



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.

<p>Name: <u> Maria LaRocca </u> Credentials <u> RN, BSN </u></p> <p>Position: <u> School Health Coordinator, Sr. community Health Nursing Supervisor </u></p> <p>Agency: <u> Clay County Health Department </u></p> <p>Mailing Address: <u> PO Box 578 </u></p> <p>City / Zip Code: <u> Green Cove Springs </u></p> <p>Email: <u> maria_larocca@doh.state.fl.us </u></p> <p>Phone/FAX: <u> 904-529-2869 Fax 904-529-2802 </u></p>

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	Nancy Mills, MPA	
	Name	
	Signature	Date
CHD Nursing Director	Mary Jane McRae, RN, BSN	
	Name	
	Signature	Date
CHD School Health Coordinator	Maria LaRocca, RN, BSN	
	Name	
	Signature	Date
School District School Health Coordinator	Donna Wethington	
	Name	
	Signature	Date
School Board Chair Person	Carol Studdard	
	Name	
	Signature	Date
School District Superintendent	David Owens	
	Name	
	Signature	Date
School Health Advisory Committee Chair Person		
	Name	
	Signature	Date
Public / Private Partner #1	Belkis Delgado, RD	
	Name	
	Signature	Date
Public / Private Partner #2	Debbie Dunn	
	Name	
	Signature	Date
Public / Private Partner #3	Anixa DePalma	
	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>Continue to recruit SHAC members through various community councils and ensure a diverse and required representation.</p> <p>The committee must maintain representation of the eight (8) component module.</p>	<p>School Health Coordinator/ CHD</p> <p>Supervisor of Student Services/ LSD</p> <p>SHAC Chairperson</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>Distribute and discuss plan issues at quarterly meetings.</p> <p>Gather input from all stakeholders as it relates to coordinated school health.</p>	<p>School Health Coordinator/CHD</p> <p>Supervisor of Student Services/LSD</p> <p>SHAC Chairperson</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>Active participation in the LSD Wellness Committee and Clay Action Coalition events.</p> <p>Increase # Walk-Run Programs in elementary schools.</p> <p>Participation in Annual Employee Health Fair.</p> <p>Share BMI statistics with appropriate school district personnel.</p>	<p>School Health Coordinator /CHD</p> <p>LSD- PE, Nutrition, and Wellness Coordinator</p> <p>Healthy Communities Program Coordinator/ CCHD</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>Distribute <i>School Health Services Evaluation</i>. Compile a summary for review and address areas of concern with SHAC members.</p>	<p>LSD CHD</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>All hired employees complete Level II background screening prior to employment and then repeat every five years.</p>	<p>LSD CHD</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.	<i>Code of Conduct Handbook</i> notifies parents of screenings, health education, medication policy/procedures and opt out policy.	LSD	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 student's records.	Parental requests for exemptions honored and filed in <i>Professional Treatment Record</i> .	LSD CHD	Annual Report	Number of students excluded from services and screenings at parental request.
Health services provided in school health rooms.	<p>Four hour orientation provided to all new school health employees.</p> <p>Documentation of all school health services collected on <i>Daily Health Room Log</i>.</p> <p>Logs utilize coding system that collects data that is transferred into Employee Activity Records to reflect health room services throughout the school year.</p> <p>Data is collected and transmitted on a monthly basis and reviewed for accuracy.</p> <p>Procedures outlined in <i>School Health Services Manual</i>.</p>	LSD nurse/health room personnel CHD	Annual Report HMC	<p>Number of school health room visits in Pre-K, Elementary, Middle, High, and Other schools during February FTE week.</p> <p>Number of:</p> <ul style="list-style-type: none"> ▪ Paraprofessional Evaluations and Treatment (4000) ▪ Nursing Assessments and Counseling (5000) ▪ Medical Management (6000)

<p>Provision of mandated screenings - vision, hearing, scoliosis, growth and development with BMI calculations and any indicated referral follow-up.</p>	<p>Screening schedules sent to Principals' schools during summer.</p> <p>Enlist assistance from community and Parent Volunteers.</p> <p>Screenings at each school site over 1-3 day period with results and referral notices sent home to each student screened.</p>	<p>LSD</p> <p>CHD</p> <p>Community Volunteers</p>	<p>HMC</p>	<p>Number of screenings, failures and outcomes for: Height and Weight (0520) Hearing (0515) Scoliosis (0561) Vision (0510) BMI Assessments (0521, 0522, 0523, 0524)</p>
<p>A system to track referrals or failed screenings with accurate coding and charting of outcomes.</p>	<p>SHIP program used for data entry.</p> <p>Failure lists generated at time of screenings and followed by LSD health personnel with assistance from CHD.</p> <p>Letter home ~additional contacts (phone/letter) as needed.</p> <p>Outcomes tracked by HMC reports.</p>	<p>LSD</p> <p>CHD</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>Referrals to community resources as available.</p>	<p>LSD</p> <p>CHD</p> <p>Community Partners</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>Referrals generated by school health personnel.</p> <p>Monthly reports provided to CHD from VisionQuest.</p>	<p>VQ</p> <p>LSD</p> <p>CHD</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>BMI results sent home after screenings with referrals as appropriate.</p>	<p>LSD</p> <p>CHD</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><i>Clay County Community Health Needs Assessment</i> identified obesity as a community-wide concern.</p> <p>Participation in LSD Wellness Committee to address nutrition and education.</p> <p>Step-Up Florida Campaign promoted at each school.</p> <p>BMI statistics shared with appropriate personnel.</p> <p>Promotion and support of Walk-Run Programs district wide</p> <p>Nutrition is a component of the PE and Health curriculum.</p> <p>Nutrition Education sent home monthly with lunch menus.</p>	<p>Community Partners</p> <p>Clay County Task Force</p> <p>LSD/CCHD Wellness Committees</p> <p>CCHD</p> <p>LSD Nurses</p> <p>LSD Physical Education Teachers</p> <p>Healthy Communities Program Coordinator/CCHD</p> <p>SHAC</p>	<p>QI Review</p>	<p>Records/documents from planning and implementation of school and community-based wellness activities.</p>
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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>Consultations and referrals available as needed.</p> <p>Baker County Dental Bus sees eligible student on parental request.</p>	<p>LSD nurses and social workers</p> <p>CHD</p> <p>Baker County Health Dept.</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.</p>	<p>Counseling and/or consultations documented in student's <i>Professional Treatment Record</i>.</p>	<p>LSD nurses</p> <p>CHD</p>	<p>QI Review</p>	<p>Documentation of consultations in individual student health records.</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>Referenced in <i>School Health Services Manual</i>.</p> <p>Each school is provided a current list of reportable diseases and protocols to follow.</p> <p>Schools In-serviced annually by CCHD.</p> <p>School Health Team and CCHD Epidemiology staff assist in an investigation and intervention.</p>	<p>LSD</p> <p>CCHD School Team</p> <p>CCHD Epidemiology Department</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>Policy is referenced in <i>School Health Services Manual</i>.</p> <p>Annual education regarding mandatory reporting given to all school health staff and faculty.</p> <p>Crisis response teams trained at each school.</p> <p>Crisis response outlined in <i>Clay County School District Procedure Manual</i>.</p>	<p>LSD</p> <p>CHD</p>	<p>QI Review</p>	<p>Documentation that all staff have received training on reporting procedures.</p>
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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
Preventive dental services such as dental health education, dental screening, sealants, or supplemental fluoride rinse.	Clay County Dental Society provides educational programs to schools as requested for grades K-3.	LSD Clay County Dental Society	HMC HMC HMC	Number of dental health classes (8020). Number of preventive dental health services provided (6610). 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.	Mobile Dental Bus provides dental services to eligible students. Free dental clinic available twice monthly for eligible students.	LSD CHD Baker County Health Department We Care Program	QI Review	List of participating dental providers.
Collaboration between the CHD dental health program and community dental providers where available.	We Care Program collaboration Baker County Dental Bus	CHD Baker County Health Department We Care Program	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.	Policy is referenced in <i>School Health Services Manual</i> and is reviewed yearly. AEDs available at multiple schools throughout the county.	LSD CHD	QI Review	Copies of policies and procedures available in school health rooms.

<p>First aid and CPR certification of school health room staff and two additional school staff persons.</p>	<p>Medical emergency plan updated yearly and posted in designated areas at all schools.</p>	<p>LSD</p>	<p>Annual Report</p>	<p>Number of individuals certified in first aid and CPR in each school.</p>
<p>Names and contact information for certified staff posted throughout the school campus.</p>	<p>Medical emergency plan updated yearly and posted in designated areas at all schools. Existence of plan noted at each QI visit.</p>	<p>LSD CHD</p>	<p>QI Review</p>	<p>List of certified staff strategically posted for easy access.</p>
<p>Current student emergency health and contact information available for all students.</p>	<p>Emergency forms sent home for parents/guardians to update at the beginning of each school year. Data entered into TERMS.</p>	<p>LSD</p>	<p>QI Review</p>	<p>Student emergency cards/forms are on file or electronically available.</p>
<p>Procedures to ensure adequate health and first aid supplies and emergency equipment are available in all schools.</p>	<p>Approved supply lists referenced in <i>School Health Services Manual</i>. Compliance noted at QI visit. Budgetary management handled by individual schools.</p>	<p>LSD CHD</p>	<p>QI Review</p>	<p>Inventory/checklist available.</p>
<p>Ongoing monitoring of accident/injury reports and active planning to limit/prevent re-occurrence. Collaborate with, or participate in risk management, crisis response teams, and safety committees.</p>	<p>Accident Reports coordinated through Risk Management along with Worker's Compensation. Injuries reported on monthly report. Safety Committees available at each school to address issues noted.</p>	<p>LSD CHD</p>	<p>Annual Report Annual Report QI Review</p>	<p>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.</p>

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.).

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.	School Health curriculum developed by LSD in accordance to Sunshine State Standards.	LSD	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.	In-services and medication training given to school staff as needed.	LSD CHD	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 	<p>Ensure appropriate documents are obtained at school entry (School Entry Health Examination and Florida Certificate of Immunization.)</p> <p>School nurse (along with CHD School Team nurse, if applicable) will review Emergency and Registration forms for pertinent medical information and initiation of parent contact if necessary.</p> <p>Appropriate health data entered into TERMS.</p> <p>School Entry Health Examination and Florida Certificate of Immunization filed in</p>	LSD CHD	<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>

<ul style="list-style-type: none"> • 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><i>Cumulative Health Record.</i></p> <p>Chronic condition database maintained in TERMS.</p> <p>Notation made in <i>Health Cumulative Record</i> of the existence of a <i>Professional Treatment Record</i>.</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>Medical Management Plans used for students with chronic or acute health conditions.</p> <p>Individual Health Care Plans written with input from parents, students, and physician.</p> <p>Emergency Care Plan developed for needed students.</p>	<p>LSD</p> <p>CHD</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><i>Professional Treatment Record</i> maintained as appropriate.</p>	<p>LSD</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>TERMS updated yearly with current health information reported on emergency forms.</p>	<p>LSD</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>Daily log maintained in each health room.</p> <p>Data transmitted monthly via e-mail to CCHD to be entered into HMS.</p> <p>A separate daily report maintained at each comprehensive school.</p> <p>Comprehensive monthly report emailed to CCHD and entered into HMS.</p>	<p>LSD</p> <p>CHD</p>	<p>Annual Report</p>	<p>Student utilization of health services data from the <i>Daily Health Services Log (CSHSP only)</i>.</p>
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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.).

<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>ESE screenings done by health room staff as requested by ESE.</p> <p>Data is reported on monthly report.</p> <p>District ESE Nurse is resource for all staff.</p>	<p>LSD</p> <p>CHD</p>	<p>HMC</p>	<p>Number of ESE staffing attended by school health staff (5052).</p>
<p>Child-specific training by registered nurses for health services delegated to unlicensed assistive personnel (UAP).</p>	<p>Training provided on as needed basis.</p> <p><i>School Health Services Manual</i> has tutorials and check off sheets for all complex medical procedures.</p> <p>Return demonstration of all procedures performed and approved/documented.</p>	<p>LSD</p> <p>CHD</p>	<p>QI Review</p>	<p>Documentation of all child-specific trainings (for each care procedure) given to each UAP.</p>

<p>Invasive procedures provided by appropriately trained personnel and monitored by a registered nurse.</p>	<p>Registered and/or licensed practical nurses assigned to majority of schools.</p> <p>Policy referenced in <i>School Health Services Manual</i> that requires parental authorization (to include return demonstration) for all invasive procedures performed by health room personnel.</p> <p>Delegated services reviewed and monitored on an ongoing basis. Medical oversight is provided by CCHD PHNs.</p> <p>Procedures performed documented on Student Visit Record or in TERMS, entered on daily log and reported monthly.</p>	<p>LSD</p> <p>CHD</p>	<p>HMC</p> <p>QI Review</p>	<p>Number and type of complex medical procedures provided to ESE students by school health staff (HMC 5032).</p> <p>Invasive procedures documented on individual student health treatment records.</p>
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Part I- I. 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
<p>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.</p>	<p>Contact made yearly with private schools during Kg. & 7th Compulsory Immunization via phone, site visits and mailings.</p> <p>Assistance provided for Cumulative Health Record reviews and screenings.</p> <p>Invited to LSD School Nurses meetings.</p>	<p>CHD</p>	<p>Annual Report</p> <p>Annual Report</p>	<p>Number of nonpublic schools who choose to participate in school health services program.</p> <p>Types of services requested and provided in nonpublic schools.</p>

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
<p>All schools will have adequate, designated space available to provide school health services in a confidential setting.</p>	<p>All schools currently have separate health rooms for health services.</p>	<p>LSD</p>	<p>Annual Report QI Review</p>	<p>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).</p>
<p>Participation of CHD and LSD school health staff in planning and improving existing and new school health services facilities.</p>	<p>School health rooms monitored during quality improvement review. Recommendations made to school administration with any deficiencies noted.</p>	<p>LSD CHD</p>	<p>QI Review</p>	<p>Facilities meet required standards for health, sanitation, safety, and confidentiality.</p>

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.	Medication policy and procedures referenced in <i>School Health Services Manual</i> .	LSD CHD	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.	Trainings available several times a year for school personnel designated to provide assistance in medication administration. Written test required with documentation kept in School Health Office. Child specific training by RN.	LSD CHD	QI Review	Current curriculum and yearly training records available.
Individual medication records for each student taking medication at school.	Medication Administration Record with parental authorization required for each medication.	LSD CHD	QI Review	Individual medication records.
Documentation of medications received, counted, and stored in accordance with s. 1006.062, F.S.	Medications counted and documented when received. QI visits document compliance.	LSD CHD	QI Review	Documentation on student medication form.

<p>A collaborative plan with the school district to ensure the availability of school entry health examinations for school age children.</p>	<p>Free Physical Exams provided at select schools for various Back to School Events.</p> <p>Distribution of KidCare information and applications at all back to school events.</p>	<p>LSD CHD</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>School nurse (along with CHD School Team nurse, if applicable) will review physical exams, registration and emergency forms for pertinent medical information.</p> <p>Medical Conditions entered into TERMS.</p> <p>Medical Management Plans used for students with chronic or acute health conditions.</p> <p>Individual Health Care Plans written with input from parents, students, and physician.</p> <p>Emergency Care Plan developed for needed students.</p>	<p>LSD CHD</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.	Comprehensive monthly report sent by email to CHD. All schools staffed by at least one licensed nurse or health aide and receive medical oversight by PHN (registered nurse). Health rooms open entire school day/5 days a week. Referral to CHD for needed assistance.	LSD CHD	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.	<p>Food Service Department Monthly newsletter with nutritional & physical activity information.</p> <p>LSD Wellness Policy and Wellness Committee with employee health fairs.</p> <p>Walk-Run Programs at most elementary schools.</p> <p>Step-up Florida Campaign promoted in schools.</p> <p>PE curriculum teaches nutrition, personal fitness and health lifestyles.</p> <p>All elementary schools are mandated to offer 150 minutes of physical activity per week with blocks of at least 30 consecutive minutes.</p> <p>Health Education class data collected monthly.</p>	<p>LSD</p> <p>CHD</p>	<p>Annual Report</p> <p>HMC</p>	<p>Number of school and community health promotion activities (GHSLs) (7500, 8020, 9041).</p>

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	Classroom education presentations by invitation. Regular health curriculum Human growth & development and HIV curriculum at elementary schools and secondary schools. Clay County Behavioral Health Center counselor on school campuses at Jr./Sr. High schools. Substance Abuse prevention and HIV/ AIDS curriculum (Healthy Choices) at all Jr. High schools. Student Assistance Program counselor referrals. Educational bulletin boards promoting healthy lifestyles. Newsletter articles addressing bullying, etc. support extracurricular organizations and clubs that foster good self esteem.	LSD Community Partners	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.	Referrals made as appropriate. As an alternative to suspension/expulsion, targeted students along with their parent(s) will be required to complete a Substance Abuse prevention program.	LSD	Annual Report	Number of referrals to alcohol, drug abuse, and tobacco treatment/ cessation programs (DHSLs).
Identification of counseling and referral resources.	Referrals made as appropriate. Agency resource book available and updated yearly.	LSD	QI Review	List of referral resources.
Track referrals to assure that students have received treatment for identified substance abuse problems.	Referrals made as appropriate. Student Assistance Teams are aware of students and outcomes.	LSD	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	Child abuse: Annual in-service provided to all School District personnel. Information available to each school site. Reference included in <i>School Health Services Manual</i> for mandatory reporting. Clay Action Coalition (CAC) and Enforcing Underage Drinking Law (EUDL), SARG Task Force community wide events: "Party in the Park" events, Town Hall meeting, PSA. Calendar with ETOH/drug prevention messages. Abstinence based education provided in curriculum. Curriculum provides classes to reduce risk taking behaviors.	LSD Clay Action Coalition	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.	District Crisis Response Team comprised of social workers, guidance counselors and psychologist available to every school. Protocol listed in guidance manual. Training response and intervention provided.	LSD Clay County Sheriff Dept.	Annual Report	Annual number of known suicides by students in grades 6 to 12 in CSHSP schools.

b) Suicide prevention interventions and classes.	Yearly training provided to increase awareness (i.e. faculty, pamphlets and presentations) Bullying and suicide prevention education provided.	LSD	Annual Report	Number of suicide prevention interventions and classes (GHSLs 6030 and 8020).
c) Identification of counseling and referral resources.	Regular core team meetings 3x/yr. Referrals made as appropriate.	LSD	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.	Referrals made for student(s) to receive psychological evaluation.	LSD Clay Behavioral Health Center Clay County Sheriff's Department	QI Review HMC	Case management of referred students (9010).

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 	Attendance monitored by social services team. Drop Out Prevention Program that identifies students at risk of leaving school. Student Assistance Program counseling offered at secondary schools.	LSD Clay Behavioral Health Center	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.

<p>b) Counseling and education of teens to prevent and/or reduce involvement in sexual activity.</p>	<p>Healthy Choices curriculum provided to all 7th graders. Alternative program (BLC) for teen parents Family Preservation Classes</p>	<p>LSD Clay Behavioral Health Center</p>	<p>Annual Report HMC</p>	<p>Number of pregnancy prevention classes, interventions, and participants (GHSL 6030 and 8020).</p>
<p>c) Interagency collaboration activities to prevent and/or reduce teen pregnancy.</p>	<p>Community-wide educational opportunities offered for teens and their parents. Pamphlets and educational materials sent home with teen students and/or provided through media resources i.e. website, newspaper, parent newsletters.</p>	<p>CHD LSD Community Partners</p>	<p>QI Review</p>	<p>Community-based teen pregnancy prevention activities.</p>

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
<p>Procedure to identify the number of LBW babies born to students enrolled in CSHSP schools.</p>	<p>Stats provided by Healthy Start.</p>	<p>CHD</p>	<p>Annual Report</p>	<p>Number of LBW babies born to students enrolled in CSHSP schools.</p>
<p>Comprehensive intervention services to pregnant teens (including Healthy Start Services and Healthy Families).</p>	<p>Referrals to Healthy Start, Healthy Families, WIC as appropriate.</p>	<p>LSD CHD Community Partners</p>	<p>HMC</p>	<p>Case management of children of parenting adolescents (9010).</p>

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
<p>Tracking return to school or continuing education for pregnant and parenting students.</p>	<p>Student given information on Teenage Parent Program. Family Preservation Program</p>	<p>LSD Clay Behavioral Health Center</p>	<p>Annual Report QI Review</p>	<p>Number of CSHSP students who return to school after giving birth. Number of parenting students in project schools.</p>

<p>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.</p>	<p>Case management and referral services provided to students.</p> <p>Collaboration between PHN, SW, nurses, teachers, guidance and various agencies in meeting the needs of parenting students.</p> <p>School District offers TAPP at Bannerman Learning Center with on-site daycare provided.</p>	<p>LSD</p> <p>CHD</p> <p>Community Partners</p>	<p>HMC</p> <p>QI Review</p>	<p>Number of counseling and case management services to parenting teens (8040 and 9010).</p> <p>Local collaborative plan.</p>
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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 relationship between LSD and CHD.</p> <p>Yearly contract.</p>	<p>LSD</p> <p>CHD</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>WIC, Kid Care education provided to school health personnel.</p> <p>Referrals to Kid Care, WIC by LSD as appropriate.</p> <p>Parenting classes provided as needed.</p> <p>Referrals of high risk children and parents as needed.</p> <p>Social workers available at each school site.</p> <p>Adult education programs at select schools.</p> <p>Summer lunch program at select Full Service Schools.</p> <p>Free back to school Physical Exams and immunizations provided at select Full Service Schools.</p>	<p>LSD</p> <p>CHD</p> <p>Community Partners</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>Dental Bus takes direct referrals for needy students.</p> <p>Screening assistance from local university nursing program.</p> <p>Dental Education classes provided to K-3.</p> <p>Stress Management techniques, invasive and non- invasive screenings provided to school board employees at yearly health fair along with educational awareness re: nutrition and the benefits of physical activity.</p>	<p>LSD</p> <p>CHD</p> <p>Baker County Health Department</p> <p>University of North Florida</p> <p>Clay County Dental Society</p> <p>Community Partners</p>	<p>Annual Report</p> <p>QI Review</p>	<p><u>In-Kind Services:</u> Copy of Agreements for in-kind services, where applicable.</p> <p>In-kind time donated per agency or provider.</p> <p>Estimated value of in-kind services.</p> <p>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>Yearly contract with specified services/ deliverables.</p> <p>Monitoring tools completed per contract.</p> <p>QI Tools completed.</p> <p>Service data collected by social workers and nurses.</p>	<p>LSD</p> <p>CHD</p>	<p>Annual Report</p> <p>QI Review</p>	<p>Contract and Model Attachment I, if applicable.</p> <p>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>Health room QI including record review completed by PHN at each school utilizing tool included in <i>School Health Services Manual</i>.</p> <p>Contract Monitoring Tool completed per contract with LSD.</p> <p>Four hour orientation program for each new school health personnel.</p> <p>Three times a year nurse meetings.</p> <p>Budget managed through FLAIR.</p>	<p>LSD</p> <p>CHD</p>	<p>Annual Report</p> <p>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.</p> <p>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>Medicaid reports submitted by LSD.</p>	<p>LSD</p>	<p>FIS</p>	<p>Semi-annual Single Federal Award Certifications.</p> <p>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 TB, STDs, and HIV/AIDS • Teen births and repeat births • Teen Suicide 	<p>Monthly stats reviewed for accuracy and trends.</p> <p>Record Reviews done monthly</p>	<p>LSD</p> <p>CHD</p>	<p>HMC</p> <p>Annual Report</p> <p>CHARTS</p> <p>Vital Statistics</p>	<p>HMC Performance Reporting for School Health.</p> <p>Trend Data from Annual Reports.</p>
<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>Data collected shared with School personnel and SHAC.</p> <p>Monthly participation in multiple coalition meetings.</p>	<p>LSD</p> <p>CHD</p> <p>SHAC</p>	<p>HMC</p> <p>Annual Report</p> <p>CHARTS</p> <p>Vital Statistics</p>	<p>Process to share data with local stakeholders who participate in program analysis and improvement.</p>