

Model Standards for Integrated School Health Centers (ISHC) in Los Angeles County

Definition

An integrated school health center is a facility that delivers the following clinical service components on a school campus or in an easily accessible alternate location on or near a school campus. ISHCS in Los Angeles County provide the following clinical service and meet standards for each.

- Medical services
- Behavioral health services
- Dental services
- Public health services

ISHCs operate full-time. A full-time site is open during all normal school hours with at least one staff person present and available. (Clinical services are not necessarily available during all of these hours.)

- Part-time sites are expected to expand to full time per an agreed upon timeline
- Extended hours may be offered per a school community decision

Integrated School Health Center Standards

Standards are used to drive clinical practice, to demonstrate effectiveness, and define minimum qualifications and maybe to demonstrate continuous quality improvement

Minimum Requirements for All Three Clinical Service Categories	Verification
Administration	
1. Every ISHC must have a <i>lead agency, an FQHC, Strategic Partner or county clinic</i> that has overall responsibility for its administration, operations and oversight. The lead agency is the fiscal agent for the health center and employs the center director/manager and is the clinical services provider.	<i>Name and address of lead agency</i>
2. There must be an identified staff person employed by the lead agency who is responsible for the school health center's overall management, quality of care, and coordination with school personnel.	<i>Name of person filling this position and job description</i>
3. There must be a written, formalized relationship between the school or school district and lead agency that describes the bi-lateral responsibilities. This may be a new or existing	<i>Contract, MOU or LOA outlining relationship</i>

<p>written contract, memorandum of understanding, or statement of agreement between the school district and the lead agency. The contract agreement must be active, not expired.</p>	<p><i>between school district and provider agency/s</i></p>
<p>Facilities</p>	
<p>4. All ISHCs are located in or near a facility that is easily identifiable and accessible by students, families, and school staff. 5. The site must be licensed by the State of California.</p>	<p><i>Description and location of ISHC, floor plan and signage Clinic license</i></p>
<p>Confidentiality and Privacy Protection</p>	
<p>6. ISHCS must ensure confidentiality in the sharing of medical information under state and federal laws including HIPAA, FERPA, and Minor Consent as defined by California law. The ISHC will work with school administration to determine the standard for informing enrolled students, their parents/guardians and family member users of their rights and responsibilities regarding:</p> <ul style="list-style-type: none"> a. Confidentiality b. Privacy c. Safety and security d. Informed consent e. Release of information f. Financial responsibility g. Minor consent laws and sensitive services in California h. Treatment team 	<p><i>Clinic consent form/s for parents/guardians and youth (for minor consent services) and HIPAA notification form</i></p>
<p>Integration with School(s)</p>	
<p>7. Parents, students, school staff and community members are engaged in the development, oversight, and/or provision of school health center services.</p>	<p><i>Defined role of these stakeholders in ISHC and collaborative</i></p>
<p>8. ISHC Staff is expected to work as part of the school campus health team as defined by an agreement with the school nurse and liaison as well with other appropriate school personnel. Roles and responsibilities shall be defined particularly related to:</p> <ul style="list-style-type: none"> • The role of the nurse implementing state-mandated health services, • Protocols defining permissions related to sharing information (e.g., immunization records, 	<p><i>Signed agreement defining school RN & ISHCs role on file. Integration core competencies are listed in job descriptions &</i></p>

<p>serious medical conditions,</p> <ul style="list-style-type: none"> • service coordination procedures, • ISHCs outreach, education, wellness and insurance enrollment activities. 	
<p>9. ISHCs must participate in safe school plan and school-wide and health/wellness collaborative/activities.</p>	<p><i>List of safety activities & collaborative member names, dates, agendas, and minutes</i></p>
<p>10. ISHC participates in school MH wellness activities:</p> <ul style="list-style-type: none"> • Assist with and implement universal prevention programs through outreach and education programs • Consultation of crisis management, early intervention team planning, as appropriate mental health staff is available 	<p><i>Expectation of ISHC's school wellness activities incorporated into job descriptions</i></p>
<p>11. ISHCs maintain policies/protocols to coordinate care, ensure continuity of care, and facilitate care management in partnership with the school and other service providers. School personnel include credentialed school nurses, health assistants, administrators, teachers, counselors, and support personnel.</p>	<p><i>Protocol for care coordination and/or staff participation in school health team/s</i></p>
<p>12. The ISHC has a role in leading or coordinating school-wide health education and outreach, school-based public health programs and has liaison with LACPH with written agreement defining roles and responsibilities, as appropriate</p>	<p><i>School-wide health promotion activities, content, and audience/s. Signed agreement with LACPH is on file</i></p>
<p>13. The ISHC will work closely with the school liaison to develop age appropriate student activities that lead to health careers</p>	<p><i>Description of student roles and annual report on student involvement</i></p>
<p><i>Health Insurance Outreach and Enrollment</i></p>	
<p>14. The ISHCs collaborates with school health insurance enrollment activities.</p>	<p><i>The school/ISHCs' agreement details the roles and responsibilities</i></p>

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<p>15. The ISHC is responsible for documenting student insurance coverage, health plan enrollment, and primary care provider assignment in client record.</p>	<p><i>Process for assessing student insurance and provider, include forms if applicable.</i></p>
<p>The ISHCs must assure that every uninsured ISHC student client is assessed and the parent assisted in completing public, low and no cost insurance enrollment.</p>	<p><i>Resources available and process for facilitating insurance enrollment and selection of provider.</i></p>
<p>Billing</p>	
<p>16. The ISHC shall bill CHDP, Medi-Cal, both managed care and FFS, Healthy Families, Healthy Kids, private health plans and/or other third party payers as appropriate based on contracts.</p>	<p><i>Description of billing procedures and amount of revenue obtained from third party sources in previous fiscal year.</i></p>
<p>17. The ISHC shall seek agreement with school district for access to Medi-Cal enrollment data and release of district insurance information</p>	<p><i>Agreement on file</i></p>
<p>Access</p>	
<p>18. <i>Fees.</i> The ISHC serves all students in the school regardless of insurance status or ability to pay. No student can be denied services because of inability to pay. The center may also serve siblings, parents or other community members and may develop its own policies regarding fees and accessibility of services for these populations. The ISHCs shall share its fee structure and billing policies with the school district.</p>	<p><i>ISHC marketing/outreach materials reflect low- & no-cost services Billing protocols</i></p>
<p>19. <i>Hours.</i> The ISHC shall be open during school hours to its target population. The ISHCs shall maintain after hours and weekend coverage that shall be posted and/or explained to students and school staff.</p>	<p><i>ISHC marketing/outreach materials reflecting hours of service and emergency contacts</i></p>
<p>20. <i>Non-discrimination.</i> Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, gender identity, disability, handicap or gender.</p>	<p><i>Written non-discrimination policy</i></p>

<p>21. <i>Language.</i> Reasonable accommodation shall be made to provide language/translation and interpretation services to non-English speaking and deaf students.</p>	<p><i>Staff language capacity and arrangements for translation services</i></p>
<p>22. <i>Referral:</i> There must be a process for referring students/families to the health center that is understood and approved by school staff and administrators in consultation with the ISHC. The referral process should <i>facilitate</i> access to care and collaborate with agencies operating on the school campus</p>	<p><i>Written referral process/protocol</i></p>
<p>23. <i>Coordination with Outside Providers:</i> The ISHC must develop and maintain procedures for communicating and collaborating care management” with the primary care providers (PCPs) of the clients for whom the ISHC is not serving as the PCP. These procedures are necessary to promote continuity of care, facilitate provider collaboration, assure appropriate utilization of health resources, and ensure appropriate protection of confidentiality.</p>	<p><i>Release of information consent forms and PCP communication protocols/procedures</i></p>
<p>Quality Improvement</p>	
<p>24. The ISHC shall participate in quality improvement activities adopted by the school health collaborative or funders.</p>	<p><i>Standards of care or quality assurance protocols used by the clinic and process for determining adherence to these standards</i></p>
<p>25. The ISHC will develop and implement an age appropriate quality improvement program that takes into account the CHDP periodicity schedule, GAFS or LAUSD Wellness Design network</p>	<p><i>Annual quality improvement reports and internal QI meeting minutes</i></p>
<p>26. Each ISHC shall adopt a focus area on one or more special populations as agreed upon by the school collaborative, e.g., juvenile justice, special ed great goal!</p>	<p><i>Annual quality improvement report for focus population</i></p>
<p>27. The ISHC shall gather of feedback from both clients and school stakeholders through <i>annual</i> age-appropriate client satisfaction surveys as well as satisfaction surveys with parents and school staff. There should be a process for reviewing and incorporating appropriate feedback.</p>	<p><i>Process of obtaining patient feedback, summary of most recent data gathered and review process</i></p>
<p>27. The ISHC shall utilize a disease registry to track agreed upon health and behavioral health indicators</p>	<p><i>Annual disease registry reports</i></p>

Data Collection	
28. The ISHC shall collect data at each encounter or visit consistent with contract requirements and definitions.	<i>Clinic encounter form(s) Disease registry</i>
29. The ISHC shall use information systems that are compatible with local and state electronic billing systems and support information transfer across systems	<i>Description of information system and interface capabilities</i>

Requirements for Integrated Services -- A cross-trained multi-disciplinary team provides individual or co-visits and communicates treatment plans across the team.	Verification
Minimum Services--Medical	
30. Well child or adolescent exams, consisting of a comprehensive health history, complete physical assessment, screening procedures, and age-appropriate anticipatory guidance— CHDP Standards	<i>MOU, LOA, or other agreement or protocols outlining medical, services to be provided by ISHC</i>
31. Episodic acute care including diagnosis and treatment of illness and injury	<i>As above</i>
32. Immunizations/TB screening	<i>As above</i>
33. Basic laboratory tests including urinalysis and hemoglobin	<i>As above</i>
34. Follow-up and coordination of care for identified illnesses or conditions	<i>Protocol for patient follow-up, tickler system</i>
35. Assessment and education related to nutrition, fitness, and oral health	<i>Encounter/charting forms</i>
36. Chronic disease management: a) Assist primary care providers and school nurses in the day-to-day management of student chronic illness. b) Respond to emergency exacerbations of chronic	<i>Release of information consent forms and clinic protocols for communication with PCPs and school nurse (if applicable)</i>
37. For adolescent population: a) Psychosocial/risk assessment	<i>Adolescent risk assessment forms, clinic protocols</i>

<p>b) Developmentally-appropriate, culturally competent reproductive health care, including:</p> <ul style="list-style-type: none"> i) Contraceptive counseling and dispense or prescribe contraceptives and emergency contraception ii) Diagnosis and treatment for sexually transmitted infections and HIV testing and counseling iii) Gynecological examinations and cancer screening and referral <i>if indicated</i> iv) Screening (pregnancy testing) and treatment or referral for prenatal and postpartum care <p>c) Sports physicals</p>	<p><i>reflecting provision of age-appropriate clinical services</i></p>
<p>35. Prescribe and dispense OTC and prescription medication</p>	<p><i>Prescribing and dispensing protocols</i></p>
<p>36. Referrals for specialty care or other needed services not provided onsite</p>	<p><i>Clinic referral protocols and encounter or charting forms where referrals are recorded.</i></p>
<p>Education Services</p>	
<p>28. Comprehensive health education/promotion including mental health and substance abuse 29. Nutrition services, such as nutrition counseling, healthy habits support, family education, healthy cooking/shopping classes</p>	<p><i>MOU, LOA, or other agreement or protocols outlining medical services to be provided by ISBHC</i></p>
<p>Minimum Services – Behavioral Health Provide a range of prevention, early intervention and short term services</p>	
<p>30. Age-appropriate, culturally competent screening and assessment to facilitate early identification of substance abuse, domestic/dating violence, and mental health disorders</p>	<p><i>Psychosocial/mental health intake assessment forms and protocols</i></p>
<p>38. Client education on mental health and substance abuse prevention/awareness</p>	<p><i>Curricula and education materials</i></p>
<p>39. Individual, family and/or group therapy/counseling provided by an appropriate staff person</p>	<p><i>Protocols outlining behavioral services</i></p>
<p>40. Crisis intervention/counseling</p>	<p><i>As above</i></p>
<p>41. Case management/client advocacy</p>	<p><i>Above</i></p>

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<p>42. Referrals and follow up to a continuum of mental health services</p> <ul style="list-style-type: none"> • May rely on outside provider for after hours and year round services 	<p><i>Referral protocol and forms</i></p>
<p>Minimum Services – Dental Provided on site or linkage to easily accessible off site location</p>	
<p>43. Oral health screenings</p>	<p><i>Protocol, MOU, LOA, or agreement outlining dental services provided</i></p>
<p>44. Fluoride varnish</p>	<p><i>As above</i></p>
<p>45. Sealants</p>	<p><i>As above</i></p>
<p>46. Dental cleanings</p>	<p><i>As above</i></p>
<p>47. Oral health education</p>	<p><i>As above</i></p>
<p>48. Referrals to local dental treatment and specialty services off-site</p>	<p><i>Referral protocol and forms</i></p>
<p>49. Follow-up procedures for referrals</p>	<p><i>As above</i></p>
<p>Minimum Services – Public Health</p>	
<p>50. Activities defined by school community priorities</p>	<p><i>Agreement on file</i></p>