



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: Lori Lawhon

Credentials RN ASN

Position: School Health Coordinator

Agency: Wakulla County Health Department

Mailing Address: 48 Oak Street

City / Zip Code: Crawfordville 32327

Email: lawhonl@wakulla.k12.fl.us

Phone/FAX: 8509267143 x 105

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 Jody Smith	
	Signature	Date
CHD Nursing Director		
	Name TBA	
	Signature	Date
CHD School Health Coordinator		
	Name Lori Lawhon	
	Signature	Date
School District School Health Coordinator		
	Name Tanya English	
	Signature	Date
School Board Chair Person		
	Name Jerry Evans	
	Signature	Date
School District Superintendent		
	Name David Miller	
	Signature	Date
School Health Advisory Committee Chair Person		
	Name Tanya English	
	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>The school health advisory committee will meet quarterly and works collaboratively with school wellness committee. Membership includes but is not limited to representatives from schools, local and state agencies, parents and community representatives. Roster and attendance kept on file by chairman.</p> <p>A recommendation has been made to the committee to adopt the eight component Coordinated School Health Program Model. The eight components of the CSHP program focus on community health; consumer health; disease prevention and control; environmental health; family life; injury prevention and safety; personal health and fitness; mental and emotional health; nutrition education; prevention of tobacco, alcohol and other drug use</p>	<p>Tanya English, LSD SHAC</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>Agencies work collaboratively in development of School Health Plan</p>	<p>Lori Lawhon CHD, Tanya English, LSD SHAC committee members.</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>Committee members participated in the formulation of school district wellness plan. Plan is reviewed annually</p>	<p>Tanya English, LSD SHAC</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>School health satisfaction surveys are incorporated into school improvement plans. Results are reported to school health staff</p>	<p>Lori Lawhon CHD, Tanya English, LSD SHAC committee members.</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 school health staff that provide services in schools have completed Level 2 screening and results are on file at LSD and CHD</p>	<p>WCHD Karen Wells, WCSB</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.	A Service letter outlining available health services and the opportunity to opt in or out of services is provided annually to all students and their parents	LSD staff and CHD School Health Coordinator	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.	Parental request for exemption from services will be housed in students' record.	CHD school health staff	Annual Report	Number of students excluded from services and screenings at parental request.
Health services provided in school health rooms.	School health services are provided in designated school health rooms and documentation of visit is recorded via Daily School Health Services Log.	LSD staff CHD school health 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.	Students in grades K, 1, 3, and 6 will have vision, hearing, scoliosis, growth and development and BMI screening completed unless otherwise indicated. Referrals will be made based on Florida School Health Administrative Guidelines.	CHD 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>Tracking logs in place at each school to monitor referral and outcomes of screenings.</p>	<p>CHD school health 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>Family Resource Directory developed to assist with suspected or confirmed health problems. Local community partnerships have been established.</p>	<p>LSD and CHD 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>All schools are provided with regularly updated information about VQ and services available</p>	<p>CHD School Health Coordinator</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>Decisions to refer will be based on nursing judgement for students whose BMI is at or above the 95th percentile or below the 5th percentile and they may be referred for follow up with their healthcare provider.</p>	<p>CHD school health 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>Community based interventions have been identified through the development of a county wide wellness policy and are incorporated into classroom curriculum.</p> <p>School-wide programs such as Relay for Life, Jump Rope for Heart, Presidential Fitness, P.E./Health curriculum, National School lunch week activities, hand washing activities and healthy snack alternatives for rewards programs are examples of some of the school wide programs available to promote improved nutrition and physical activity.</p>	<p>SHAC, Wellness Committee and LSD</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
Consultations with Parents: Inform students, parents, and staff of the availability of health counseling and/or consultations.	A service letter outlining available health services is provided annually to all students and their parents. In addition parent/student handbooks advise parents of services available.	CHD School Health Coordinator , LSD staff	HMC	The number of face-to-face or phone consultations with parents, school staff, or physicians regarding suspected or confirmed health problems (5051).
Documentation of health counseling and/or consultations in the appropriate student health treatment record.	Face to face and phone consultations are documented in student health records	CHD school health staff	QI Review	Documentation of consultations in individual student health records.
Communicable Disease Control: Interagency Coordination during suspected or confirmed communicable disease outbreaks in schools. This should include: <ul style="list-style-type: none"> • Prevention Strategies • Process to identify and report communicable disease to CHD • Initial Response & Notification • Outbreak Investigation • Medical Intervention 	Upon receiving report of suspected or confirmed outbreak school will notify CHD officials. CHD will contact school and school health staff if report is received. CHD and LSD will implement surveillance, investigation, intervention and prevention strategies	LSD and CHD epidemiology staff	QI Review	Interagency Agreements between Health Departments, School Districts, and schools.
Abuse Reporting: Mandatory reporting by all school and school health staff of suspected child abuse or neglect of students.	Reporting requirements are reviewed annually in faculty meeting and are outlined in faculty handbook. Abuse reporting responsibilities are reviewed annually with school health staff	LSD and CHD staff	QI Review	Documentation that all staff have received training on reporting procedures.

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.	Dental health education is offered annually in conjunction with dental health month and throughout the school year in collaboration with CHD dental health program. In addition oral health and hygiene are addressed in Science and Health Curriculum. Dental services including a visual exam and fluoride varnish are offered to students with parent permission. These services are provided on site at Elementary schools via mobile dental unit.	Dentist, dental staff WCHD, LSD faculty	HMC	Number of dental health classes (8020).
			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.	Local CHD is provider for Medicaid eligible students. Preference will be given to LSD students. Emergency dental services are available on an as needed basis.	CHD dental staff and CHD school health coordinator	QI Review	List of participating dental providers.
Collaboration between the CHD dental health program and community dental providers where available.	Community dental providers offer assistance with emergency dental health needs and donations of dental supplies	School health Coordinator and Community dental providers	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.	Emergency Healthcare Guidelines are posted at each school. The SHAC reviews Emergency Operating Procedures for schools on an annual basis	School Health Advisory Committee	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.	All CHD school health support staff have current certification in first aid and CPR. Additional LSD staff are certified.	School Health Coordinator, LSD	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.	Name and contact information is posted visibly throughout the school and in high risk areas.	CHD and LSD staff	QI Review	List of certified staff strategically posted for easy access.
Current student emergency health and contact information available for all students.	Emergency health and student health information is available at clinic and is updated annually.	CHD and LSD 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.	First aid supplies are inventoried annually and requisitioned from LSD and CHD to ensure adequate quantities available.	CHD school health staff	QI Review	Inventory/checklist available.
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.	Through communication and review of accident/injury trends, health support staff relay critical information to administrative staff to ensure the health and safety needs of students. School health staff participates as members of schools' safety committees.	CHD and LSD 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.

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 program staff will assist with coordination of curriculum when applicable. Local CHD has health educator available that can assist with coordination and education in the school setting. CHD, LSD and local university students assist in local community assessments to determine health education needs	CHD school health staff	QI Review	Number of health education programs provided by school health staff and number of participants (8020).
School board provision of in-service	Annual training opportunities are made	CHD staff	QI Review	Records of school staff health

health training to school personnel.	available to school district personnel			training events.
--------------------------------------	--	--	--	------------------

<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>Student Treatment Records are housed in locked cabinet in clinical area and are treated as protected health information. Records are not released without written consent of patient.</p>	<p>School health staff CHD</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>Annual completion of personal history and emergency medical information data sheets. Information is entered into LSD computer system and updated throughout the year as indicated.</p>	<p>School health staff CHD</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>All schools maintain a daily treatment log that is kept in the clinical area.</p>	<p>School health staff CHD</p>	<p>Annual Report</p>	<p>Student utilization of health services data from the <i>Daily Health Services Log (CSHSP only)</i>.</p>

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.).

Quality Improvement (QI) Standards	Strategies	Responsible Person(s)/ Agency	Information Source	Performance Measure
<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>Nursing staff attend ESE staffings as indicated and upon request of school staff.</p>	<p>School health staff CHD, LSD</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).	Unlicensed assistive personnel attend annual child specific training with written documentation of completion.	School health staff CHD	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.	Regular observation of invasive procedures and review of required competencies is completed by an R.N	School health staff CHD	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.
<i>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.).</i>				
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.	Non public schools are contacted by mail and electronic mail regarding available health services. Included in mail outs for School health advisory committee members	LSD and CHD School Health Coordinator	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.	Each school has a designated health room available for individual healthcare needs of students. Full service school has designated clinical area for more in depth clinical services.	LSD and CHD	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.	Ongoing collaboration between CHD and LSD in planning and improving existing and new school health services facilities.	CHD and LSD Coordinators	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.	LSD medication policy is available at each school site.	School health staff 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.	School health staff participates in annual skills training to assist students with medication administration.	LSD and CHD staff	QI Review	Current curriculum and yearly training records available.
Individual medication records for each student taking medication at school.	Individual Medication Administration record is on file for each student receiving medication at school.	CHD school staff	QI Review	Individual medication records.
Documentation of medications received, counted, and stored in accordance with s. 1006.062, F.S.	Medications are to be received in their original container with accurate dosage information on label. Upon receipt medication will be counted and housed in locked cabinet in clinical area.	CHD 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.	All new enrollee records are reviewed for accuracy and compliance with Florida laws. Ongoing reviews are conducted to insure compliance with any new statutory requirements.	LSD and CHD school health staff	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</i> (DH 680) when the student's <i>Cumulative Health Record</i> is transferred from the previous school.</p>	<p>A Florida Certificate of Immunization accompanies the student's Cumulative Health record when transferred.</p>	<p>LSD and school health staff</p>	
<p>A collaborative plan with the school district to ensure the availability of school entry health examinations for school age children.</p>	<p>School staff and parents are provided with local healthcare provider options.</p>	<p>CHD staff</p>	
<p>School health staff reviews the health examinations for pre-existing medical problems which might require special attention/care plans.</p>	<p>Student health exams are reviewed for the presence of significant pre existing health conditions, pertinent health history or abnormal findings by M.D. Results are reviewed and care plans developed for chronic health conditions as indicated.</p>	<p>CHD school health staff</p>	

PART II: SCHOOL HEALTH SERVICES PLAN FOR COMPREHENSIVE SCHOOL HEALTH SERVICES (CSHSP) FOR 2008 - 2010				
<i>Part II-A. To promote student health (s. 381.0057, F.S.).</i>				
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.	School health rooms are staffed with at least one health support staff during the school year. R.N. makes weekly and as needed visits to Elementary schools to assist in identified health problems and nursing assessments.	CHD staff	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.	Interns from local universities are trained to assist in physical education program and implement body composition testing and health promotion activities. Nursing students participate in community assessments to identify high risk health issues and offer classroom and health fair activities. High school health careers students assist with teaching activities in Elementary classrooms. All schools are involved in Relay for Life, National School lunch week activities, Jump Rope for Heart activities After school programs focusing on fitness, nutrition and exercise are provided through a local grant. Program includes incentives for positive outcome.	CHD and LSD staff LSD and after school program 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	Individual and classroom guidance lessons and small group guidance sessions are offered to students. Ongoing educational offerings are offered to teachers and students including but not limited to topic areas 9 th grade students participate in Personal Fitness classes that incorporate subject matter into curriculum. Fifth grade students are provided with an age appropriate class on puberty and human growth and development.	LSD and CHD 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.	LCSW available for middle and high school student counseling services. Fresh Start tobacco cessation counseling available. Service learning grants address substance abuse prevention and offer activities for students that include community partner involvement.	LSD and CHD staff	Annual Report	Number of referrals to alcohol, drug abuse, and tobacco treatment/ cessation programs (DHSLs).
Identification of counseling and referral resources.	Family Resource Directory lists local service providers.	CHD and LSD staff	QI Review	List of referral resources.
Track referrals to assure that students have received treatment for identified substance abuse problems.	Ongoing case management for referred students with substance abuse issues.	LSD and CHD staff	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	An abstinence based program based on responsible decision making related to human sexuality and prevention of sexually transmitted diseases is presented to eighth grade students. School health staff has attended Fresh Start smoking cessation training and this is offered on an as needed basis. Individual and classroom guidance lessons along with small group guidance sessions are provided to students	CHD 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		Information Source	Performance Measure
a) Protocols for responding to suicides and suicide attempts.	Protocols are included in Emergency Operating Procedure guidelines at each school.	Protocols are included in Emergency Operating Procedure guidelines at each school.	Annual Report	Annual number of known suicides by students in grades 6 to 12 in CSHSP schools.
b) Suicide prevention interventions and classes.	Individual counseling and prevention intervention classes taught to high risk youth and as part of guidance curriculum	Individual counseling and prevention intervention classes taught to high risk youth and as part of guidance curriculum	Annual Report	Number of suicide prevention interventions and classes (GHSLs 6030 and 8020).
c) Identification of counseling and referral resources.	LCSW, nursing and guidance staff available for crisis intervention and counseling. Family Resource directory offers additional referral resources.	LCSW, nursing and guidance staff available for crisis intervention and counseling. Family Resource directory offers additional referral	Annual Report HMC	Annual number of students in CSHSP schools referred for mental health counseling (DHSLs).

		resources.		
--	--	------------	--	--

d) Methodology for tracking referrals of students with identified suicidal behaviors substance.	Referrals will be managed by referring individual or agency	LSD and CHD or outside agency	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 	Baby Think it Over program available at middle and high school levels Health classes offered at middle school level. Life management skills classes at 9 th grade level. Counseling of high risk youth will be offered on an as needed basis and or to at risk youth. Family Planning and counseling services available at high school.	CHD and LSD staff	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.	Coursework is available through Life Management classes. Individual counseling through LCSW for identified high risk individuals. Education is offered through TAP program to reduce repeat pregnancies.	CHD and LSD staff	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.	Case management services offered through local Healthy Start, Healthy Families and other community agencies. Parenting and childbirth classes are offered through CHD.	CHD school health staff	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.	There is ongoing interagency communication with Healthy Start Coordinator and CHD school health staff to identify, track and monitor teen pregnancies.	CHD school health and nursing staff.	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).	Healthy Family services are available through local CHD. Services are based on screening outcomes. Services include prenatal care and nutrition, child abuse prevention, positive parenting interaction and encouraging appropriate medical care. MomCare program offers services to ensure a healthy pregnancy outcome.	CHD staff	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.	Healthy Start coordinator monitors all deliveries from local hospitals via Healthy Start report data. All deliveries are screened for birth outcomes and all high risk deliveries are monitored. Interagency collaboration to identify pregnant and or parenting students.	CHD and LSD staff	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.	TAP teacher completes a teen parent program student profile for use with each teen parent. A daycare needs assessment is completed and evaluated to determine if special placement is needed. Pregnant teens are advised of childcare opportunities in an effort to encourage returning or continuing in school. Open communication between LSD and CHD to identify pregnant teens that may have dropped out of school.	LSD TAPP teacher CHD school health staff	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>There is ongoing collaboration between CHD and school district to assist in adequate communication and coordination of services.</p>	<p>LSD and CHD school health coordinator</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>In an ongoing effort to assist students and families in obtaining medical and counseling services, ARNP and LCSW staff services are offered at the full service school site. Communication with other local assistive agencies is ongoing.</p>	<p>LSD and CHD staff</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>N/A</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>All revenue sources will be tracked through the CHD</p>	<p>CHD Business Manager</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>School health staff to conduct school site and school record QI</p> <p>Annual staff training plans are completed and on file at CHD and school health office</p> <p>School health staffing plans on file at CHD and school health office.</p> <p>Tracking of revenues and expense done annually by LSD and CHD.</p>	<p>CHD staff and LSD staff</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>Semi annual federal certifications are completed.</p> <p>FLAIR reports are completed monthly</p>	<p>DOH</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 	<p>Local data trends are analyzed and pertinent health issues that may impact student health are reviewed.</p>	<p>CHD and LSD staff</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>

<ul style="list-style-type: none"> • Communicable diseases including TB, STDs, and HIV/AIDS • 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>Significant health trends or pertinent student health issues are reported to the LSD as deemed appropriate</p>	<p>CHD staff</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>