

Board Meeting Agenda Item Executive Summary

Supt.'s Office Use Only

Board Meeting 1-20-09

Agenda Consent

Item No. H. 11.

Board Meeting Date:	January 20,2009
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Submitted By:	Kathy Black
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Item Description	Florida Department of Health School Health Services Program 2008-2010
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This document provides health services standards and strategies for the Alachua County Public School Health Services Program. Both Health Department and School Board employed nurses will follow this plan.

BUDGETARY IMPACT

Funding Source	NO COST TO DISTRICT
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Staff Attorney Review & Approval (For Contracts Only)	Date: Initial:
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ADDITIONAL INFORMATION
Yes: _____ No: _____



2008-2010 School Health Services Plan

Submit by September 30, 2008

Contact Person: Below please indicate a contact person who was involved in the preparation of this plan and can answer questions if they arise.

Name: Josephine McElrath

Credentials RNC, ARNP. BSN, MA

Position: Assistant Community Health Nursing Director/DOH School Health Coordinator

Agency: Alachua CHD

Mailing Address: 224 SE 24th Street

City / Zip Code: Gainesville, FL 32641

Email: Josephine_McElrath@doh.state.fl.us

Phone/FAX: 352-334-7941/352-334-7937

School Health Services Plan for 2008-10

Legislative Authority:

- School Health Services Act, s. 381.0056, F.S.
- Comprehensive School Health Services, s. 381.0057, F.S.
- Full Service Schools, s. 402.3026, F.S.
- Background screening requirements for school health services personnel, s. 381.0059, F.S.
- Chapter 64F-6.001 - .006, F.A.C.
- Nurse Practice Act, ss. 464.001 – 464.027, F.S.
- Administration of medication and provision of medical services, s. 1006.062, F.S.
- Immunization against communicable diseases, s. 1003.22, F.S.
- School-entry health examinations, s. 1003.22, F.S.
- K-12 student and parent rights, s. 1002.20, F.S.
- Student records and reports, s. 1002.22, F.S.
- Background screening requirements for certain noninstructional school district employees and contractors, s. 1012.465, F.S. (Jessica Lundsford Act)

The purpose of the School Health Services Plan is:

1. To assist local School Health Programs and the School Health Advisory Committees (SHAC) in planning and evaluating school health services.
2. To assist the Florida Department of Health (DOH) and Florida Department of Education (DOE) in identifying the health needs of school-age children for program planning.
3. To provide a basis for accountability for compliance with legislative requirements for the School Health Services Program.

Introduction:

The School Health Services Plan is mandated by the School Health Services Act, s. 381.0056, F.S., and provides an organized system for planning and reporting on all school health services, regardless of the funding source. The School Health Services Plan is a two-year document designed to facilitate the establishment of local strategies to implement activities mandated by law to meet the health of Florida's students and improve their chances for success in school. The law requires that this plan be collaboratively developed by the county health department (CHD), the local school district (LSD), and local SHAC and to include a process for data collection by which the program can be evaluated.

The following steps should help school health coordinators to facilitate the planning process:

1. The CHD is the lead agency for coordinating the plan development with the LSD.
2. Section 381.0056(4), F.S., requires SHAC input in the development of the plan.
3. The plan should have input from the CHD administrative staff, school nurses, students, school district administrative staff, principals, parents, and community agencies.
4. The signature page verifies that each involved entity has participated in the development of this plan, and reviewed and approved the Annual School Health Services Report.

**2008-2010 School Health Services Plan
SIGNATURE PAGE**

My signature below indicates that I have reviewed and approved the plan and report that is being submitted:

CHD Administrator/Director		
	Name	
	Signature	Date
CHD Nursing Director		
	Name	
	Signature	Date
CHD School Health Coordinator		
	Name	
	Signature	Date
School District School Health Coordinator		
	Name	
	Signature	Date
School Board Chair Person		
	Name	
	Signature	Date
School District Superintendent		
	Name	
	Signature	Date
School Health Advisory Committee Chair Person		
	Name	
	Signature	Date
Public / Private Partner #1		
	Name	
	Signature	Date
Public / Private Partner #2		
	Name	
	Signature	Date
Public / Private Partner #3		
	Name	
	Signature	Date

DIRECTIONS

Part I: The provision of Basic School Health Services is mandated by: (1) School Health Services Act, s. 381.0056, F.S.; (2) Chapter 64F-6.001 - .006, F.A.C.; (3) Administration of medication, s. 1006.062, F.S.; (4) Provision of medical services, s. 1006.062, F.S.; (5) Immunization against communicable diseases, s. 1003.22, F.S.; (6) School-entry health examinations, s. 1003.22, F.S.; K-12 Student and parent rights, s. 1002.20, F.S.; Student records and reports, s. 1002.22, F.S.

Part II: Comprehensive School Health Services Projects (CSHSP) are mandated by s. 381.0057, F.S. Counties without a CSHSP should not complete this section.

Part III: The provision of Full Service School (FSS) Health Services is mandated by s. 402.3026, F.S.

Part IV is the Program Quality Improvement section for local school health programs and the state school health program office.

Note: The Comprehensive School Health Projects, Full Service Schools, and Public-Private Partnership schools are also required to meet the mandates of basic school health services (s. 381.0056, F.S.).

Under each of the goals is a table with five columns to plan for the delivery of local school health services. The intent of each column is as follows:

QUALITY IMPROVEMENT (QI) STANDARDS: These standards represent minimum activities conducted to meet the requirements of the law. Identify how these QI issues or standards will be addressed in the strategies and measurement columns of the table.

STRATEGIES: Details the actions the CHD and school district have agreed upon in order to meet the mandated requirements, conduct internal QI, and prepare for QI visits. In some cases, different strategies may be established for schools with Comprehensive School Health Projects than for schools served only by the basic program.

RESPONSIBLE PERSON(S)/AGENCY: Identifies the specific person and agency responsible for each strategy.

INFORMATION SOURCE: Identifies the information source used to assess progress for each quality improvement standard:

- Annual School Health Services Report (Annual Report)
- Health Management Component (HMC)
- Quality Improvement (QI) Review – supporting documentation for internal program reviews per the CHD QI Plan and periodic verification by the School Health Services Program office
- Community Health Assessment Resource Tool Set (CHARTS)
- Vital Statistics
- Financial Information System (FIS)

PERFORMANCE MEASURE: The specific items or data elements used to measure performance for each quality improvement standard.

SUBMISSION DATES: By September 30, 2008, submit the following documents via email to HSF_SH_Feedback@doh.state.fl.us, and cc your School Health Liaison:

- 2008-2010 School Health Services Plan
- 2007-2008 Annual School Health Services Report
- A completed Program Monitoring Tool for all 2007-2008 contracts
- Scanned signature page

Please electronically submit the executed, signed school health contracts and memoranda of agreement for 2008-2009.

PART I: SCHOOL HEALTH SERVICES PLAN FOR BASIC SERVICES FOR 2008 - 2010

Part I-A. To have a school health services plan jointly developed by the County Health Department (CHD) the Local School District (LSD) and the School Health Advisory Committee (SHAC). Any person who provides services under a school health services plan must complete level 2 screening (s. 381.0056, F.S., s. 381.0059, F.S., Chapter 64F- 6.001-.006, F.A.C.). Background screening is required for certain non-instructional school district employees and contractors (s. 1012.465, F.S. - Jessica Lunsford Act).

Quality Improvement (QI)Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p>Active SHAC which has broad representation from the community.</p> <p>It is recommended that SHACs adopt the eight component Coordinated School Health Program model that will also conform to required school wellness policies.</p>	<p>Meet on a regular basis (quarterly) & as necessary to address pertinent school health issues</p>	<p>Patricia Hughes, Supervisor of School Health Services (SBAC)</p>	<p>QI Review</p>	<p>Number of SHAC meetings during the school year.</p> <p>Composition of membership.</p> <p>Minutes of meetings.</p>
<p>School Health Plan collaboratively developed by CHD, LSD, and SHAC.</p>	<p>Plan will be submitted and updated to reflect the staffing pattern for health services based on funding sources (SBAC/ACHD)</p>	<p>Josephine McElrath Alachua CHD(ACHD) Administrator (ACHD)</p>	<p>QI Review</p>	<p>A signed School Health Services Plan and any revisions on file at the CHD and LSD, and the School Health Program Office.</p>
<p>Participation in the school district wellness plan to promote activities that improve nutrition and increase physical activity.</p>		<p>Patricia Hughes (SBAC)</p>	<p>QI Review</p>	<p>Documentation of district-wide wellness activities.</p>
<p>A school health services satisfaction survey for students, parents, and school staff.</p>		<p>SHAC Patricia Hughes (SBAC) Jo McElrath (ACHD)</p>	<p>QI Review</p>	<p>Summary of the satisfaction survey and any policy changes made based on survey.</p>
<p>Level 2 background screening of school health employees compliant with Florida Statutes within 12 months of employment.</p>	<p>Successful Level 2 background screening of school health employees before employment is offered.</p>	<p>Patricia Hughes (SBAC) Josephine McElrath (SBAC) HR – SBAC/ACHD</p>	<p>QI Review</p>	<p>Documentation of employee level 2 screening on file at employing agency.</p>

PART I-B. To provide health appraisals for the identification and management of actual or potential health problems which include but are not limited to nursing assessments, nutrition assessments, vision, hearing, scoliosis, and growth and developmental screening. To inform parents or guardians each year about planned health services or screenings and the process for including or exempting students from those services or screenings (s. 381.0056, F.S., Rule 64F-6.001-.006, F.A.C.). To obtain Medicaid reimbursement for services provided to eligible students under the certified school-match program (s. 409.9122, F.S.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Parental notification of services provided and opportunity to opt in or out of services for their children.	Consent for screening is part of the emergency Card updated yearly. Notification of any other screening by school or health staff providing the screening	Patricia Hughes –SBAC School Nurses (staff)	QI Review	List of students and completed opt out/in forms on file.
Written parental requests for exemptions from intrusive/invasive services and screenings in students records.	Documentation will be available to omit screening and numbers documented for the annual report	School health staff (SBAC/ACHD)	Annual Report	Number of students excluded from services and screenings at parental request.
Health services provided in school health rooms.	Provide health services per School Board of Alachua County (SBAC) Protocol and DOH Administrative Guidelines. Staff coding will reflect work provided by DOH Basic, Comprehensive and Full Service codes	Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff	Annual Report HMC	Number of school health room visits in Pre-K, Elementary, Middle, High, and Other schools during February FTE week. Number of: ▪ Paraprofessional Evaluations and Treatment (4000) ▪ Nursing Assessments and Counseling (5000) ▪ Medical Management (6000)
Provision of mandated screenings - vision, hearing, scoliosis, growth and development with BMI calculations and any indicated referral follow-up.	Provide health services per School Board of Alachua County (SBAC) Protocol and DOH Administrative Guidelines. Staff coding will reflect work provided by DOH Basic, Comprehensive and Full Service codes	Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff	HMC	Number of screenings, failures and outcomes for: Height and Weight (0520) Hearing (0515) Scoliosis (0561) Vision (0510) BMI Assessments (0521, 0522, 0523, 0524)

<p>A system to track referrals or failed screenings with accurate coding and charting of outcomes.</p>	<p>New computer system – Will work with new system to devise follow-up protocol and continue to use paper trail with computer print outs to track follow-up on referrals</p>	<p>Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff</p>	<p>HMC</p>	<p>A minimum of 75% completion of vision and hearing referrals.</p>
<p>Linkages with community partners to assure referral resources for failed screenings and suspected or confirmed health problems.</p>	<p>SHAC/DOH/Community resources and coordination with the student’s medical provider to assure completion of referral.</p>	<p>Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff</p>	<p>QI Review</p>	<p>Working list of referral resources.</p>
<p>Coordination with VisionQuest (VQ) and the schools for obtaining and documenting information regarding referral completions for children eligible for eye exams and glasses.</p>	<p>SHAC and DOH staff will follow the current revised guidelines for referral and review information received from Vision Quest as a status report and document in the CUM/computer</p>	<p>Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff</p>	<p>HMC</p>	<p>Number of referrals to VQ and students who received glasses or treatment.</p>
<p>Refer students with weight-related health issues – and whose BMI is also at or above the 95th percentile or below the 5th percentile.</p>	<p>As outlined by SHAC. Nurse will review with the supervisor when appropriate to see if any medical indications for the student and make referral as appropriate</p>	<p>Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff</p>	<p>HMC</p>	<p>Number of completed referral outcomes (0522, 0524).</p>
<p>Participate in the planning and/or implementation of community-based interventions to reduce the percentage of students at or above the 95th percentile.</p> <p>Participate in the planning and/or implementation of school-wide programs to promote improved nutrition and physical activity in coordination with school district wellness policies in accordance with USDA Free and Reduced Lunch requirements (Child Nutrition and WIC Reauthorization Act of 2004) .</p>	<p>Plans in progress to work with the wellness program thru SHAC. SBAC, WIC and thru the DOH Chronic Disease Prevention Programs</p>	<p>Josephine McElrath (ACHD) School clinic staff</p> <p>Pat Hughes (SBAC)</p>	<p>QI Review</p>	<p>Records/documents from planning and implementation of school and community-based wellness activities.</p>

Part I-C. To provide referral and follow-up of suspected or confirmed health problems, consultations with students, parents, staff, and physicians regarding student health concerns, and investigation of public health communicable disease emergencies (s. 381.0056, F.S., Chapter 64F-6, F.A.C., s. 1006.061, F.S., s. 381.001, F.S.). All employees have an affirmative duty to report all actual or suspected cases of child abuse, abandonment, or neglect (s. 1006.061, F.S.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p>Consultations with Parents: Inform students, parents, and staff of the availability of health counseling and/or consultations.</p>	<p>Staff consults with parents on a daily basis for health visits and prn for any health condition identified. Staff attends IEP, 504 plan meeting as requested to provide input on medical issues. Parent requests – Plans are made to address any health issue has.</p>	<p>SBAC and DOH administration. Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff</p>	<p>HMC</p>	<p>The number of face-to-face or phone consultations with parents, school staff, or physicians regarding suspected or confirmed health problems (5051).</p>
<p>Documentation of health counseling and/or consultations in the appropriate student health treatment record. New computer program will replace documentation IC (Infinite Campus)</p>		<p>Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff</p>	<p>QI Review</p>	<p>Documentation of consultations in individual student health records. Documentation will be on IC on each student</p>
<p>Communicable Disease Control: Interagency Coordination during suspected or confirmed communicable disease outbreaks in schools. This should include:</p> <ul style="list-style-type: none"> • Prevention Strategies • Process to identify and report communicable disease to CHD • Initial Response & Notification • Outbreak Investigation • Medical Intervention 	<p>SBAC, DOH staff report any outbreak. The staff along with the appropriate agencies meet to discuss strategies for medical intervention, control, prevention of all diseases:</p> <ol style="list-style-type: none"> a. Early identification and case reporting b. Immunization review and letters to parents for compliance. c. Interagency coordination of identified students with chronic conditions. d. Outbreak strategies using the IC to work any disease outbreak. 	<p>Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff</p> <p>DOH Communicable Disease Staff (Isabel Anasco, RN) DOH Administrator</p>	<p>QI Review</p>	<p>Interagency Agreements between Health Departments, School Districts, and schools.</p>
<p>Abuse Reporting: Mandatory reporting by all school and school health staff of suspected child abuse or neglect of students.</p>	<p>Staff informs principal and report any suspected abuse or neglect as outlined in the protocol book and law. The principal and supervisor of student health services are notified.</p>	<p>Pat Hughes (SBAC) Josephine McElrath (ACHD) All School staff are mandatory reporters</p>	<p>QI Review</p>	<p>Documentation that all staff have received training on reporting procedures.</p>

Part I-D. To provide a dental disease prevention program in the school setting (s. 381.0056, F.S., and Chapter 64F-6.001-.006, F.A.C.).				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure are DOH standards
Preventive dental services such as dental health education, dental screening, sealants, or supplemental fluoride rinse.	Dental Screenings, dental health education at designated schools by the School of Dentistry at UF.	Pat Hughes (SBAC) Josephine McElrath (ACHD) School clinic staff	HMC	Number of dental health classes (8020).
	Plans being developed for future programs	Lucy Anken, ACHD DOH Dental Contract DOH Primary Care Staff We are (a program with the Alachua County Medical Society)	HMC	Number of preventive dental health services provided (6610).
			HMC	Number of dental screenings provided (0540).
Linkages with dentists who provide services to Medicaid eligible students or who volunteer their services for students without health/dental insurance.	SBAC and DOH will provide Information on dentists who provide emergency care, DOH dental program and update the list of Medicaid providers.	Pat Hughes(SBAC Lucy Anken, ACHD DOH Dental Contract	QI Review	List of participating dental providers.
Collaboration between the CHD dental health program and community dental providers where available.	Per contract	Lucy Anken, ACHD DOH Dental Contract	QI Review	Documented agreements between CHD and dental providers.
Part I-E. To have an operational plan for the management of emergency health needs in each school (s. 381.0056, F.S., and Chapter 64F-6.004, F.A.C.).				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Policy and procedures for the management of emergency health situations in schools.	As outlined in the SBAC School Health Services Handbook. Procedures will be developed and reviewed for new and emerging situations	Pat Hughes (SBAC) SHAC	QI Review	Copies of policies and procedures available in school health rooms.
First aid and CPR certification of school health room staff and two additional school staff persons.	Principal and school designates staff to attend this training and provide clinic backup. Includes the school health staff.	Pat Hughes (SBAC) SHAC District Wellness Coordinators Jo McElrath, DOH	Annual Report	Number of individuals certified in first aid and CPR in each school.

Names and contact information for certified staff posted throughout the school campus.	Posted the 1 st month of school in the clinic, office and cafeteria and as designated.	Pat Hughes (SBAC) SHAC District Wellness Coordinators School Health Staff	QI Review	List of certified staff strategically posted for easy access.
Current student emergency health and contact information available for all students.	Emergency cards sent out in Mid September and updated prn. Parents encouraged thru phone home, notes, phone calls to return cards. Info being updated in new computer system.	Database Staff	QI Review	Student emergency cards/forms are on file or electronically available.
Procedures to ensure adequate health and first aid supplies and emergency equipment are available in all schools.	Supplies ordered and replace based on DOH administrative Guidelines and SBAC school health protocols	Pat Hughes - SBAC Principal – SBAC Jo McElrath - ACHD	QI Review	Inventory/checklist available.
a. Ongoing monitoring of accident/injury reports and active planning to limit/prevent re-occurrence. b. Collaborate with, or participate in risk management, crisis response teams, and safety committees.	Staff use reports and consult with principal and supervisor to provide updates to the appropriate team/teacher on campus for prevention, intervention and education	a. Risk Management b. School clinic staff	Annual Report Annual Report QI Review	Total number of unintentional, and intentional injuries (injuries related to fights and violence) treated. Number of calls to 911. Number of school health services staff who serve on school safety committees.
<i>Part I-F. Public health personnel shall assist school personnel in health education curriculum development (s. 381.0056(5)(a)13., F.S.), and the district school board shall coordinate the educational aspects of Comprehensive Health Education (s. 1003.42(m), F.S.), and Health Education; instruction in acquired immune deficiency syndrome (s. 1003.46, F.S.) with the school health services program. The school board shall provide inservice health training for school personnel (s. 381.0056(7)(b), F.S., and Chapter 64F-6.001-.006, F.A.C.).</i>				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Collaboration between schools, school health coordinators, and other health staff in development of health education curriculum.	Staff follow guidelines in working with teachers requesting classroom classes.	Anusavice, Sandi, Director of Secondary Curriculum	QI Review	Number of health education programs provided by school health staff and number of participants (8020).
School board provision of in-service health training to school personnel.	Biannual as a single day training and incorporated in monthly staff meeting.	Pat Hughes – SBAC Jo McElrath - ACHD	QI Review	Records of school staff health training events.

Part I-G. To initiate and maintain a cumulative health record on each student to document identified health problems and corrective measures taken (s. 381.0056, F.S., and Chapter 64F-6.001-.006, F.A.C.). To ensure individually retrievable student health treatment records created by health care professionals and containing protected health information and health services are maintained and released in accordance with state and federal law (s. 381.0056(5)(a)(16), F.S.; s. 1002.22, F.S.; Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 CFR Part 99; Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191; and Chapter 64F-6.005, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p><i>Cumulative Health Record</i> (DH Form 3041) for all students which contain:</p> <ul style="list-style-type: none"> • School Entry Health Examination (DH 3040) • Florida Certificate of Immunization (DH 680) or Religious Exemption from Immunization (DH 681) <p>Documentation of health history and information including:</p> <ul style="list-style-type: none"> • Allergies • Health conditions (except super confidential information) • Screening tests, results, follow-up, and referral outcomes • Student health care plan for day-to-day or emergency care of chronic or acute health conditions • Notation of the existence of student treatment records which may include confidential protected health information (PHI), such as child abuse, HIV, STDs, mental health counseling 	<p>Current procedure being reviewed and protocols will reflect the changes as this information will be available in Infinite Campus – a computer documentation system.</p>	<p>School Health Staff Pat Hughes – SBAC Jo McElrath – ACHD Data Entry Staff</p>	<p>QI Review</p> <p>QI Review</p> <p>Annual Report</p>	<p>Existence of <i>Cumulative Health Record</i> for each student.</p> <p>Documentation on <i>Cumulative Health Record</i>.</p> <p>Number of chronic health conditions by type of disorder.</p>
<p>Care plan for day-to-day or emergency care of students with chronic or acute health conditions available to staff and caregivers that have ongoing contact with student.</p>	<p>Record Review Clinic observation with staff Review of student nursing Care plans</p>	<p>School Health Staff Pat Hughes – SBAC Jo McElrath – ACHD</p>	<p>HMC</p> <p>QI Review</p>	<p>Number of care plans developed (5053).</p>

<p>Confidential Student Treatment Records for PHI including:</p> <ul style="list-style-type: none"> • Background information for care planning and copy of care plan • Authorizations to treat, release, or obtain PHI • Mental health, child or substance abuse, HIV or AIDS • Nursing progress notes, assessments, medical diagnosis and individual treatment logs • Medicaid billing information • Other PHI 	<p>Record Review: Periodic Staff record review Staff education and Orientation on record keeping Review of Chronic Health Conditions List from Student emergency Cards Review of student nursing Care plans</p>	<p>School Health Staff Pat Hughes – SBAC Jo McElrath - ACHD</p>	<p>QI Review</p>	<p>Policy and procedures for confidentially maintained Student Treatment Records.</p>
<p><i>Cumulative Health Records</i> and/or the local district computer system updated yearly with current health information obtained from student emergency cards/forms and other sources.</p>	<p>Record Review: Periodic Staff record review Staff education and Orientation on record keeping Review of Chronic Health Conditions List from Student emergency Cards</p>	<p>Database Staff</p>	<p>QI Review</p>	<p>Current records and electronic files.</p>
<p>Maintenance of a daily clinic log to track student health services data.</p>	<p>Record Review: Periodic Staff record review Staff education and Orientation on record keeping Monitored thru Infinite Campus</p>	<p>School Health Staff Pat Hughes – SBAC Jo McElrath - ACHD</p>	<p>Annual Report</p>	<p>Student utilization of health services data from the <i>Daily Health Services Log (CSHSP only)</i>.</p>
<p><i>Part I-H. To provide health related information on students seeking placement or re-evaluation of placement in exceptional student programs (s. 381.0056, F.S., and Chapter 64F-6.001-.006, F.A.C.). To ensure invasive medical services are provided by appropriately trained individuals (s. 1006.062, F.S.). To assure student safety and quality care by adherence to nursing standards of care (Nurse Practice Act, ss. 464.001-.027, F.S.).</i></p>				
<p>Quality Improvement (QI) Standards</p>	<p>Strategies</p>	<p>Responsible Person(s)/ Agency</p>	<p>Information Source</p>	<p>Performance Measure</p>
<p>Collaboration between Exceptional Student Education (ESE) staff and school health services staff to assess the health conditions and services required by ESE students, and to provide health related information for ESE staffing.</p>	<p>Record Review: Periodic Staff record review Staff education and Orientation on record keeping</p>	<p>Jeff Ketts Jo McElrath – ACHD Principal ESE Staff</p>	<p>HMC</p>	<p>Number of ESE staffing attended by school health staff (5052).</p>

Child-specific training by registered nurses for health services delegated to unlicensed assistive personnel (UAP).	Review of coding and documentation of training	Pat Hughes – SBAC Jo McElrath – ACHD Clinic Health Staff	QI Review	Documentation of all child-specific trainings (for each care procedure) given to each UAP.
Invasive procedures provided by appropriately trained personnel and monitored by a registered nurse.	Review of coding and documentation of training Review of appropriate protocols concerning appropriateness of procedures and the Nurse Practice Act as relates to school health	Pat Hughes – SBAC Jo McElrath – ACHD Clinic Health Staff	HMC QI Review	Number and type of complex medical procedures provided to ESE students by school health staff (HMC 5032). Invasive procedures documented on individual student health treatment records.

Part I-1. To provide nonpublic schools with information regarding school health services (s. 381.0056(5)(a)(18.), F.S., and Chapter 64F-6.001-.006, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Inform nonpublic schools about the availability of school health services, and their responsibilities if they voluntarily choose to participate in the school health services program.	Provide resources and assistance as requested.	Jo McElrath – ACHD Sherry Windham, Immunization - ACHD	Annual Report Annual Report	Number of nonpublic schools who choose to participate in school health services program. Types of services requested and provided in nonpublic schools.

Part I-J. The district school board shall make available adequate physical facilities for health services (s. 381.0056(7)(c), F.S., and State Requirements for Educational Facilities: SREF 1999, Vol. I.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
All schools will have adequate, designated space available to provide school health services in a confidential setting.	Provide schools and principals with the school health requirements.	SBAC facilities Department	Annual Report QI Review	Number of schools that have health room facilities (as described in HRSM 150-25 pp. 2-3, standard 6). Health rooms/clinics compliant with the Department of Education State Requirements for Educational Facilities, December 1999; Chapter 3, Section 3.2(d) Clinic; Chapter 5, Section 5(h) Clinics (School), and 5(i) Clinics (Full Service School Program).
Participation of CHD and LSD school health staff in planning and improving existing and new school health services facilities.	Actively participate or intervene to review anticipated changes to the health room	Pat Hughes – SBAC – Supervisor of Health Services Principal School Health Staff	QI Review	Facilities meet required standards for health, sanitation, safety, and confidentiality.

Part I-K. To have a procedure for assisting students in the administration of medication during school hours and for licensed professionals to train school personnel in administering medication (s. 1006.062, F.S., s. 1002.20(3)(i), F.S., (Kelsey Ryan Act), and Rule 6A-6.0251, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Current school district medication policy for assisting students in the administration of prescribed and over-the-counter medication.	School Health Policy Handbook – Outlines policy, provides the forms necessary for completion for each student for OTC and RX medications Periodic Clinic review and record review to determine if protocol being followed	Pat Hughes – SBAC SHAC Jo McElrath - ACHD School Health Staff Designated school staff	QI Review Annual Report HMC	Copy of medication policy available in every school. Number of medication doses administered in pre-k, elementary, middle, high, and other schools during February FTE week (5030).
Curriculum and documentation of training by a registered nurse, of the school personnel designated by the principal to provide students with assistance in medication administration.	School Health Policy Handbook – Outlines policy, provides the forms necessary for completion for each student for OTC and RX medications Periodic Clinic review and record review to determine if protocol being followed	Pat Hughes - SBAC Jo McElrath - ACHD School Health Staff	QI Review	Current curriculum and yearly training records available.
Individual medication records for each student taking medication at school.	MARS on each student for each medication (Rx or OTC)	School Health Staff	QI Review	Individual medication records.
Documentation of medications received, counted, and stored in accordance with s. 1006.062, F.S.		School Health Staff	QI Review	Documentation on student medication form.

Part I-L. To ensure that students who attend any public or nonpublic school have proper documentation of Certification of Immunization or Certificate of Immunization Exemption (s. 1003.22, F.S., and Rule 64D-3.046, F.A.C.). To ensure that all students entering Florida schools for the first time, including Pre-K, have a health examination within the past twelve months (s. 1003.22, F.S., and Rule 6A-6.024, F.A.C.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Collaborative efforts to assure that annual Immunization requirements for all grades are met.	Record review Immunization Reports	Pat Hughes - SBAC Jo McElrath - ACHD School Health Staff Sherry Windham – ACHD Data Entry	QI Review	Immunization status is verified for 100% of the students.

<p>All immunization information transferred electronically is accompanied by a hard copy of a <i>Florida Certificate of Immunization (DH 680)</i> when the student's <i>Cumulative Health Record</i> is transferred from the previous school.</p>	<p>Record Review of CUM records</p>	<p>Susan Arnold (SBAC)</p>	<p>HMC QI Review</p>	<p>Number of new enrollee record reviews (0598).*</p> <p>Number of students requiring immunization follow-up services by school health staff (5033).</p> <p>All student Cumulative Health Records will contain a Florida Certificate of Immunization (DH 680) or Certificate of Exemption (DH 681).</p>
<p>A collaborative plan with the school district to ensure the availability of school entry health examinations for school age children.</p>	<p>Outlined in the School Health Services Handbook Part of New staff orientation Cum Record review</p>	<p>Pat Hughes – SBAC SHAC School Health Staff</p>	<p>QI Review</p>	<p>All student <i>Cumulative Health Records</i> will contain a <i>School Entry Health Exam</i> (DH 3040 form or equivalent).</p>
<p>School health staff reviews the health examinations for pre-existing medical problems which might require special attention/care plans.</p>	<p>Review of Emergency Cards Review with parents during clinic visits</p>	<p>Pat Hughes - SBAC Jo McElrath - ACHD School Health Staff</p>	<p>HMC Annual Report</p>	<p>Number of new enrollee record reviews (0598).</p> <p>Number of chronic health conditions.</p> <p>Number of care plans developed (5053).</p>

PART II: SCHOOL HEALTH SERVICES PLAN FOR COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP) FOR 2008 - 2010

Part II-A. To promote student health (s. 381.0057, F.S.).

Objective 1: CSHSP staff will provide supplemental health services to students, in addition to basic services, which will enable 90% of students receiving health services to return to class.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provision of health room services and health assessments to identify student health problems, and refer as needed.	Follow protocol as outlined in the Student Health services Handbook Documentation in daily logs/reports and new computer system	Jo McElrath - ACHD SHAC	Annual Report HMC HMC	Daily Health Services Log Summary (DHSLS). Services data. Tracking tool for referrals of identified health problems.

Objective 2: Reduce the prevalence of overweight students to 12% or less by 2010 (Healthy People 2010).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provision of health promotion activities on nutrition and physical activity.	Follow protocol as outlined in the Student Health services Handbook Documentation on Education sheet and coding	Jo McElrath - ACHD DOH School Health Staff	Annual Report HMC	Number of school and community health promotion activities (GHSLs) (7500, 8020, 9041).

Objective 3: During each school year CSHSP staff will provide or coordinate educational activities that promote healthy living in each project school.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provide classes and interventions in the following topics: Dental health General health/other Injury prevention/safety Mental health/self-esteem Nutrition Physical activity Human sexuality Staff wellness Staff in-service Parenting skills	Provide for staff: In-services Resources Interventions Information For teaching and intervention Review coding and documentation for the classes provided	Jo McElrath – ACHD DOH School Health Staff	HMC Annual Report	Number of classes, interventions, and participants in the listed topics (GHSLs) (6030 and 8020).

Part II-B. Decrease student involvement in alcohol/tobacco/drug abuse, suicide/homicide, and other forms of risk-taking behaviors (s. 381.0057, F.S.).

Objective 1: During each school year, CSHSP staff will provide or coordinate counseling and referrals to decrease substance abuse (alcohol, tobacco, and other drugs).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provide or refer for counseling to decrease substance abuse.	One on one intervention and counseling with the students in a private setting to determine which student need further assistance and referrals Review requirements and symptoms as outlined in the School Health Services Handbook	Jo McElrath – ACHD DOH School Health staff	Annual Report	Number of referrals to alcohol, drug abuse, and tobacco treatment/ cessation programs (DHSLs).
Identification of counseling and referral resources.	Follow the yearly update of referrals from the School Health Services coordinator Consult with school counselor as appropriate	Pat Hughes – SBAC SHAC School Counselor	QI Review	List of referral resources.
Track referrals to assure that students have received treatment for identified substance abuse problems.	Consult with school counselor as appropriate. Follow-up with student/parent and referral source with proper medical release	School Health Staff Corner Drug Store	QI Review HMC	Plan for a case management process for referred students (9010).

Objective 2: During each school year, CSHSP staff will provide or coordinate educational classes and interventions to reduce high-risk behaviors.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Provide classes and interventions in the following topics: Violence prevention/conflict resolution Date rape Child abuse Alcohol, tobacco, and other drug abuse prevention Suicide prevention HIV/STD Pregnancy prevention	Provide for staff: In-services Resources Interventions Information For teaching and intervention Review coding and documentation for the classes provided	Jo McElrath – ACHD DOH School health staff	HMC Annual Report	Number of classes, interventions, and participants (6030 and 8020) (GHSLs).

Objective 3: The incidence of suicide among adolescents in grades 6 to 12 will be less than 6 per 100,000 by 2010 (Healthy People 2010).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
a) Protocols for responding to suicides and suicide attempts.	Provide staff with the current policy and the resource for assistance.	School Board Policy School Health Staff Principal	Annual Report	Annual number of known suicides by students in grades 6 to 12 in CSHSP schools.
b) Suicide prevention interventions and classes.	Provide staff training and identification classes for the proper referral for intervention	Pat Hughes - SBAC School counselor I Crisis management team	Annual Report	Number of suicide prevention interventions and classes (GHSLs 6030 and 8020).
c) Identification of counseling and referral resources.	List of referral resources Documentation on coding	Pat Hughes Counselor	Annual Report HMC	Annual number of students in CSHSP schools referred for mental health counseling (DHSLs).

d) Methodology for tracking referrals of students with identified suicidal behaviors substance.	Nurses notes and written referrals and coordination with referral source (proper written medical release) student/parent consultation(conferences)	Pat Hughes – SBAC SHAC School Health Team	QI Review HMC	Case management of referred students (9010).
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Part II-C. Reduce incidence of teenage pregnancy (s. 381.0057, F.S.).

Objective 1: The birth rate to female students in CSHSP schools will be less than 10 per 1,000 live births.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
a) Reduce teenage pregnancy by identifying and intervening with students at risk for early parenthood. Examples of risk factors include: <ul style="list-style-type: none"> • High absenteeism • Poor academic achievement • Early sexual activity • Previous pregnancy • Child or sibling of a teen parent • Engagement in other health risk behaviors 	Currently reviewing a strategy to identify the students and track. Make referrals to Healthy Start Provide in school counseling and referrals for support services Identify at risk siblings in the home Individual counseling to assess for health risks.	SBAC Teen Parent (TAPP) Team: Joyce Daniels Dr. Hall ACCEPT Staff School Health Staff ACHD Staff Jo McElrath – ACHD Peggy Exum Healthy Start	Annual Report	Annual number of female students in CSHSP schools in grades 6-12. Annual number of students in CSHSP schools who gave birth. Annual number of babies born to students enrolled in CSHSP schools.
b) Counseling and education of teens to prevent and/or reduce involvement in sexual activity.	One on one counseling Group education when appropriate and available Referral to outside training	Same as above	Annual Report HMC	Number of pregnancy prevention classes, interventions, and participants (GHSLs 6030 and 8020).
c) Interagency collaboration activities to prevent and/or reduce teen pregnancy.	Coordination with physician and community resources	Same as above	QI Review	Community-based teen pregnancy prevention activities.

Objective 2: The rate of low birth weight (LBW) babies born to female students in CSHSP schools will be less than 5/1000 live births.				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Procedure to identify the number of LBW babies born to students enrolled in CSHSP schools.	Working to better organize the ability to track students that stay in their home school where there is limited ability to coordinate once identified services	Same as above	Annual Report	Number of LBW babies born to students enrolled in CSHSP schools.
Comprehensive intervention services to pregnant teens (including Healthy Start Services and Healthy Families).	Identification and referrals and encouragement of teens to voluntarily accept the services available (HF, HS)	Same as above	HMC	Case management of children of parenting adolescents (9010).
Objective 3: At least 90% of female students will return to school or enter alternative education after the birth of their child.				
Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
Tracking return to school or continuing education for pregnant and parenting students.	Develop a plan to get students to communicate with staff and keep staff informed on current status Working to develop a better tracking program that can follow students when they change schools	Same as above	Annual Report QI Review	Number of CSHSP students who return to school after giving birth. Number of parenting students in project schools.
Interagency collaboration (such as Teenage Parent Program (TAPP), Temporary Assistance for Needy Families (TANF), Healthy Start, CHD programs and other community agencies) to identify and address the gaps in services and barriers which might interfere with parenting students returning to or continuing in school.	Actively working to identify the persons who need to be involved in this program including the Early Learning Coalition.	Same as above	HMC QI Review	Number of counseling and case management services to parenting teens (8040 and 9010). Local collaborative plan.

PART III: SCHOOL HEALTH SERVICES PLAN FOR FULL SERVICE SCHOOLS (FSS) FOR 2008- 2010

Part III-A. The Department of Health and the Department of Education shall jointly establish full service schools to serve students from schools that have a student population that has a high risk of needing medical and social services, based on the results of demographic evaluations (s. 402.3026, F.S.). Funds shall be used to provide health services in schools and must be integrated with other school health services.

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p>CHD and school district will collaborate to plan and coordinate the FSS program (i.e. Program administration, and coordination of in-kind providers and services to students and families).</p>	<p>Ongoing with: KidCare – DCF CMS TAPP Early Health Start Coalition ACHD for primary Care Services/Immunization Other -</p>	<p>Josephine McElrath – ACHD Assistant Administrator of ACHD With Pat Hughes - SBAC</p>	<p>QI Review</p>	<p>Collaborative agreement/contract between the CHD and school district.</p>
<p>Provision of specialized services to students and families as an extension of the educational environment. These services may include, but are not limited to:</p> <ul style="list-style-type: none"> • Nutritional services • Basic medical services • Economic services (temporary assistance to needy families – TANF) • Parenting skills • Counseling for abused children • Counseling for children at high risk • Counseling for parents of at-risk children • School health nursing services • Basic adult education 	<p>Ongoing with: KidCare – DCF CMS TAPP Early Health Start Coalition ACHD for primary Care Services/Immunization Other – working to enhance the services available</p>	<p>Josephine McElrath – ACHD Assistant Administrator of ACHD With Pat Hughes - SBAC</p>	<p>HMC</p>	<p>Number of services provided by staff hired by CHD or LSD with FSS funds coded by DAU number.</p>

<p>In-kind health and social services provided on school grounds donated by local providers:</p> <ul style="list-style-type: none"> • Adult education • Basic medical services • Case management • Child protective services • Community education • Counseling abused children • Counseling high-risk children • Counseling high-risk parents • Delinquency counseling • Dental services • Economic services • Healthy Start/Healthy Families • Job placement services • Mental health services • Nutritional services • Parenting skills training • Resource officer • School health nursing services • Social work services • Substance abuse counseling • TANF programs (job training) • Other 	<p>Ongoing – working on current plan for this 2008-2010 year</p>	<p>Josephine McElrath – ACHD Assistant Administrator of ACHD With Pat Hughes - SBAC</p>	<p>Annual Report QI Review</p>	<p><u>In-Kind Services:</u> Copy of Agreements for in-kind services, where applicable. In-kind time donated per agency or provider. Estimated value of in-kind services. Type of student services provided by each collaborative partner during the contract year.</p>
<p>Utilization and monitoring of standard state contract for FSS funds transferred from the CHD to the school district or other agencies.</p>		<p>Contract Manager Jo McElrath - SBAC</p>	<p>Annual Report QI Review</p>	<p>Contract and Model Attachment I, if applicable. Contract Monitoring Tool.</p>

PART IV: PROGRAM QUALITY IMPROVEMENT FOR 2008-2010

Part IV-A. As part of fulfilling its public health mission, DOH shall conduct a primary and preventive health care program, including school health services (s. 381.005, F.S.). The CHD shall have the responsibility, in cooperation with the local school district, to supervise the administration of the school health services program and perform periodic program reviews (s. 381.0056, F.S.). School nursing services shall be conducted in accordance with the Nurse Practice Act (ss. 464.001-.027, F.S.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<p>Quality Improvement System which includes:</p> <ul style="list-style-type: none"> • Ongoing review of adherence to requirements for program, school site and school health records • Contract management and quality assurance process • Staff orientation/training plan • School health staffing plan which delineates supervision of staff • Mechanism for tracking School Health revenues and expenses • Method to assess the relationship between school health services and student academic outcomes 	<p>Orientation Checklist Mentoring Staff Training Staff pattern based on current funding source which is currently in flux and changing year to year. May be difficult to assess in this changing environment for academic success – Will monitor the number of student seen and sent back to class and repeat clinic visits.</p>	<p>Pat Hughes – SBAC SHAC Jo McElrath – ACHD School Health Staff</p>	<p>Annual Report QI Review</p>	<p>Local and state school health office on-site review and desk audits to assure that programs meet the intent of the laws authorizing school health services. Academic achievement of students with care plans.</p>
<p>Mechanism for administering federal funding in accordance with DOH Revenue Services and the federal Center for Medicaid and Medicare Services.</p>	<p>Follow- contract rules Submit Semi-annual Single Federal Award Certification Review Monthly Flair Reports to be sure staff in correct spending category</p>	<p>Contract manager</p>	<p>FIS</p>	<p>Semi-annual Single Federal Award Certifications. Monthly FLAIR reports.</p>
<p>Review and analysis of local data trends impacting student health:</p> <ul style="list-style-type: none"> • School Health Services HMC data • Intentional and unintentional injuries • County health status indicators** • Vaccine preventable diseases in school age children • Communicable diseases including 	<p>Review monthly data with each school to identify and assist staff to work with school staff on potential problems before they become trends and/or follow-up on existing issues</p>	<p>Pat Hughes – SBAC Jo McElrath – ACHD SHAC Principals School Health staff</p>	<p>HMC Annual Report CHARTS Vital Statistics</p>	<p>HMC Performance Reporting for School Health. Trend Data from Annual Reports.</p>

<p>TB, STDs, and HIV/AIDS</p> <ul style="list-style-type: none"> • Teen births and repeat births • Teen Suicide 				
<p>Use trend analysis results to update principals, superintendent, SHAC and School Board about student health issues and related school health services, and inform the public.</p>	<p>Share monthly and Yearly reports with appropriate person. Use data to keep public informed for the need and type of health services provided to the students and families of this community</p>	<p>Pat Hughes – SBAC School Board Superintendent SHAC Jo McElrath – SBAC Doe DOH</p>	<p>HMC Annual Report CHARTS Vital Statistics</p>	<p>Process to share data with local stakeholders who participate in program analysis and improvement.</p>