STUDENT ~~IN THE FUTURE~~ OF OTHER SOURCES OF PRIMARY CARE.

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At the end of the 2-year demonstration period, the following goals should have been achieved:

(1) Each targeted student in the areas will have health needs or problems identified in a problem-oriented record system;

(2) A system will be in place and functioning for management of referrals in order to measure:

(i) Compliance with selected health outcomes;

(ii) Utilization of the student's previously identified primary care providers as referral recipients; and

(iii) Identification and utilization of primary care providers in the community for students who have none;

(3) The rate of completed referrals will be increased;

(4) 90 percent of the targeted populations will have received complete health appraisals;

(5) For the purpose of analyzing the reason for contact and the outcome of contact, documentation by the pediatric-school nurse practitioners of their liaison and coordination provided for students' health problems;

(6) The frequency of inappropriate self-referred or teacher-referred visits by students to the health suite should be diminished; and