

# " In The Moment " (ITM)

Sharing Strategies to Sustain  
Oregon  
SBHCs



**April 16, 2009**

**Janet Matthews, MSN, FNP, WHNP**

# “ITM” Agenda Items:

**Clinical ITM**

**SBHC Fundraising**

**Network advocacy**

**Youth Sexual Health Plan**

**Age Appropriate Risk Assessment (AARA)**

**Matrix**

**HIPAA / FERPA**



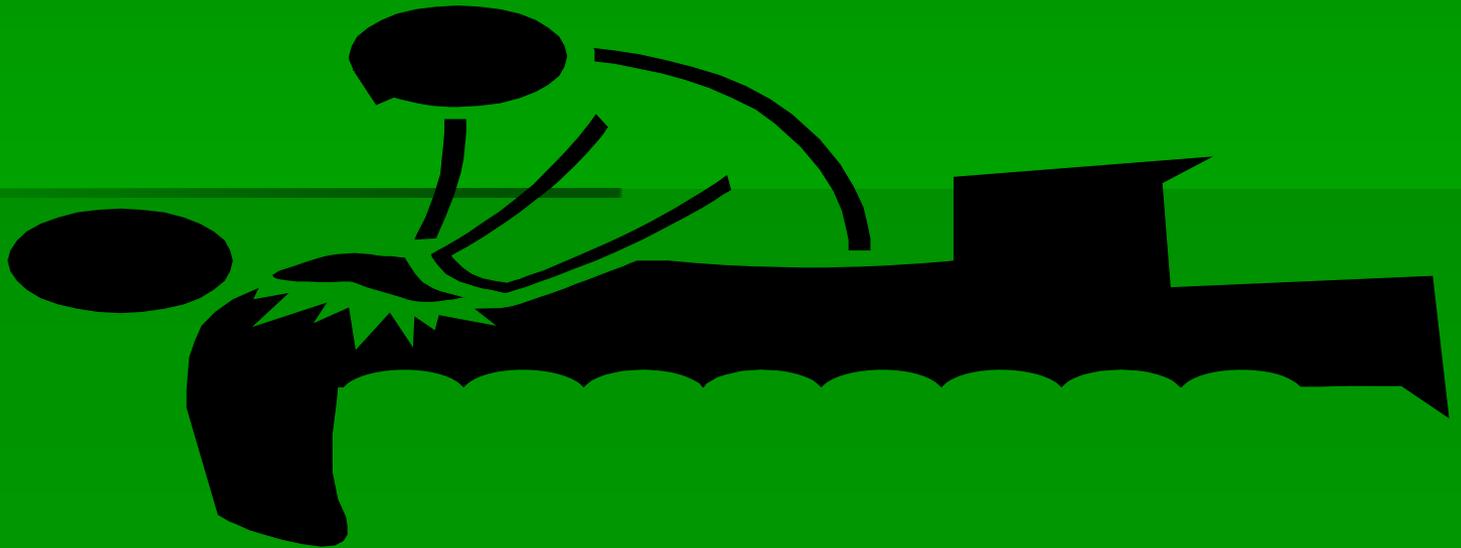
# Sharing Clinical "ITM" Strategies

- **Maximize Student Assessment**
  - Optimal triaging
  - "Relate" Youth/Adolescent Culture
  - RTC
- **Prevention Messages q visit**
  - Role modeling
    - Handling adversity
    - Modeling respect



# Resources to stay “ITM”

- Infrastructure
- SBHC Staff Self Care
- Care for the Caregiver
- “7 deadly health sins” and AARA



# "Seven Deadly Health Sins"



- **1. Sleep deficit**
  - Emotional Health, CPE, AARA
- **2. Unsafe Sex**
  - Sexuality, CPE, AARA
- **3. Toxic Relationships**
  - Emotional, family, friends, school, CPE
- **4. Binge Eating**
  - BMI, diet, CPE, AARA

# "Seven Deadly Health Sins" continued



- **5. Well Visit Avoidance**
  - AARA, CPE
- **6. Irregular Exercise**
  - Exercise. BMI, CPE
- **7. Substance Abuse**
  - Exposure & Use, CPE, AARA

# Questions?



*Sacagawea Health Center's  
7th Annual Art Auction & Benefit*



**CARNIVAL OF DELIGHTS**

*Save the date!*

*Saturday, May 16, 2009*

Olde School

251 St. Helens Street

St. Helens, OR

5:00 Doors Open, Silent Auction

5:30 Buffet Dinner

7:00 Oral Auction

Tickets on sale now at: St. Helens Book Store, St. Helens Community Federal Credit Union & Sacagawea Health Center (503-366-7645 for ticket information).

The Friends of Sacagawea Health Center are excited to announce the date for the seventh annual *Touch the Heart of a Child* benefit and fundraiser. This year's event will be held on May 16, 2009 at the Olde School in St. Helens. Our theme this year is "*Carnival of Delights*." The oral auction by Mark Kuhn will include work by some of the region's best artists. Our massive silent auction and raffle will offer an opportunity for you bid on original works of pottery, glass, jewelry by local artists as well as household items and much more. You will be treated to fantastic entertainment and a catered buffet dinner featuring slow-roasted steamship barron of beef.

The Friends of Sacagawea Health Center are inviting your organization to join us for a fun filled evening. By purchasing a table, it will help provide a much needed financial benefit allowing Sacagawea Health Center to continue providing vital health services to our children.

We offer three table options; each table includes dinner and seats eight:

- \$1,000 VIP sponsorship with preferred seating, logo and promotional consideration in marketing materials and complimentary wine at your table.
- \$500 corporate table which includes complimentary wine, reserved seating as well as a company/organization listing in our brochure.
- \$350 friends table get a group together for complimentary wine, reserved seating for the oral auction and your group listed in our brochure.

Individual tickets are also available in advance at Sacagawea Health Center, the St. Helens Community Federal Credit Union St. Helens Branch and St. Bookstore on Highway 30 for \$30. Tickets will be available at the door for \$35. For ticket information

Your generosity in support of the Sacajawea Health Center is greatly appreciated.

We look forward to seeing you at the seventh annual *Touch the Heart of a Child* event in May.

Best Regards,

The Friends of Sacagawea Health Center

# Sacagawea

School-Based Health Center

2009 Touch the Heart of A Child Auction and Benefit

**I would like to help with my time or donated items:**

- Please contact me regarding volunteer opportunities
- I would like to donate an item for the art auction
- I would like to donate a gift; please send me your wish list
- I have thoughts to share. Please contact me.

**I would like to help financially. Please sign me up for:**

- I would like to purchase advance tickets. # \_\_\_\_\_ tickets @ \$30 = \$ \_\_\_\_\_
- Purchasing a table at the art auction for 8 people. The seventh annual art auction will be held on Saturday, May 16th at The "Olde School".
  - \$1,000 Sponsor (Includes advertising & preferred seating)
  - \$500 Corporate
  - \$350 Friend
- A one-time gift of \$ \_\_\_\_\_
- A gift of \$ \_\_\_\_\_ for \_\_\_\_\_ years

**Please check:**

- My check is enclosed made payable to "Sacagawea Health Center"
- Please charge my Visa / MC / Am Ex / Discover Card. (Please circle one)  
Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Please contact me about paying my pledge with stock.
- My company will/may match my gift. Company name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Donor's Name: \_\_\_\_\_

*(please write your name as you would like it to appear in print)*

Organization *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

*Thank You!*

*Return this completed form with payment (do not send cash) to:*

Sacagawea Health Center, 1060 Eisenschmidt Lane, St. Helens, OR 97051 Phone: 503.366.7645

Sacagawea Health Center is a project of the St. Helens Student Foundation, a tax-exempt 501(c)(3)

# Questions?



# Lane 4J's Art Auction

- **Friday, May 8<sup>th</sup>,**
- **6-9pm at Lane Community College**
- **Center for Media Learning**



*There will be music, food and Student Art (some for sale), followed by an auction with numerous GORGEOUS theme baskets and more art for sale.....*

All in all a fun evening!

# Questions?





Oregon School-Based  
Health Care **Network**

*Advancing access to quality health care for youth*

# Network Intros

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- Nancy Cunningham
  - Development Director
- Jennifer Melo
  - Program Director
- Liz Smith Currie
  - Policy Director

# Development Updates

- Focus on increasing and diversifying our funding sources
- Continuing to build our own capacity around RD to better serve the centers
- Available by phone and email to bounce ideas 503-813-6408 or [Nancy@ashbin.org](mailto:Nancy@ashbin.org)

# Program Updates

## Training Opportunity

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### Strengthening Relationships Across Differences

#### **Objectives:**

- Examine personal cultural lens including beliefs and attitudes regarding healthy relationships and sexual health within community and clinical settings.
- Gain an understanding of and practice using definitions, language and context related to healthy relationships and sexual health within community and clinical settings.
- Gain awareness about beliefs and practices about different cultural groups including attitudes and beliefs around healthy relationships and sexual health.
- Learn and identify skills around building strong cross-cultural dynamics and relationships.

# Training dates and information

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- April 30th, 8:30-3:45, Portland, 800 NE Oregon St.
- May 13th, 8:30-3:45, Eugene, Lane Co. ESD, 1200 HWY 99N
- Summer – Southern OR, Location and date TBD
- Fall – Eastern OR, Location and date TBD

Download the registration form and informational flier at [www.osbhcn.org](http://www.osbhcn.org)

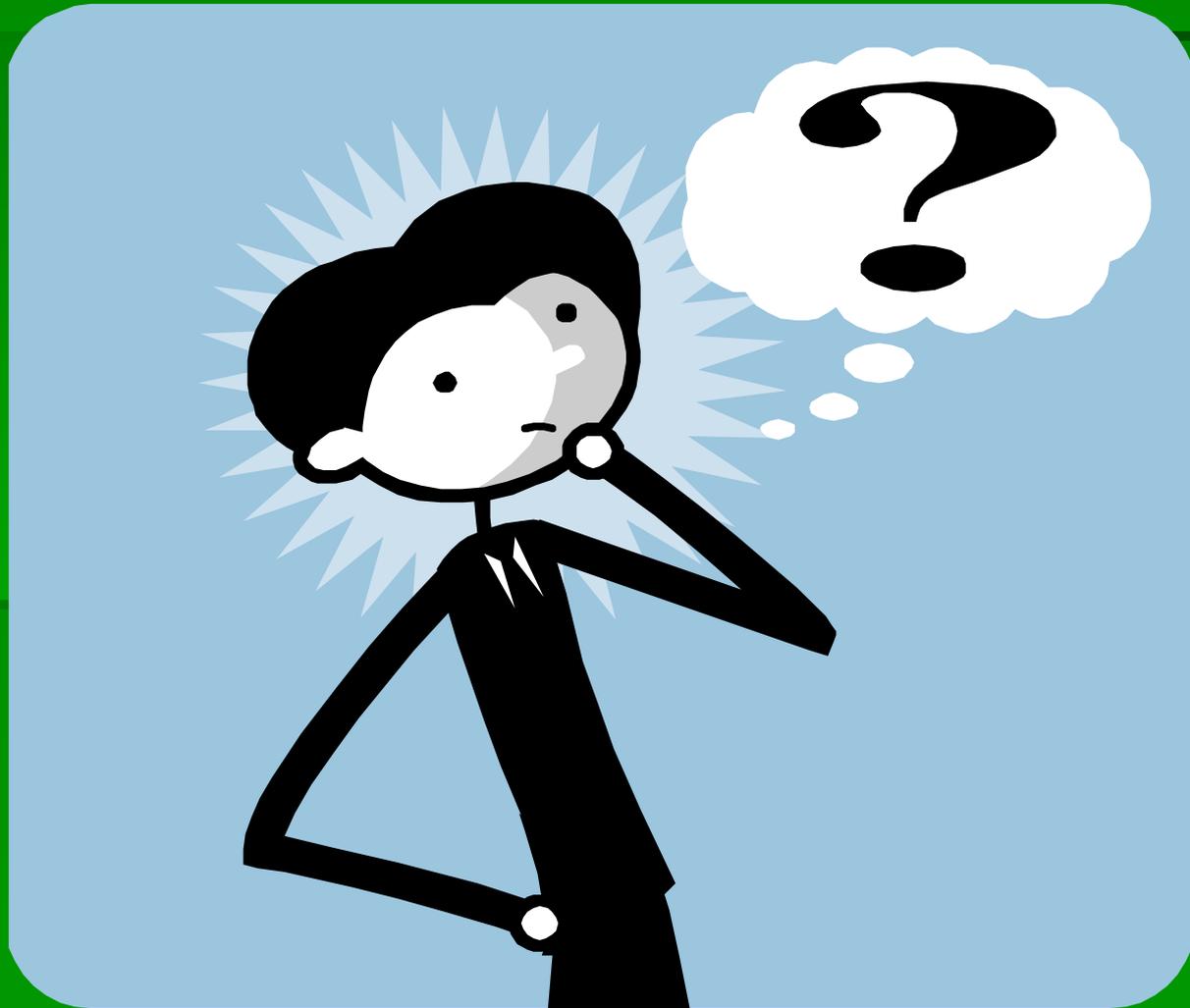
# Program Updates, Cont.

## CORE Grants

- \$10k max per individual site – or - partnerships between sites with a \$30k max
- Letter of Intent added this year – **DUE APRIL 17<sup>th</sup> – download from website**
- Proposal Guidelines and On-line Application available on Resources page of [www.osbhc.org](http://www.osbhc.org)
- Application TA calls May 13<sup>th</sup> and 14<sup>th</sup>, 3:30-4:30pm
- Application **DUE JULY 15<sup>th</sup>**

# Policy Updates

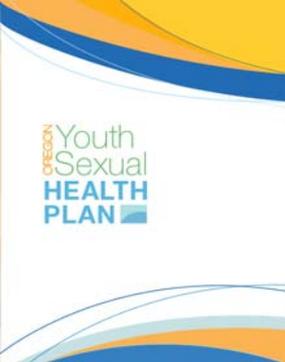
# Questions?



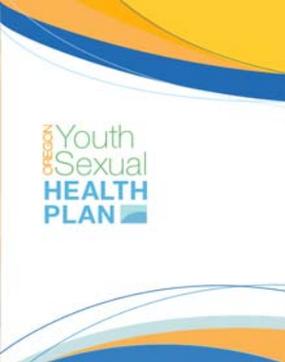
# Jessica Duke

Program Coordinator  
Adolescent Sexual Health

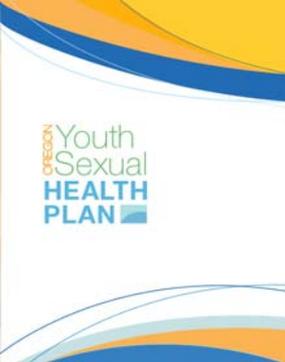




The Oregon Youth Sexual Health Plan is designed so that each community, agency or group can approach the youth sexual health in a manner that is relevant to its setting and circumstances.

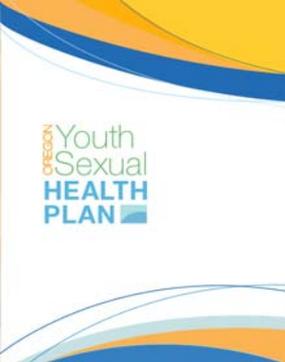


Youth use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health.



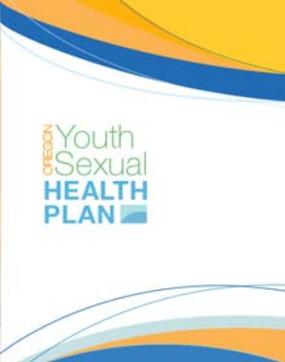
# Conceptual Shift

# Healthy Outcomes

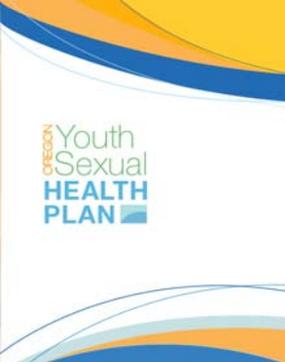


## Conceptual Shift

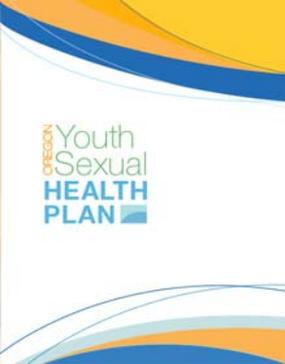
# Youth



Content of the Plan was informed by literature reviews, medical studies, Oregon Healthy Teens survey data and youth-led research.



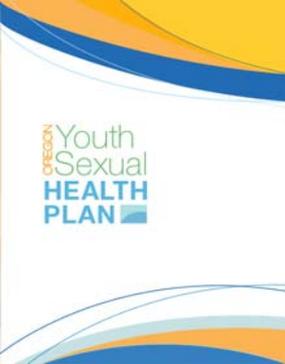
Input from  
5,128 Oregonians  
Guided the content of  
The Plan



\*25 youth from Deschutes, Jackson, and Multnomah Counties were trained in “action research” methodology and designed projects to explore youth sexual health issues in their communities.

\*2333 youth completed questionnaires or participated in focus groups as part of youth action research.

\*57 youth from Deschutes, Jackson, Lane, and Multnomah counties participated in focus groups to review and give feedback on a draft of the plan.

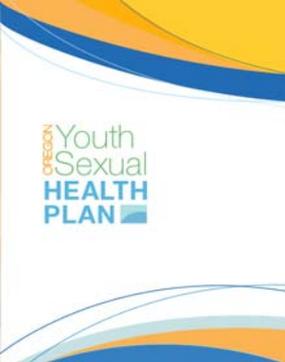


\*881 people participated in 9 community forums in Clatsop, Deschutes, Lane, Lincoln, Marion and Multnomah Counties.

\* 1733 adults completed a questionnaire related to contraceptive access and school sexual health curricula for teens.

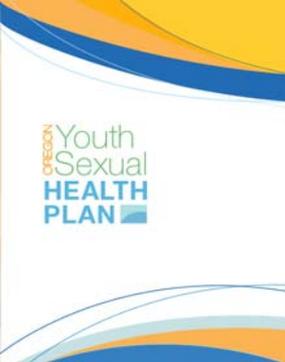
\*32 people who provide services in culturally specific contexts (Latino, LGBTQ, African American, Native American) participated in focus groups to give feedback on the plan.

\*67 people gave feedback on a draft of the plan via email during the month-long external review process.



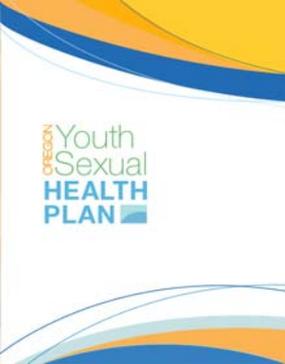
# Teen Pregnancy Promotion – Sexual Health Partnership

- Oregon Commission for Children and Families
- Oregon Department of Education
- Oregon Department of Human Services:
  - Public Health Division
  - Children, Adults and Families Division
  - AmeriCorps HOPE
- Oregon Teen Pregnancy Task Force
- Planned Parenthood – Columbia Willamette
- Planned Parenthood – Southwestern Oregon
- Benton County Health Department
- Jackson County Health Department
- Multnomah County Health Department



# 8 Objectives

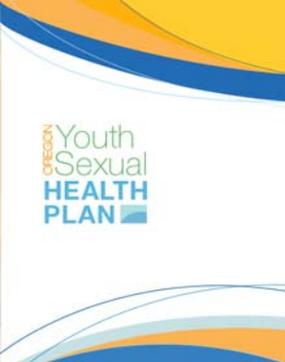
- Infrastructure
- Policy
- Address Health Inequities
- Youth Development
- Education for Youth and Families
- Services for Youth and Families
- Data
- Assurances



# The Work Is Just Beginning

## Jackson County

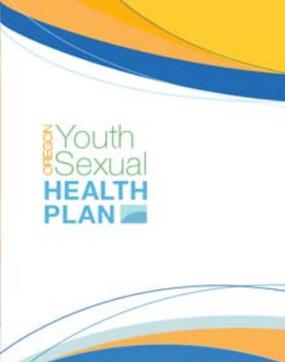
- In recognition of Teen Pregnancy Prevention Month (May):
  - Health Department will work with Public Health Advisory Board to share the Plan with:
    - All elected officials (local, state, national)
    - County Administrator
    - City Administrators
    - Superintendents
    - Director of Health Systems
- Public Health Advisory Board Round Table



# The Work Is Just Beginning

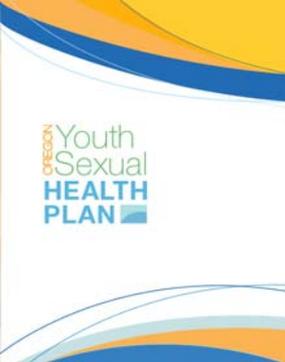
## Marion County

- In Woodburn, the Prevention Health Educator with Woodburn SD and Marion County HD is working with a community coalition to:
  - Present the results of a survey on parent perspectives of youth sexual health issues at a community forum.
    - Forum will serve as starting point for community dialogue on youth sexual health.



# The Work Is Just Beginning

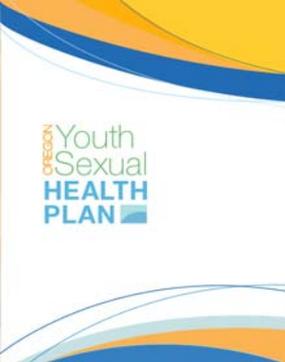
- SBHCs are integral to the success of this Plan.
  - You are an access point for youth-appropriate services.
  - You provide care around sexual health issues.
  - You have first hand knowledge of the sexual health issues youth need to address.



# The Work Is Just Beginning

## Ideas for SBHC Involvement

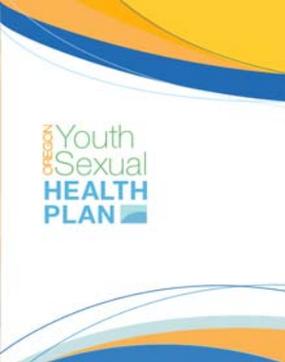
- Communicate reasons that comprehensive sexual health care at SBHCs is important and effective.
- Be present and involved - if your community is addressing youth sexual health issues.



# The Work Is Just Beginning

## Ideas for SBHC Involvement

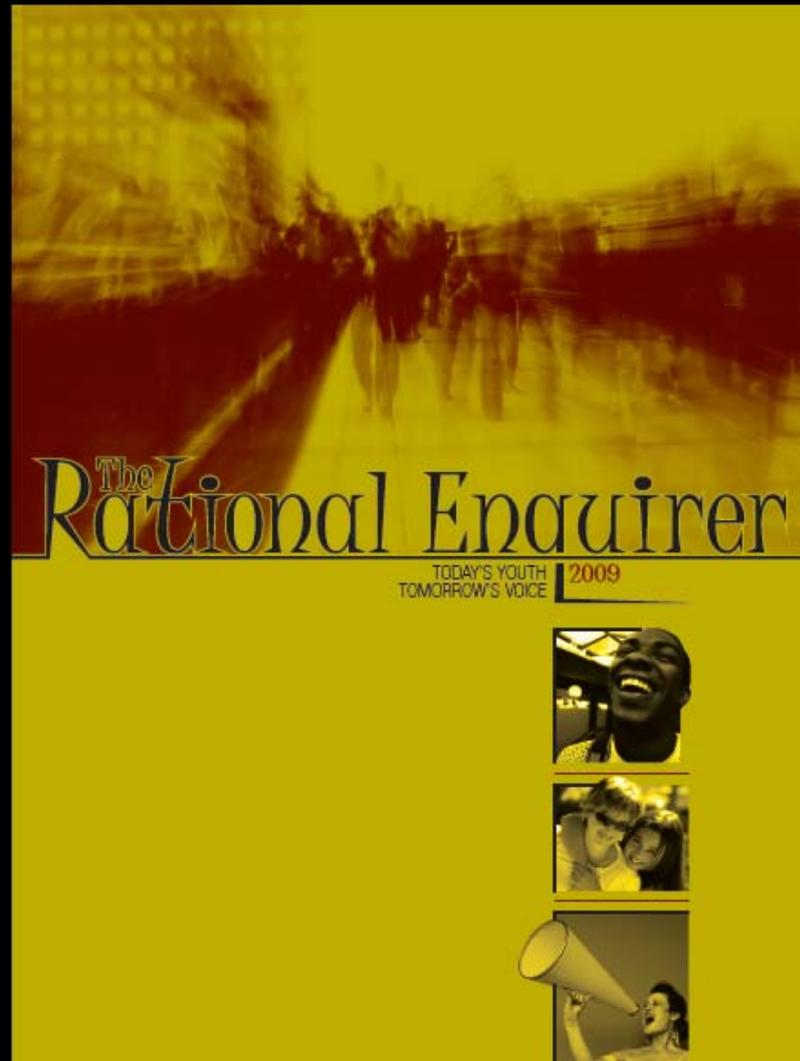
- Use the Youth Sexual Health Plan as a guide when you apply for grants.
  - OSBHCN - EC Brown CORE Grant
- Connect expansion of SBHC services (e.g. mental health) to better sexual health outcomes.

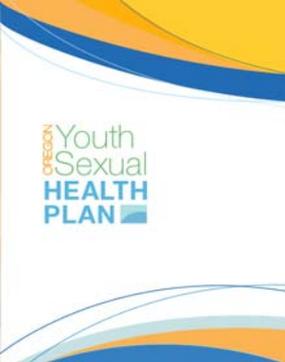


# Questions



# Shameless Advertising





Call Me

Jessica Duke

971-673-0242

[jessica.duke@state.or.us](mailto:jessica.duke@state.or.us)

**Download the**

**Oregon Youth Sexual Health Plan**

[http://www.oregon.gov/DHS/ph/ah/sexuality/  
sexuality.shtml](http://www.oregon.gov/DHS/ph/ah/sexuality/sexuality.shtml)

# Knowing & Accessing Sustainability Resources

An illustration on the left side of the slide shows four stylized human figures in a cityscape. The figures are colored orange, blue, purple, and green. They are standing in front of several black skyscrapers with yellow and blue lights. The background is a light blue sky. The figures appear to be in conversation or looking at something together.

## 1. STATE RESOURCES

- i. State Program Offices
  - a. TA – Cert Binder
  - b. DATA & CERTIFICATION
- ii. Network
  - a. website

## 2. COMMUNITY RESOURCES

- i. Diversify local partners
  - a. ITM opportunities

# Sustaining SBHC'S Financially

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- Biennial Legislative Credibility
- Policy Option Package, biennial SBHC “ask”
  - **2005 – SUSTAINABILITY via KPMs**
  - **2007 – EXPANSION via 18 planning grants**
  - **2009 – TWO-TIERED “ASK”**

**Sustainability - MH incentivization**

**Federal Funds alignment**

**Expansion – 7 planning grants**

# Sustaining SBHC's Operations and **KEY PERFORMANCE MEASURES (KPMs)**

- BMI, CPE, **AARA**
- **AARA Challenges**
  - Confidentiality & documentation issues
    - Matrix – balances both
  - Ethical concerns
    - Mandatory reporting & knowing “when”

## ***OREGON DHS SBHC KEY PERFORMANCE MEASURES (KPMs)***

**Goal:** SBHCs are committed to high-quality, age appropriate, accessible health care for school-age children. To ensure this goal, SBHCs are targeting KPMs.

**Implementation:**

Year 1 (SY 2006-2007) introduction to the tool and will be time for sites to identify local system issues that may challenge completion and/or accurate data collection.

Year 2 (SY 2007-2008) will be used to identify baseline targets for sites and Statewide goals will be set accordingly.

Year 3 (SY 2008-2009) will be full KPM implementation and % compliance will be tied to county contracts. Progress should be demonstrated yearly and meet statewide target goal by 2009, otherwise funding may be reduced.

**Method:**

Random Chart audit of 20% of total charts of students seen 3 or more times this SY **OR** 30 charts of students seen 3 x or more this SY – *whichever number is greater*

Sentinel Condition	State Goal	Resources Needed	Markers	Measurement
1. Risk Assessment <sup>1</sup>	Complete risk assessment done <i>every service year (SY)</i> after 3 visits	<ul style="list-style-type: none"> <li>➤ Risk assessment tool (may be embedded in other clinic forms)<sup>1</sup>.</li> <li>➤ Written process on how to complete risk assessment including positive and negatives for each.</li> <li>➤ May add question on if PE done in last 2 years.</li> </ul>	15% of charts with completed risk assessment done during this service yea. If a patient declines this service despite education, the chart will be excluded from the measurement calculation for this measure.	Number of completed risk assessments completed divided by the number of charts audited, equaling the percent in compliance.
2. Comprehensive Physical Exam <sup>2</sup>	Complete Physical exam <i>every 2 years</i> after child has been seen 3 times in one SY	<ul style="list-style-type: none"> <li>➤ Age appropriate comprehensive physical exam form<sup>2</sup>.</li> <li>➤ Necessary equipment available to complete exam.</li> </ul>	15% of charts with completed comprehensive physical exam done by SBHC or completed release of information and receipt of primary care provider's exam notes that was conducted within the last 2 years. If failed attempts have been made and documented x3 to get the notes OR a patient refused services, these patient charts will be excluded from the measurement calculation for this measure.	Number of completed comprehensive physical exam completed divided by the number of charts audited, equaling the percent in compliance.
3. BMI	At least 1 recording of BMI for children seen at least 3 times in the SBHC in <i>one SY</i> .	Standard height for weight charts and CDC Standard Growth Charts with BMI calculations (may be downloaded from CDC website)	25% of charts with BMI calculated during this service year. If a patient declines this service despite education, the chart will be excluded from the measurement calculation for this measure.	Number of charts with calculated BMI completed divided by the number of charts audited, equaling the percent in compliance.

<sup>1</sup> **Age appropriate risk assessment (AARA)** includes 12 categories: dental; injury; diet and exercise; substance abuse and passive exposure; abuse; family relationships; school; friends; emotional health, and sexuality.

<sup>2</sup> **Comprehensive Physical Exam (CPE)** includes medical, family and social history; review of systems; vital signs; EENT, cardiovascular, respiratory, abdominal, GU, musculoskeletal (including scoliosis check as appropriate) and gross neurological examinations. Laboratory and other diagnostics as indicated; Review of immunizations; Complete summary assessment and plan (if child is healthy, document this) include anticipatory guidance/health education/counseling as indicated. STD screening and/or Pap, should either be performed or referred as history and/or exam determines.



### Adolescent Assessment – 11-24 year olds

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This health profile is confidential. Your answers will only be seen by the health center staff. Please fill out to the best of your ability.

- 1. Do you have any questions about your health? Yes  No
- 2. Do you eat some fruits and vegetables every day? Yes  No
- 3. Do you brush and/or floss your teeth at least twice a day? Yes  No
- 4. Do you exercise or play hard (e.g. running, dancing, basketball, swimming, etc) for at least 30 minutes 3 times a week? Yes  No
- 5. In the past 12 months, have you ever taken diet pills or laxatives, vomited, or used starvation to lose weight? Yes  No
- 6. Do you always wear a lap/seat belt when in a car, truck or van? Yes  No
- 7. Do you ever smoke cigarettes or chew/use smokeless tobacco? Yes  No
- 8. Does anyone you live with smoke cigarettes, cigars, or chew tobacco? Yes  No
- 9. Has anyone ever abused you physically (hit, slapped, kicked) or emotionally (threatened or made you feel afraid)? Yes  No
- 10. Have you ever seen a violent act take place at home, school, or in your neighborhood? Yes  No
- 11. Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself? Yes  No
- 12. Have you ever ridden in a car with a driver who was drunk or using drugs? Yes  No
- 13. Have you ever gotten drunk or high on beer, wine coolers or other alcohol? Yes  No
- 14. Do you ever drive after you drink alcohol? Yes  No
- 15. Do you ever smoke marijuana, use other street drugs, steroids, or inhalants? Yes  No
- 16. Do you ever use nonprescription drugs (drugs that can be bought at a store) to sleep, stay awake, calm down or get high? Yes  No
- 17. Have you ever had any type of sexual intercourse (oral, anal or vaginal sex)? If no, skip to question #19. Yes  No
- 18. If you do have sex, do you always use a method to prevent pregnancy and/or sexually transmitted infections (condoms, birth control, etc)? Yes  No
- 19. Has anyone ever forced you to have sex or be involved in sexual activities against your will? Yes  No
- 20. Do you want to know more about abstinence (saying no to sex), HIV/AIDS, or other sexually transmitted diseases? Yes  No
- 21. Are you interested in boys/girls/both? Yes  No
- 22. During the past month, did you often feel very sad or down, as though you had nothing to look forward to? Yes  No
- 23. Do you have any serious issues or worries at home or school? Yes  No
- 24. Have you ever seriously thought about killing yourself, made a plan to kill yourself, or tried to kill yourself? Yes  No
- 25. Do you have at least one family member or other adult that you can talk to about anything? If yes, who? \_\_\_\_\_ Yes  No

**Provider section:**

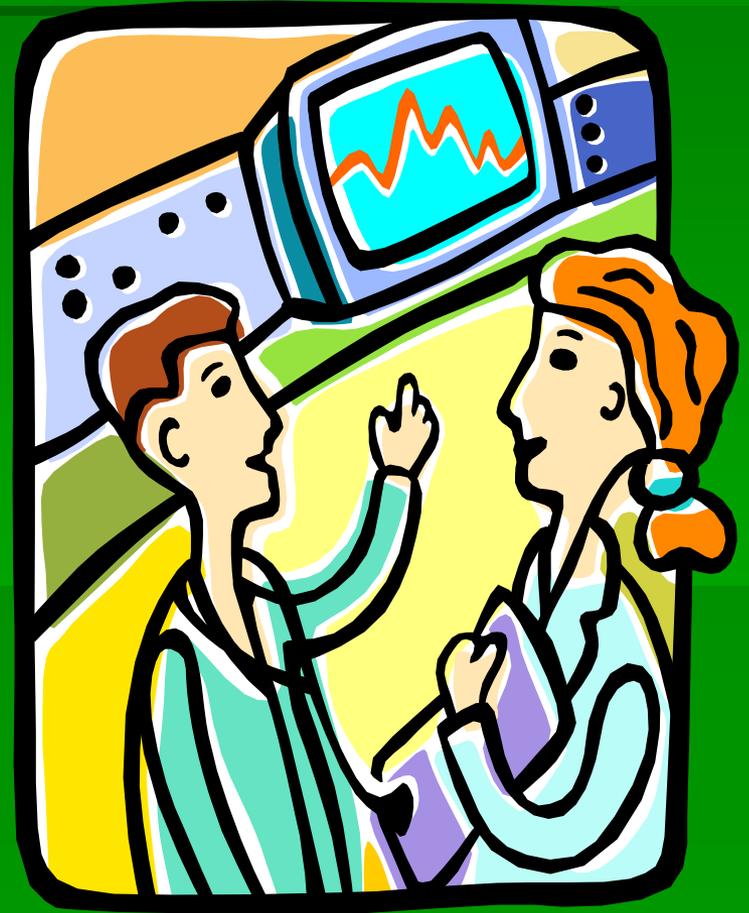
Evaluation:  at risk/counseled  at risk/needs f/u  not at risk currently

Referred to: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Staffing Pattern Strategies

- **Reduced Hours**
- **Furlong days**
- **Satellite sites**
- **Mobile support**
- **RN triage to provider**
- **Provider Cross Training**

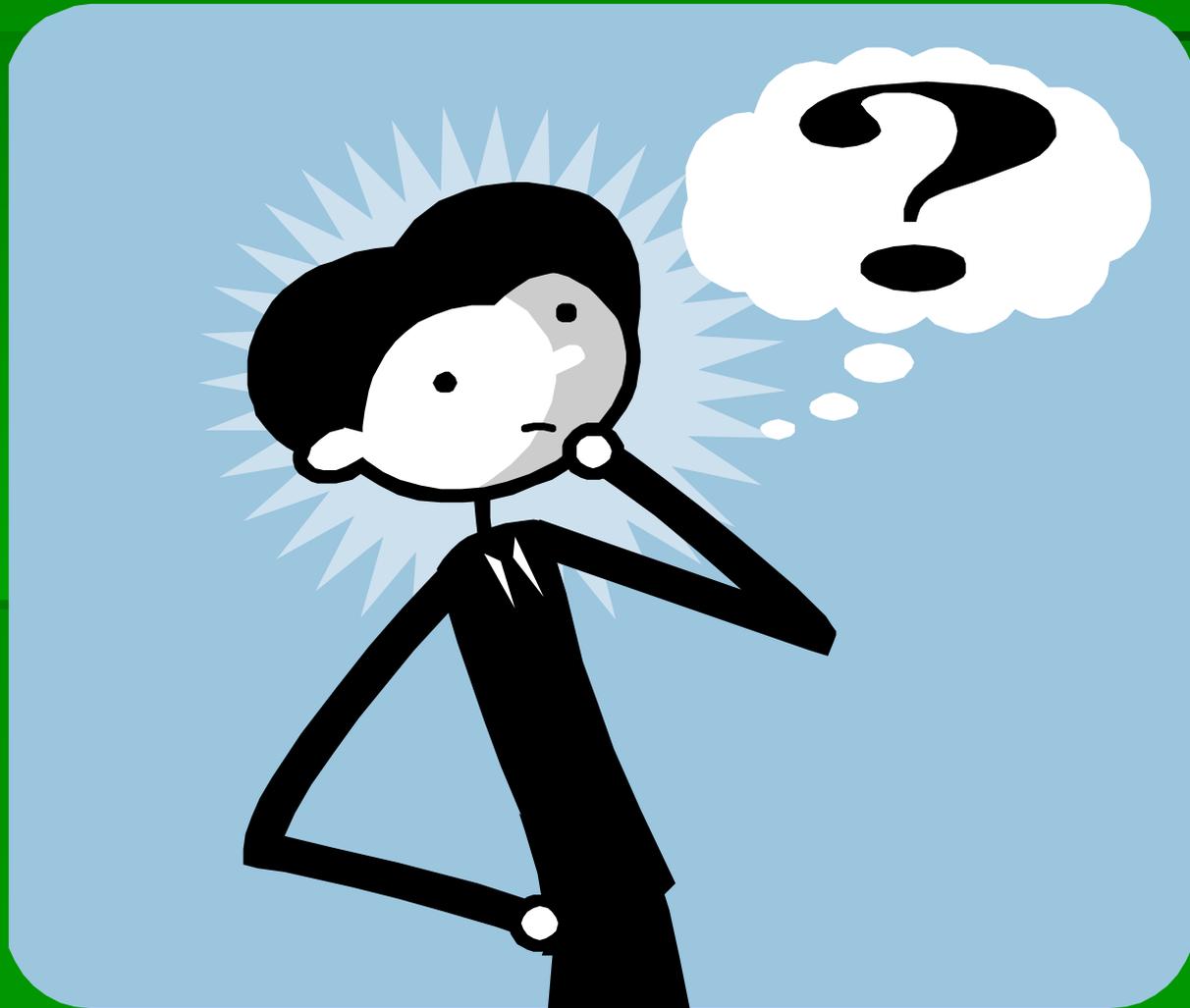


# "Risk/Asset" Population Variants



- **Elementary School (ES) population**
  - injury, allergy, contamination / prevention
  - Assessment challenges/ barriers
  - Verbal
- **Middle School (MS) population**
  - Marginal of the marginal
- **High School (HS) population**
  - Highest risk population
  - Actual danger & ambiguous cases

# Questions?



# SBHC Adolescent Population ages 11-19 yrs.

- **Authenticity & Risk/Asset Gestalts**
- **Rights /Responsibilities**
  - Verbal / written contracts
- **Respect & Role modeling**
- **Third person Stimulus**
  - “I have a friend.....”
  - Music, poster, movies
- **Shared experience**
  - **Visual**
    - Mutual interest/curiosity
  - **Work Ethic**
    - Common task
    - Wax on / wax off



# Adolescents & Appearance Attractiveness (AA)



- 4-10x greater than adult
- '3<sup>rd</sup> person' information
- Time out
  - Frontal lobe compensation
- Respect
- Role Modeling
  - Authentic
  - Handle defeat



# Questions?



# SBHC Age Appropriate " Risk / Asset " Assessment Issues

- **Assess**
  - Administer AA questionnaire
    - Not always appropriate
  - Integrate 12 risk/asset categories into "SO"AP and your AA style, bedside manner
    - AA expectations based on demographics
      - Socially
      - Behaviorally
      - Developmentally



# AARA Challenges Continued



- CONFIDENTIALITY ISSUES
- Maintaining relationship
- Fostering independence while respecting parental rights
  - adolescent contracts & parental inclusion

# SBHC Age Appropriate

## " Risk / Asset " Assessment Issues Continued



- Document risks & assets
  - Matrix format vs questionnaire as documentation
- Plan
  - Treatment & Follow up
  - RTC
  - Referral

# Weigh each assessment, make tough choices

- Significant pubertal variation
- Consider
  - Health risks
  - Safety issues
  - Maturity level
  - % Parental oversight
  - Support system
  - Next visit



# Questions?



# SBHC Youth Population ages 5 – 10 yrs.

- Risk/Asset Gestalt
- Body language
- Stimulus
  - Authentic behavior
- Shared experience
  - Visual
    - Mutual curiosity
  - Kinesthetic
    - Common task





### Youth Assessment – 4-11 year olds

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This health profile is confidential. Your answers will only be seen by the health center staff. Please fill out to the best of your ability.

- 1. Do you have any questions about your health? Yes  No
- 2. Who do you live with at your house? \_\_\_\_\_
- 3. How does everyone get along at your house? \_\_\_\_\_
- 4. Do you worry about anyone in your family? Yes  No
- 5. What are some things that you're good at? \_\_\_\_\_
- 6. Tell me about your friends. What do you like to do together? \_\_\_\_\_
- 7. Do you feel sad a lot? Yes  No
- 8. What do you like to do when you aren't in school?  
(e.g., sports, video games, exercise, TV) \_\_\_\_\_
- 9. Tell me about your neighborhood. Do you feel safe there? Yes  No
- 10. When you have a problem, who do you talk to? \_\_\_\_\_
- 11. Are you having any problems in school? Yes  No
- 12. Do you get picked on by other kids? Yes  No
- 13. Do you brush your teeth everyday? Yes  No   
When? \_\_\_\_\_
- 14. Have you been to a dentist? Yes  No   
When? \_\_\_\_\_
- 15. Do you eat fruits and vegetables and drink milk every day? Yes  No
- 16. When you ride in a car or truck do you always wear a lap/seat  
belt (booster, back seat)? Yes  No
- 17. When you do things like rollerblada, skateboard or ride a bike do you always  
wear your helmet? Yes  No
- 18. Does anyone smoke inside your house? Yes  No
- 19. Is there a gun in your house? Yes  No
- 20. Has anyone ever touched you in a way you didn't like? Yes  No
- 21. Has anyone ever tried to hurt you? Yes  No

Additional optional questions:

- 22. Have you ever smoked a cigarette? Yes  No
- 23. Have you ever tried beer, wine or other alcohol? Yes  No
- 24. Have you started to be interested in dating / hooking up? Yes  No

**Provider section:**

Evaluation:  at risk/counseled  at risk/needs f/u  not at risk currently

Referred to: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Questions?



SBHC COMPREHENSIVE PHYSICAL EXAM MATRIX							
Date:							
Health History Form Given							
Parent/Guardian Contact							
Key: PC=Phone, ML=Message Left, R=Refused PP=Parent Present							
Confidentiality Reviewed							
<b>PMH Reviewed</b>							
General Appearance							
Affect; mood; speech; posture							
Head							
Neck							
Eyes							
Ears							
Nose							
Throat							
Cardio-Vascular							
Abdominal							
Neurological							
Musculoskeletal							
Shoulders; arms; hands; legs; feet							
Gait							
Genitalia							
Tanner Score							
Skin							
<b>VITAL SIGNS</b>							
Pain (intensity (1-10); location)							
BP							
Temperature							
HR							
<b>SCREENINGS</b>							
BMI							
Vision							
Immunizations							
Scoliosis							
Hearing:							
Weber      Rinne							
Staff Initials							
Key: WNL= within normal limits; SPN= See Progress Notes							
Client Assets/Goal Setting:							



# SBHC Key Performance Measures Progress Report



Serves as biennial legislative report to **establish** SBHC **credibility** and **justify** past and present “asks”

Qualifies as **Annual SBHC Quality Assurance** chart audit

## SBHC Key Performance Measure (KPM) Calculation Progress Report

Site: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_

<b>Key Performance Measure</b> Audit 20% of total charts of students seen 3 or more times per SY OR 30 charts of students seen 3 x or more per SY <i>whichever number is greater</i>	Total number of charts reviewed	Total number of charts compliant	Percentage = $\frac{\# \text{compliant}}{\# \text{reviewed}}$	Indicate any barriers/supports
<b>1. Risk Assessment</b> Complete age appropriate risk assessment (AARA) every <i>service year (SY)</i> after 3 visits.  15% of charts audited have AARA				•
<b>2. Comprehensive Physical Exam</b> Comprehensive physical exam (CPE) every <i>two years</i> after child has been seen 3 times in one SY.  15% of charts audited have CPE				•
<b>3. Body Mass Index</b> At least 1 recording of Body Mass Index (BMI) for children seen at least 3 times in the SBHC in <i>one SY</i> .  25% of charts audited have BMI				•

# HIPAA/FERPA Follow Up



- **Two-tiered Concern**
  - **Confidentiality**
    - **Statutory Compliance and Ethics**
    - **Provider choices**
  - **Consent – 3/09 Guidance Memo**
    - **Respect minor consent statues, Federal Privacy Acts and parental rights**



# Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services**  
Public Health Division  
Office of Family Health  
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## Guidance Memo

**Date:** February 9, 2009  
**To:** School-Based Health Center Contacts  
**From:** Janet Matthews, MS, FNP, WHNP  
School-Based Health Center Program Manager  
**Re:** Sharing Health Information in the School Setting

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Establishing School-Based Health Center (SBHC) release of information (ROI) policies in the school setting can be an arduous and confusing process due to the limits set by both federal and state privacy statutes.

[This memo will describe one policy option](#) currently available to SBHC staff that authorizes mutual use and disclosure of Health Information (see attachment #1, DHS Authorization for Use & Disclosure of Information with accompanying instructions) and can be applied to sharing health information in the school setting.

A ROI Policy using this DHS form may be used on an individual student basis or in a standardized manner as part of the SBHC registration process to facilitate specific health information exchange between the school and the SBHC. A common request for mutual exchange between SBHCs and schools involves information regarding immunizations and allergies. Section B of the DHS form documents specifically what shared health information is requested and if mutual exchange of health information is authorized. This ROI Policy requires the appropriate written consent on each student whether it is used individually or as a routine part of SBHC registration.

Any SBHC ROI Policy should also consider attachment #2, the 12/3/08 Oregon Department of Justice (DOJ) document detailing the relationship between both federal privacy statutes, HIPAA (Health Insurance Portability and Accountability Act, defined Pg 3), and FERPA, (Family Educational Rights and Privacy Act, defined Pg 4), within the Oregon school setting. In addition, SBHC staff should be familiar with the HIPAA exceptions (defined, Pg 8, attachment #2) that would permit you to release information without written authorization due to a public health or emergency safety consideration.

The SBHC State Program Office strongly recommends the use of HIPAA-compliant release forms along with careful review of the 12/3/08 DOJ document before any local policy decisions about sharing health information are considered. In addition, as federal and state privacy statutes continue to be debated and many issues remain untested in a court of law, best practice requires that any ROI policy be reviewed by appropriate legal counsel.

# HIPAA/FERPA Follow Up

**ALIGN SBHC POLICY**

**TA**

**EDUCATE**

**CHART FORMS**



Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients.



Print
Clear Form

## Authorization for Use & Disclosure of Information

*This form is available in alternative formats including Braille, computer disk, and oral presentation.*

Section A	Legal Last Name	First	MI	Date of Birth
	Other Names Used By Client/Applicant			Case ID#

By signing this form, I authorize the following record holder (individual, school, employer, agency, or medical or other provider) to disclose the following specific confidential information about me:

Section B	Release From	Specific Information to be Disclosed	Mutual Exchange: Yes / No

If the information contains any of the types of records or information listed below, additional laws relating to use and disclosure may apply. I understand that this information will not be disclosed unless I place my initials in the space next to the information:

HIV/AIDS \_\_\_\_\_ Mental Health \_\_\_\_\_ Alcohol/Drug diagnoses, treatment, referral \_\_\_\_\_ Genetic Testing \_\_\_\_\_

Section C	Release To (address required if mailed) If releasing to a team, list members	Purpose	Expiration Date or Event*

I can cancel this authorization at any time. The cancellation will not affect any information that was already disclosed. I understand that state and federal law protects information about my case. I understand what this agreement means and I approve of the disclosures listed. I am signing this authorization of my own free will.

I understand that the information used and disclosed as stated in this authorization may be subject to re-disclosure and no longer protected under federal or state law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS, mental health, and drug/alcohol diagnosis, treatment, or referral information.

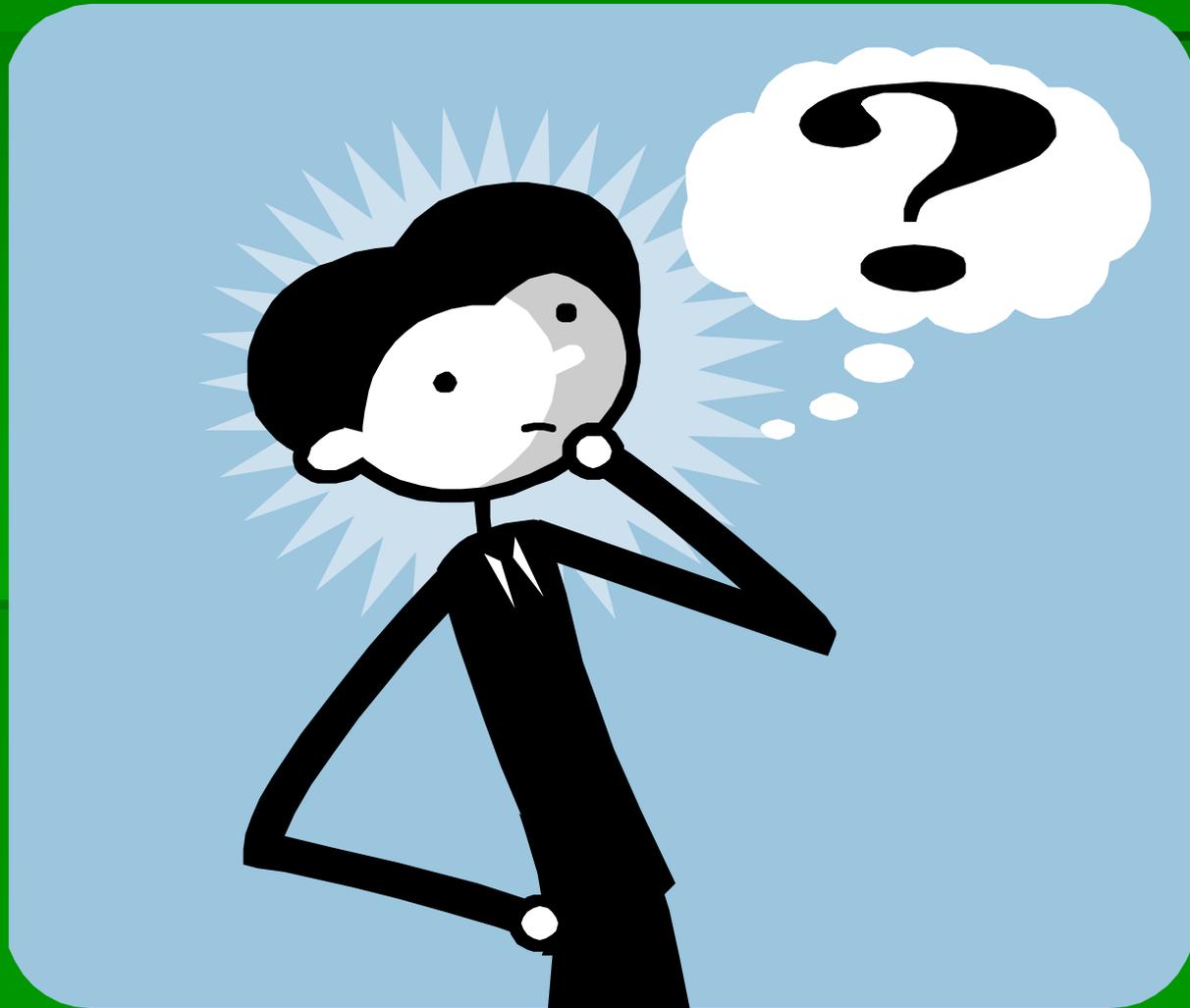
Section D	Full Legal Signature of Individual OR Authorized Personal Representative	Relationship to Client	Date
	Name of Staff Person (print)	Initiating Agency Name/Location	Date

\* The authorization is valid for one year from the date of signing unless otherwise specified.

Full Legal Signature of Agency Staff Person Making Copies	This is a true copy of the original Authorization document.
Print Staff Name	

See Important Information on Page 2 of This Form →

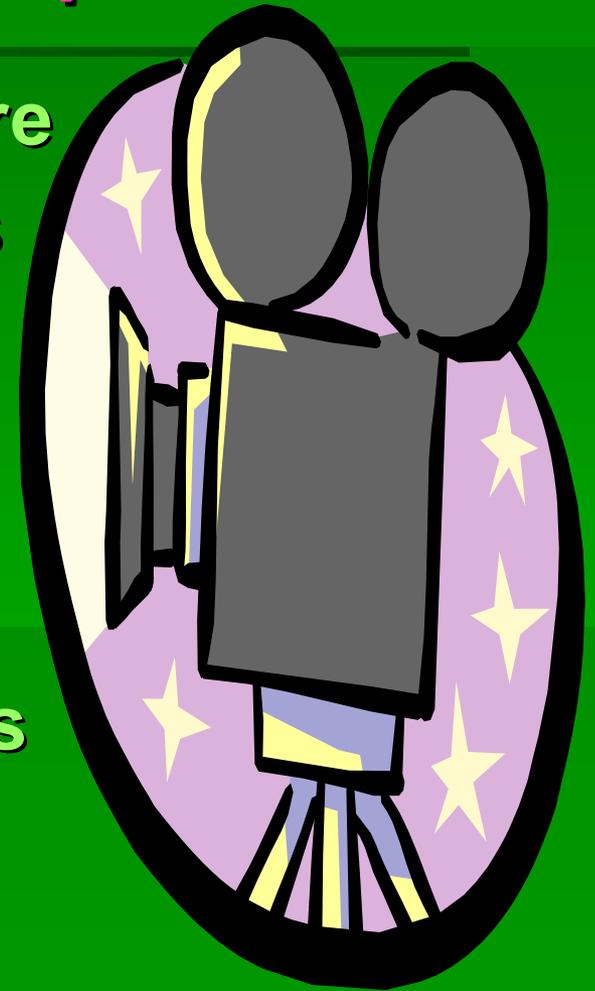
# Questions?



# EVALUATIONS

## Future Webinar Topics ?

- **Adolescent Brain & Pressure**
- **Key Performance Measures**
- **Mandatory Reporting**
- **2009 SBHC Certification Standards Revision**
- **Medication administration and dispensation in schools**
- **Healthy People 2020 Goals**



# Want Copies?

To print a copy of this PowerPoint presentation visit:

<http://egov.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml>

- Have questions? If we run out of time, please use the following email address for questions regarding this presentation:
  - **SBHC.Program @state.or.us**

**Janet Matthews, MS, FNP, WHNP**

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Adolescent Health Section

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For more information about Oregon's School-Based  
Health Centers, please visit

<http://egov.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml>

# Questions?

