



2006-2008 School Health Services Plan

Submit by September 30, 2006

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

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School Health Services Plan for 2006-08

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.

**2006-2008 School Health Services Plan and 2005-2006 School Health Services Report
SIGNATURE PAGE**

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

| | | |
|---|--|------|
| CHD Administrator/Director | | |
| | Name: Lillian Rivera, RN, MSN | |
| | Signature | Date |
| CHD Nursing Director | | |
| | Name: Carol Wright-Tanner, RN, MSN | |
| | Signature | Date |
| CHD School Health Coordinator | | |
| | Name: Alicia Reyes-Perez, RN, BSN, NCSN | |
| | Signature | Date |
| School District School Health Coordinator | | |
| | Name: Deborah Montilla | |
| | Signature | Date |
| School Board Chair Person | | |
| | Name: Agustin Barrera | |
| | Signature | Date |
| School District Superintendent | | |
| | Name: Rudolph Crew, EdD | |
| | Signature | Date |
| School Health Advisory Committee Chair Person | | |
| | Name: Joycelyn Lawrence, MD, Co-Chair Fermin Leguen, MD, Co-Chair | |
| | Signature | Date |
| | Signature | Date |
| Public / Private Partner #1 | | |
| | Name: Modesto Abety | |
| | 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, 2006, submit the following documents via email to **HSF_SH_Feedback@doh.state.fl.us**, and cc your **School Health Liaison:**

- 2006-2008 School Health Services Plan
- 2005-2006 Annual School Health Services Report
- A completed Program Monitoring Tool for all 2005-2006 contracts
- Scanned signature page

Submit executed, signed school health contracts and memoranda of agreement for 2006-2007 via interoffice mail or US mail to:

Via Interoffice Mail or U.S. Mail: School Health Services (HSFFC), Department of Health, 4052 Bald Cypress Way, Bin A-13, Tallahassee, FL 32399-1723

Via Delivery Service: School Health Services (HSFFC), Department of Health, 4025 Esplanade Way, Rm. 125-04, Tallahassee, FL 32311-7829

PART I: SCHOOL HEALTH SERVICES PLAN¹ FOR BASIC SERVICES FOR 2006 - 2008

(Note: Please refer to the attached list of Acronyms)

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 |
|---|--|---|---------------------------|---|
| Active SHAC which has broad representation from the community. It is recommended that SHACs adopt the eight component Coordinated School Health Program model that will also conform to required school wellness policies. | I-A1.a Continue to include community partners with common interests, parents, MDCHD school health staff members from various initiatives and designated local school district staff to be a part of SHAC. Maintain attendance roster and meeting minutes for review. I-A1.b Obtain formal SHAC adoption of transition to Coordinated School Health Program model in collaboration with Health Connect in Schools (HCiOS) Team | Instructional Supervisor/ MDCPS ; SHC/ MDCHD ; Chair/ SHAC SHC/ MDCPS ; SHC/ MDCD ; ED, HClOS/ TCT ; Chair/ SHAC | QI Review | Number of SHAC meetings during the school year Composition of membership Minutes of meetings |
| School Health Plan collaboratively developed by CHD, LSD and SHAC | I-A2. Engage in joint strategic planning activities to review and update existing School Health Services Plan. Finalize plan jointly and present to SHAC before final submission. | SHC/ MDCPS ; SHC/ MDCHD , SHAC and HCSF | QI Review | A signed School Health Services Plan and any revisions on file at the CHD and LSD, and the School Health program Office |
| Participation in the school district wellness plan to promote activities that improve nutrition and increase physical activity | I-A3. Identify and implement at least one strategy per school year. Measure and report outcomes. | Department of Food and Nutrition, Department of Physical Education/ MDCPS | QI Review | Documentation of district-wide wellness activities |
| A school health services satisfaction survey for students, parents and school staff | I-A4. Continue to administer, collect and analyze annual school health services satisfaction survey. Incorporate results into program planning. | SHC/ MDCPS ; SHC/ MDCHD ; Chair/ SHAC | QI Review | Summary of the satisfaction survey, and any policy changes made based on survey |
| Level 2 background screening of school health employees compliant with Florida Statutes within 12 months of employment | I-A5. Perform level 2 background screenings on all staff hired by MDCHD, MDCPS, and public/private agencies to provide services in schools under the Plan. Conduct screenings before the date of initially providing services. | SHC/ HR/MDCHD ; FSS Coordinator/ HR/ MDCPS ; Public/Private Agencies/ HR | QI Review | Documentation of employee level 2 screening on file at employing agency |

¹ The implementation of strategies outlined in the School Health Services Plan is made possible through the funding and in-kind support provided by Miami-Dade County's extensive network of community partners. Health Connect in Our Schools (HCiOS) responsibilities are limited to schools where HCiOS is in place.

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-6.001-008, 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 | <p>I-B1.a. Follow MDCPS' written plan which includes procedures for notifying parents.</p> <p>I-B1.b. Adopt a blanket consent form (except for invasive procedures).</p> | <p>SHC/MDCPS; SHC/MDCHD</p> <p>SHC/MDCPS</p> | 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 | <p>I-B2.a. Send home with students documents addressed to parents/guardians describing available health services, anticipated screenings by school grade, role of HClOS Teams, and procedure for requesting that their student be exempted (i.e., negative consent).</p> <p>I-B2.b. File exemption letter from parent/guardian in student's <i>Cumulative Health Record</i>.</p> | <p>SHC/Principal/ MDCPS; SHC/MDCHD; and HClOS Teams/TCT</p> <p>Instructional Supervisor & Principals/ MDCPS; School Health Staff/ MDCHD; Screeners/ MDCPS, MDCHD; and HClOS Teams/TCT</p> | Annual Report | Number of students excluded from services and screenings at parental request |
| Health services provided in school health rooms | I-B3. Please refer to item I-J1.c. | Please refer to item I-J1.c. | <p>Annual Report</p> <p>HMC</p> | <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>I-B4. Follow MDCPS' written plan which includes dates for when mandated vision, hearing, scoliosis, and growth and development screenings will be conducted.</p> | <p>SHC/MDCPS; SHC/MDCHD</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>I-B5. Document results of all recommended screenings (pass/fail) and action taken after a failed screening within 6 weeks of assessment result.</p> | <p>SHC/MDCHD; SHC/MDCPS; HCiOS Team/TCT</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>I-B6. Link students with failed screenings and suspected or confirmed health problems with HCiOS community health providers.</p> | <p>SHC/MDCHD; SHC/MDCPS; HCiOS Team/TCT</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>I-B7. Collaborate and coordinate with Jeppesen Vision Quest and other providers (e.g., Heiken Children's Vision Fund) on referrals and number of students who were treated and received glasses during follow-up care. Maintain accurate records.</p> | <p>SHC/MDCHD; SHC/MDCPS; Jeppesen Vision Quest, Heiken Children's Vision Fund</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>I-B8. Provide referrals to community resources that meet needs of students with weight-related health issues, including medical providers and after-school programming options.</p> | <p>SHC/MDCHD; SHC/MDCPS</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-B9. Identify and collaborate with community-based initiatives, including the School Based Issues Committee of the Consortium for a Healthier Miami-Dade.</p> <p>I-B10. Hold quarterly meetings with departmental representatives in nutrition and physical education.</p> | <p>SHC/MDCPS; SHC/MDCHD; HCiOS Management/TCT</p> <p>SHC/MDCPS; SHC/MDCHD; FN/MDCPS; PE/MDCPS</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 | I-C1. Utilize marketing tools such as school newspapers, brochures, non-print media (e.g., videos, radio), health fairs, PTA and faculty meetings to inform students, parents, and staff of availability of health related consultations. Maintain documentation of consultations held. | SHC/MDCPS; SHC/MDCHD; HClOS Team/TCT | 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 | I-C2. Adhere to School Health Documentation Guidelines to ensure documentation in student health treatment records of all health related consultations provided. | School Health Staff and Supervisor/MDCHD; HClOS Team/TCT | 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 | I-C3. Update plan and interagency agreements to conduct prevention strategies, outbreak investigations, medical interventions and to identify processes for identifying and reporting disease cases. Maintain standard guidelines for coordinating outbreak investigations. Include processes in updated Emergency Management Plan. | Office of Epidemiology and Disease Control/Medical Director/MDCHD; Department of Safety, Environment, and Hazards Management/ MDCPS | 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 | I-C4. Utilize the MDCPS Crisis Team plan to address child abuse or neglect in the school-aged child. Include educational counseling/groups for students, parents, and others. Conduct annual training of principals, counselors and all school health staff to ensure awareness of and compliance with Florida law regarding the reporting of suspected abuse or neglect. | Division of Life Skills, Comprehensive Health/ Administrative Director of Division of Student and Career Services/ MDCPS; Operations and Management Consultant Manager/ MDCPS; School Health Staff/MDCHD | 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 | I-D1.a. Distribute dental health curriculum produced by the Florida Dental Health Association. Distribute dental health kits (supplied by Colgate) to all 1 st and 3 rd grade students. Continue to provide dental health classes conducted by school health nurses. | Instructional Supervisor/ MDCPS ; SHC/MDCHD | HMC | Number of dental health classes (8020) |
| | I-D1.b. Explore methods to track the date of last dental check-up. | Director, Seals on Wheels/ MDCHD | HMC | Number of preventive dental health services provided (6610) |
| | I-D1.c. Commence operations of new dental health van, to include dental health education for 2 nd and 7 th graders on-site. | Director, Seals on Wheels/ MDCHD | 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 | <p>I.D2.a. Continue to expand dental partnerships to meet needs of students without health/dental insurance, including Medicaid eligible students who did not transition to the new pilot Medicaid HMO plan offered through Atlantic Dental.</p> <p>I.D2.b. Foster new linkages through the Dental Committee of the Consortium for a Healthier Miami-Dade. Potential partners include Miami-Dade College Medical Campus and the University of Miami, which received funding from the Health Resources and Services Administration to operate a dental van for persons living with HIV/AIDS.</p> | <p>SHAC; Director, Seals on Wheels/MDCHD</p> <p>Consortium for a Healthier Miami-Dade /MDCHD; Dental Hygiene Program/Miami-Dade College; University of Miami</p> | QI Review | List of participating dental providers |
| Collaboration between the CHD dental health program and community dental providers where available | I-D3. Continue to work with private community partners and advocacy groups to provide and/or advocate dental health services. | SHC/MDCHD ; SHC/MDCPS ; SHAC ; HCiOS Management/TCT | 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 | I.E1. Revise the MDCPS Emergency Management Plan to reflect contemporary issues (e.g., pandemic influenza, avian flu) and concise guidelines for the management of emergency health situations in schools. Include new guidelines in revised School Health Facilitator Manual. Provide districtwide access of the Manual through e-handbook format. Refer to the Critical Incident Manual's school health component for guidance. | Instructional Supervisor/ MDCPS ; Department of Safety, Environment, and Hazards Management/ MDCPS | 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 | I.E2. Offer First Aid and CPR trainings through the Division of Life Skills. Review requirements at Facilitator Training. | SHC/ Instructional Supervisor/Division of Life Skills/ MDCPS ; SHC/ MDCHD | 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 | I.E3.a. Maintain updated rosters of certified staff, including names and contact information. I.E3.b. Post names of respective trained staff at each participating school. Posting areas may include the school office, clinic, and classrooms. | Instructional Supervisor/ MDCPS ; HCiOS Team/ TCT School Principals/ MDCPS | QI Review | List of certified staff strategically posted for easy access |
| Current student emergency health and contact information available for all students | I.E4. Collect updated emergency card information at annual school opening meeting with registrars and attendance clerks. | Registrar/Attendance Clerk/ MDCPS ; SHC, Supervisors, Staff/ MDCHD | 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 | I.E5. Include checklist of recommended first aid supplies and emergency equipment to be maintained at each school. Include checklist in School Health Facilitator Manual and provide instruction at annual Health Reviewed Facilitators training. | Instructional Supervisor, School Principals/ MDCPS ; SHC/ MDCHD ; HCiOS Management/ TCT | QI Review | Inventory/checklist available |
| Ongoing monitoring of accident/injury reports and active planning to limit/prevent re-occurrence. | I.E6.a. Review collaboratively, on an annual basis, electronic data on school ground accidents/injuries compiled by Risk and Benefit Management. Apply | Risk and Benefit Management, Division of Student and Career Services/ MDCPS ; | Annual Report | Total number of unintentional, and intentional injuries (injuries related to fights and violence) treated |

| <p>Collaborate with, or participate in risk management, crisis response teams, and safety committees</p> | <p>national school health guidelines to prevent unintentional injuries and violence (e.g., CDC).</p> <p>I.E6.b. Ensure school health nurses participate on safety committees. Collaborate with Emergency Management Services and Fire Rescue for the conduct of educational seminars.</p> | <p>SHC/MDCHD; HCiOS Team/TCT</p> <p>Risk and Benefit Management, Division of Student and Career Services/ School Principals or Designee/MDCPS; SHC/MDCHD; HCiOS Team/TCT</p> | <p>Annual Report</p> <p>QI Review</p> | <p>Number of calls to 911</p> <p>Number of school health services staff who serve on school safety committees</p> |
|--|--|---|---------------------------------------|---|
| <p>Part I-F. Public health personnel shall assist school personnel in health education curriculum development (s. 381.0056(m), 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.).</p> | | | | |
| <p>Quality Improvement (QI) Standards</p> | <p>Strategies</p> | <p>Responsible Person(s)/ Agency</p> | <p>Information Source</p> | <p>Performance Measure</p> |
| <p>Collaboration between schools, school health coordinators and other health staff in development of health education curriculum</p> | <p>I-F1.a. Conduct collaborative review and revisions of health education curriculum to meet State Board of Education standards for health and physical education through School Health Advisory Committee.</p> <p>I-F1.b. Obtain MDCPS approval to conduct a yearly orientation for all students on bathroom and personal hygiene, including hand washing, and coughing and sneezing etiquette.</p> | <p>Educational Specialist/MDCPS; SHC/MDCHD; SHAC</p> <p>Educational Specialist/MDCPS; SHC/MDCHD</p> | <p>QI Review</p> | <p>Number of health education programs provided by school health staff and number of participants (8020)</p> |
| <p>School board provision of in-service health training to school personnel</p> | <p>I-F2.a. Send informational letter to schools outlining general health education (including HIV/AIDS) and safety education topics available/provided through school health services. Provide presentations on available topics and services to school faculty, upon request. Maintain record of presentations requested and offered.</p> | <p>Educational Specialist/MDCPS; SHC/MDCHD</p> | <p>QI Review</p> | <p>Records of school staff health training events</p> |

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)(p), F.S.; s. 1002.22, F.S.; Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 CFR Part 99; Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191; and Chapter 64F-6.005, F.A.C.).

| Quality Improvement (QI) Standards | Strategies | Responsible Person(s)/ Agency | Information Source | Performance Measure |
|--|--|---|--|---|
| <p><i>Cumulative Health Record</i> (DH Form 3041) for all students which contain:</p> <ul style="list-style-type: none"> School Entry Health Examination (DH 3040) Florida Certificate of Immunization (DH 680) or Religious Exemption from Immunization (DH 681) <p>Documentation of health history and information including:</p> <ul style="list-style-type: none"> Allergies Health conditions (except super confidential information) Screening tests, results, follow-up, and referral outcomes Student health care plan for day-to-day or emergency care of chronic or acute health conditions Notation of the existence of student treatment records which may include confidential protected health information (PHI), such as child abuse, HIV, STDs, mental health counseling. | <p>I-G1.a. Review students' 3041's annually. Continue to train Registrars at the beginning of each school year and at Spring Registrar's meeting regarding the necessity of 3040's, 680's and 681's. Assure manuals reflect same instructions.</p> <p>I-G1.b. Provide trainings on immunization compliance and conduct random audits. Identify children in need of immunization and 1) refer to medical home, 2) provide service, and 3) plan for any necessary follow-up.</p> <p>I-G1.c. Standardize data collected from all HClOS participating schools and collaborative partners.</p> <p>I-G1.d. Complete documentation on health records of health services provided to all students. Conduct monthly peer reviews. Provide annual report, including chronic health conditions by type of disorder.</p> | <p>Instructional Supervisor, School Principals/ MDCPS; SHC, Staff/ MDCHD; HClOS Teams/ TCT</p> <p>Special Immunization Program/MDCHD; HClOS Teams/TCT</p> <p>HClOS Management/TCT</p> <p>School Health Staff/MDCHD; HClOS Teams/TCT</p> | <p>QI Review</p> <p>QI Review</p> <p>Annual Report</p> | <p>Existence of <i>Cumulative Health Record</i> for each student</p> <p>Documentation on <i>Cumulative Health Record</i></p> <p>Number of chronic health conditions by type of disorder</p> |
| <p>Care plan for day-to-day or emergency care of students with chronic or acute health conditions available to staff and caregivers that have ongoing contact with student</p> | <p>I-G2. Develop care plans for students with chronic or acute health conditions. Seek staff and caregiver cooperation in implementing care plans.</p> | <p>School Health Staff/MDCHD; HClOS Teams/TCT</p> | <p>HMC</p> <p>QI Review</p> | <p>Number of care plans developed (5053)</p> |

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| <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-G3. Maintain and release PHI in accordance with Florida law and HIPPA (Health Insurance Portability and Accountability Act).</p> | <p>School Health Staff/MDCHD; HCiOS Teams/TCT</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>I-G.3.a. Develop a mechanism to update, on an annual basis, <i>Cumulative Health Records</i> and the local school district computer system with current health information obtained from student emergency contact cards. Maintain high-risk chronic health conditions list and utilize for care plan development.</p> | <p>HCiOS Management/TCT</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>I-G.4. Maintain confidential daily log of all students receiving services.</p> | <p>School Health Staff/MDCHD; HCiOS Team/ TCT</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>I-H1. Hold joint meetings to review status of children with special health care needs (SHCN) on a monthly basis, or more often if needed. Document case management and other services provide to avoid duplication of services.</p> | <p>ESE Nursing Staff/MDCPS; Maximus; HCiOS Teams/TCT;</p> | <p>HMC</p> | <p>Number of ESE staffing attended by school health staff (5052)</p> |

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| | <p>I-H2. Provide available/relevant health-related information on students seeking placement or re-evaluation of placement in ESE programs.</p> | HCiOS Teams/ TCT | | |
| <p>Child-specific training by registered nurses for health services delegated to unlicensed assistive personnel (UAP)</p> | <p>I-H3.a. Monitor and assure that all health care professionals providing health services have their licenses, trainings and education documented. Monitor and assure that all trainings for non-medical assistant personnel are documented and that procedures for delegating functions are followed as delineated in these standards.</p> <p>I-H3.b. In accordance with the <i>Role of the School Nurse Guidelines</i> (FDOH and FDOE, 2006), UAPs must successfully complete child specific training provided by an RN, ARNP, physician, or PA and demonstrate proficiency in performing the delegated task. Examples of tasks allowed include intermittent clean catheterization, gastrostomy tube feeding, blood glucose monitoring, and administration of emergency injectable medication.</p> | <p>ESE Division/MDCPS</p> <p>ESE Division, School Health Program/MDCPS; School Health Program/MDCHD; HClOS Teams/TCT</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>I-H4.a. Monitor, screen and have on file evidence of education, training and credentials of staff providing invasive procedures. Document in each student health treatment record the name, title and signature of the staff person(s) who provided the invasive procedure(s).</p> <p>I-H4.b. Maintain an invasive procedure log for staff to record individual treatment procedures. Conduct monthly peer reviews.</p> | <p>ESE Division/MDCPS; School Health Program/MDCHD</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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| Participation of CHD and LSD school health staff in planning and improving existing and new school health services facilities | I-J2. Review, in collaboration with Admin. Director, School Operations, new school construction projects to ensure that plans for new schools include health room facilities that meet required standards for health, safety and confidentiality. Present findings from <i>District Assessment of School Readiness</i> to address problem areas in existing facilities. | Comprehensive School Services/School Operations/ MDCPS ; School Health Program/ MDCHD | QI Review | Facilities meet required standards for health, sanitation, safety and confidentiality |
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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., and s. 1002.203)(i), F.S, (Kelsey Ryan Act)).

| 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 | I-K,1. Review on a yearly basis the Medication Administration Policy and Procedure and revise, as needed. Include policy and procedure in School Health Facilitator Manual. | Instructional Supervisor/ MDCPS | 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 | I-K,2. Utilize a standardized training manual to train designated school personnel on medication administration and to minimize medication risks. Research best practice curriculums to provide up to date trainings. Increase outreach efforts to schools that have not participated in trainings for more than two years. Engage Health Connectors to assist with outreach efforts. | Instructional Supervisor/ MDCPS ; School Health Staff/ MDCHD ; Health Connectors/ TCT | QI Review | Current curriculum and yearly training records available |
| Individual medication records for each student taking medication at school | I-K,3. Maintain medication logs for each student administered prescribed and/or over-the-counter medication. Explore oversight for schools without school nurses or not yet participating in HCiOS. | Trained School Personnel Staff/ MDCPS ; School Health Nurse/ MDCHD ; HCiOS Teams/ TCT | QI Review | Individual medication records |
| Documentation of medications received, counted and stored in accordance with s. 1006.062, F.S. | I-K,4. Utilize logs to record medications received, counted and stored in accordance with s.1006.062, F.S. | Trained School Personnel Staff/ MDCPS ; School Health Nurse/ MDCHD ; HCiOS Teams/ TCT | 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-3.011, 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 |
|---|---|--|--------------------|---|
| <p>Collaborative efforts to assure that annual Immunization requirements for all grades are met</p> | <p>I-L1. Enforce immunization policy and procedures for all grades.</p> <p>I-L2. Identify children in need of immunizations refer to medical home, provide service, and provide follow-up.</p> <p>I-L3. Identify children at high-risk for early influenza vaccination and follow-up with parents through annual vaccination reminders as recommended by the Centers for Disease Control and Prevention.</p> <p>I-L4. Explore utilizing the local public school’s phone-based system for distribution of immunization reminder notices to parents. Review system utilized by MDCPS for district-wide notifications regarding school closures and other time-sensitive messages.</p> | <p>District School Health Coordinator, School Staff/MDCPS; School Health Staff/MDCHD</p> <p>School Health Staff/MDCHD; Instructional Supervisor/MDCPS; HClOS Teams/TCT</p> <p>School Health Staff/MDCHD; Instructional Supervisor/MDCPS; HClOS Teams/TCT</p> <p>District School Health Coordinator/MDCPS; HClOS Management/TCT</p> | <p>QI Review</p> | <p>Immunization status is verified for 100% of the students</p> |

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| <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>I-L5. Maintain a hard copy of each student's <i>Florida Certificate of Immunization</i> (DH 680) filed in the students' <i>Cumulative Health Record</i>.</p> | <p>School Principals/ MDCPS</p> | <p>HMC QI Review</p> | <p>Number of new enrollee record reviews (0598)* Number of students requiring immunization follow-up services by school health staff (5033) All student Cumulative Health Records will contain a Florida Certificate of Immunization (DH 680) or Certificate of Exemption (DH 681)</p> |
| <p>A collaborative plan with the school district to ensure the availability of school entry health examinations for school age children</p> | <p>I-L6.a. Determine "medical home" and periodic well-child check status for every child. I-L6.b. Refer students (without a medical home) needing a well-child check to a Health Connector. Students without a medical home or who have not had a well-child check within the past 12 months or APP recommended periodicity based on age will be scheduled with the school's pediatric provider within 6 weeks for a preventative health visit.</p> | <p>School Health Nurses/MDCHD; Contract Community Health Providers/ HCiOS Team/TCT (only in participating schools with an ARNP on the HCiOS Team)</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>I-L7.a. Identify and review on a quarterly basis health records of new entrants to identify students with (high risk) medical problems. Standardize tracking mechanism to assure "high risk" students are assessed and receive follow-up services. Prepare care plans for students identified as having chronic or acute health conditions.</p> | <p>School Health Nurses/MDCHD; HCiOS Team/TCT</p> | <p>HMC Annual Report</p> | <p>Number of new enrollee record reviews (0598) Number of chronic health conditions Number of care plans developed (5053)</p> |

PART II: SCHOOL HEALTH SERVICES PLAN FOR COMPREHENSIVE SCHOOL HEALTH SERVICES² (CSHSP) FOR 2006 - 2008

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 | II-A1. Utilize the designated health room or clinic for health assessments, provision of appropriate health interventions, referrals, and follow-up. Whenever possible, return students requiring no further assistance back to class. | School Health Nurses/ MDCHD ; HCiOS Teams/ TCT | 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 | II-A2.a. Complete BMI screenings, as mandated, on students in grades 1, 3, 6 and 9 (optional). Utilize height/weight charts and FITNESSGRAM assessment tools to identify appropriate weight and physical fitness objectives for students. II-A2.b. Implement at least one strategy from district wellness plan each school year. Includes planning extracurricular health promotion activities, identifying nutritional improvements and promoting their adoption, and providing parent/staff health promotion education. | Dept. of Physical Education/ MDCPS Dept. of Food and Nutrition, Dept. of Physical Education/ MDCPS ; HCiOS Teams/ TCT | Annual Report HMC | Number of school and community health promotion activities (GHSL) (7500, 8020, 9041) |

² The implementation of strategies outlined in the School Health Services Plan is made possible through the funding and in-kind support provided by Miami-Dade County's extensive network of community partners. Health Connect in Our Schools (HCiOS) responsibilities are limited to schools where HCiOS is in place.

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 | <p>II-A3.a. Assess data and observations of school site and staff/student lifestyles to recommend changes in areas to include: increasing active living, improved nutrition, reducing injury occurrence, reducing chronic disease, promoting mental health/self-esteem and other areas of concern. Provide age appropriate classes and groups on the listed topics. Work through the Parent Academy to include parents in educational forums.</p> <p>II-A3.b. Capture the range of health topics addressed by teachers in the classroom and with parents. Provide teachers with materials they can utilize in their daily interaction with students and parents.</p> | Instructional Supervisor/ MDCPS ; HCiOS Team/ TCT Instructional Supervisor/ MDCPS ; HCiOS Team/ TCT | 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 | <p>II-B1.a. Implement a coordinated effort to identify, provide and/or refer for counseling students who are engaging in or at-risk of engaging in high-risk behavior.</p> | Guidance Counselors/ MDCPS ; HCiOS Social Workers/ TCT | Annual Report | Number of referrals to alcohol, drug abuse, and tobacco treatment/ cessation programs (DHSLs) |
| Identification of counseling and referral resources | <p>II-B1.b. Maintain roster of all mental health providers providing services, education or programming at the school site, the schedule for those services, the purpose, target audience and contact information for provider/provider agency.</p> | Guidance Counselors/ MDCPS ; HCiOS Social Workers/ TCT | QI Review | List of referral resources |

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| Track referrals to assure that students have received treatment for identified substance abuse problems | II-B1.c. Develop and implement a tracking system for student referrals to community health providers. | HCiOS Social Workers and Health Connectors/ TCT | 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 | II-B2.b. Provide on-site programming, including interventions and classroom presentations on the listed topics. Coordinate programming through Health Connect Social Worker. | Comprehensive School Health Team/ MDCHD ; Crisis Management Team, Guidance and Trust Counselors/ MDCPS ; HCiOS Social Worker/ TCT | 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 | II-B3.a. Adhere to MDCPS procedures for Suicide Prevention as outlined in the Crisis Management Manual and when appropriate make referrals to group- and on-going counseling for risk factors associated with suicide. | Comprehensive School Health Team/ MDCHD ; Crisis Management Team, Guidance and Trust Counselors/ MDCPS ; HCiOS Social Worker/ TCT | Annual Report | Annual number of known suicides by students in grades 6 to 12 in CSHSP schools |
| b) Suicide prevention interventions and classes | II-B3.b. Provide behavioral health programming, including classroom presentations on suicide risk identification and prevention. Coordinate programming through Health Connect Social Worker. | Comprehensive School Health Team/ MDCHD ; Crisis Management Team, Guidance and Trust Counselors/ MDCPS ; HCiOS Social Worker/ TCT | Annual Report | Number of suicide prevention interventions and classes (GHSLs 6030 and 8020) |
| c) Identification of counseling and referral resources | II-B3.c. Maintain roster of all mental health providers providing services, education or programming at the school | Comprehensive School Health Team/ MDCHD ; Crisis Management | Annual Report HMC | Annual number of students in CSHSP schools referred for mental health counseling |

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| | site, the schedule for those services, the purpose, target audience and contact information for provider/provider agency. | Team, Guidance and Trust Counselors/ MDCPS ; HCiOS Social Worker/ TCT | | (DHSLs) |
| d) Methodology for tracking referrals of students with identified suicidal behaviors substance | II-B3.d. Revise methodology to include community health providers participating in HCiOS. Maintain contractual agreements with community agencies/providers to provide school health team with progress reports on individual students who are referred for treatment. Include methodology in Crisis Management Manual. | Comprehensive School Health Team/ MDCHD ; Crisis Management Team, Guidance and Trust Counselors/ MDCPS ; HCiOS Social Worker/ TCT | 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 | II-C1.a. Further and maintain working relationships with school staff to identify risky behaviors and implement the Pregnancy Education program for high risk students. | Comprehensive School Health Staff/ MDCHD ; Guidance/Trust Counselors, Registrar/ MDCPS ; HCiOS Social Workers/ TCT | 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 | II-C1.b. Utilize 'Baby Think It Over Dolls'; and 'Empathy Bellies'; provide ENABL and Baby So Soon programs; teach the Human Growth & Development Curriculum; and provide STD education, as well as problem solving skills, decision-making skills, self-esteem, and the consequences of sexual involvement. Continue provision of abstinence classes in Zone Schools as identified by MDCPS. | Comprehensive School Health Staff/ MDCHD ; HCiOS Social Workers/ TCT | 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 | II-C1.c. Establish a regular meeting schedule for all applicable Teen | Comprehensive School Health Staff/ MDCHD ; | QI Review | Community-based teen pregnancy prevention |

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| pregnancy | Pregnancy Program staff to discuss and review referrals, case management, follow-up services. | HCiOS Social Workers/ TCT; Healthy Start | | 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 | II-C2.a Utilize established tracking mechanisms (MDCHD vital statistics, COPE Centers, TAPP, Healthy Start, Healthy Families, school registrars) to obtain information on birth outcomes of children of teens. | Comprehensive School Staff/ MDCHD ; Healthy Start, KidCare/ FDOH ; Healthy Families; HCiOS Management/ TCT | 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) | II-C2.b. Maintain and/or establish sharing and collaborative partnerships with providers of comprehensive intervention services as well as the contracted local community based organizations for those providers and maintain records of referrals for comprehensive intervention services. Include community health providers under contract for HCiOS. | Comprehensive School Staff/ MDCHD ; Healthy Start, KidCare/ FDOH ; Healthy Families; HCiOS Management/ TCT | 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 | II-C3.a. Facilitate entry for teen parents into a COPE Center, provide support to students pending COPE admission and utilize the existing tracking methods available (i.e., COPE Centers, TAPP, school registrars) to assess progress after birth. | Comprehensive School Staff/ MDCHD ; Guidance/Trust Counselors, Principals/ MDCPS ; HCiOS Social Workers/ TCT | 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 | II-C3.b. Coordinate School Health interagency case management (for parent and child), including educational groups, family and individual care coordination among community partners including Healthy Start, Miami-Dade County Public Schools, COPE Centers, Miami-Dade County Health Department School Health, and HCiOS Teams and contracted community health providers. | Comprehensive School Staff/ MDCHD ; Guidance/Trust Counselors and Principals/ MDCPS ; HCiOS Management/ TCT | 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 SCHOOLS³ (FSS) FOR 2006- 2008

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>III-A1. Execute annual contract between Miami-Dade County Public Schools, Miami-Dade County Health Department and The Children’s Trust to jointly oversee the entire Full Service School Initiative.</p> | <p>SH Coordinator/ MDCPS; SH Coordinator/MDCHD; HClOS Management/TCT</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>III-A2.a. Train staff and monitor the appropriate utilization of tools developed for data collection.</p> <p>III-A2.b. Collect and report specialized service utilization data to MDCHD on a monthly basis.</p> | <p>SH Coordinator/ MDCPS; SH Coordinator/MDCHD; HClOS Management/ TCT; Various Providers</p> | <p>HMC</p> | <p>Number of services provided by staff hired by CHD or LSD with FSS funds coded by DAU number</p> |

³The implementation of strategies outlined in the School Health Services Plan is made possible through the funding and in-kind support provided by Miami-Dade County’s extensive network of community partners. Health Connect in Our Schools (HClOS) responsibilities are limited to schools where HClOS is in place.

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| <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>III-A3. Collect and report service utilization data to MDCHD on a monthly basis, including the number of hours provided in-kind by local providers.</p> | <p>SH Coordinator/ MDCPS; SH Coordinator/MDCHD; HClOS Management/TCT; Various Providers</p> | <p>Annual Report 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>III-A4.a. Conduct monthly meetings with all Full Service School providers and Full Service School staff, including HClOS Teams.</p> <p>III-A4.b. Conduct on-site quality assurance and quality improvement visits at Full Service Schools.</p> | <p>SH Coordinator/ MDCPS; SH Coordinator/MDCHD; HClOS Management/TCT; Various Providers</p> <p>QA/QI Team/MDCPS; SH Coordinator/MDCHD; HClOS Fiscal Management/TCT; Various Providers</p> | <p>Annual Report QI Review</p> | <p>Contract and Model Attachment I, if applicable</p> <p>Contract Monitoring Tool</p> |

PART IV: PROGRAM QUALITY IMPROVEMENT FOR 2006-2008

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).

| 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>IV-A1.a. Continue adhering to requirements specified in Quality Improvement document provided by State Health Office which requests information on a) Site visits/record reviews; b) collaboration with Contract Management Office, DOH; c) on-going training/orientation, updating of forms, policies and procedures by all school health supervisors; d) staffing plan; and e) on-going Budget Implementation Plan with public health budget director updating monthly.</p> <p>IV-A1.b. Utilize delegation checklist and decision-making tree provided in the <i>Role of the School Nurse Guidelines</i> to determine 1) which health service can be provided by each nurse type; and 2) under whose direction the service should be provided.</p> <p>IV-A1.c. Explore method to capture impact of HClOS on student academic outcomes.</p> | <p>Comprehensive School Health Services Coordinator, Instructional Supervisor/ MDCPS; SH Coordinator, Budget Office/MDCHD</p> <p>SH Coordinator/ MDCHD; HClOS Management/TCT</p> <p>HClOS Management/TCT</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>IV-A2. Adhere to requirements specified by DOH and CMS for federal funding administration.</p> | <p>SH Coordinator/ MDCHD; HClOS Fiscal Management/ TCT</p> | <p>FIS</p> | <p>Semi-annual Single Federal Award Certifications</p> <p>Monthly FLAIR reports</p> |

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|--|---|---|---|--|
| <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>IV-A3.a. Review school health services Client Information System (CIS)/Health Management Care (HMC) System reports monthly with ongoing peer review mechanism to improve outcomes.</p> <p>IV-A3.b. Conduct a yearly analysis of health status indicators impacting student health, including data indicators listed.</p> <p>IV-A3.c. Invite students to participate in Annual Florida Youth Leadership Conference on Health in collaboration with the Preventive Medicine Division of Miami Children’s Hospital.</p> <p>IV-A3.c. Receive and analyze vaccine preventable diseases in school children data provided by the Special Immunization Program, MDCHD and MMWR report.</p> | <p>SH Coordinator, SH Supervisors/MDCHD; HClOS Management/TCT</p> <p>Epidemiology and Disease Control Dept., HIV/AIDS Program, STD Program/MDCHD; HClOS Management/TCT</p> <p>SH Coordinator, Staff/MDHCD; School Staff/MDCPS; HClOS Teams/TCT; Miami Children’s Hospital</p> <p>SIP, Epidemiology and Disease Control Dept., School Health Program/MDCHD; HClOS Management/TCT</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>IV-A4.a. Seek a collaborative partner to perform yearly and trend analyses, and provide yearly updates to school district and community, including recommendations for improving identified student health issues and related school health services.</p> <p>IV-A4.b. Share HClOS program success stories with Miami-Dade County residents through press conferences, editorial pieces, and an HClOS Annual Report. Involve teachers, principals, HClOS Teams, students and parents.</p> | <p>Epidemiology and Disease Control Dept., HIV/AIDS Program, and STD Program/MDCHD; HClOS Management/TCT</p> <p>HClOS Management/TCT</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> |