

Schoolwide Screenings

Best Practices for School-Based Health Centers



California School-Based Health Alliance

February 2016

www.schoolhealthcenters.org

Introduction

School-based health centers (SBHCs) throughout California are continually working to evolve their practices to better serve their schools' student population. One of the best practices identified by the California School-Based Health Alliance (CSHA) is the use of schoolwide or grade level screenings, which allow SBHCs to use their unique location on the school campus to provide education, population health, and prevention.

Schoolwide screenings improve access to care by allowing clinic staff to reach out proactively to students rather than waiting for patients to walk in. Some students are less willing or even fearful of seeking help in a clinical setting, so it's important for SBHCs to establish connections with students. Schoolwide screenings can be conducted to identify students that would benefit the most from SBHC programs. Some examples include obesity, sexually transmitted infections, asthma, oral health, and mental health. Screenings can also be used as a means to register new students. Often these screenings are done with the incoming grade, such as kindergarten, 6th, or 9th, and are used as a way to register new students.

This paper is designed to help SBHCs implement a schoolwide or grade-level screening. We highlight two case studies to illustrate the experiences of SBHCs that have implemented effective and sustainable screenings. We also provide a sample workflow and sample forms to assist other SBHCs in launching their own schoolwide-screening event.

Oral Health Screening for All at Life Academy SBHC

Native American Health Center, Oakland

Students in Oakland face harsh odds: Homicide is the leading cause of death among youth; 33% of children are living in poverty; graduation rates are low (60%), and even lower for African American and Latino males.

Given these overwhelming realities, clinic leaders knew that "selling" the importance of oral health to school administration and teachers might be a challenge. Why would school leaders and teachers focus on dental screening when there are so many other difficult issues to address? Framing oral health as an equity issue was the chosen approach, given that many of the school's students had never even seen a dentist.

Goals

Schoolwide dental screenings were launched when Native American Health Center (NAHC) received a grant focused on integrating oral health into primary care. Originally, dental screenings started at one SBHC and then expanded to three other sites; dental screenings are now in nine NAHC health centers, including Life Academy.

About Native American Health Center

Native American Health Center (NAHC) is a federally qualified health center (FQHC) in Oakland, California. NAHC was founded 40 years ago to serve one of the largest multi-tribal urban populations of Native Americans in the country, and later opened its doors to all, with a particular mission to serve the underserved.

NAHC opened its first SBHC 20 years ago and currently provides services at nine SBHCs across three Bay Area school districts (Oakland, Alameda, San Leandro).

One of those SBHCs is at Life Academy for Health and Bioscience, an Oakland high school with 481 students. The school has an ethnically diverse population with nearly all youth of color—83% Hispanic/Latino, 8% Asian, and 8% African American. Many students come from low-income families, with 85% who qualify for free-and-reduced lunch.

At the outset, the goals of the schoolwide dental screening were simple:

- ☑ To screen and varnish as many youth as possible.
- ☑ To identify youth with high-risk of dental decay.
- ☑ To connect youth with follow-up dental care and ultimately a dental home.

In the beginning, teachers were somewhat suspicious, but NAHC's staff, and particularly the dental director, worked hard to earn teachers' trust, even offering dental screenings for teachers. Over time, the screening results illustrated an overwhelming need, and teachers and school leaders came to understand that children from low-income families are disproportionately affected by poor access to dental care. Their buy-in for the schoolwide dental screenings would be instrumental to its success.

Process

Screening large numbers of students requires good organizational skills and a well-defined process. SBHC staff broke down their process into three phases: preparation, implementation, and case management.

Preparation involved making sure everyone was on the same page, having all the supplies there on time, and logistics. The first year, SBHC staff chose to do the screenings in February in honor of Oral Health Month. Once the dates were selected, they formed and prepared their team. SBHC staff recruited extra support from the NAHC dental department and developed a formal partnership with the UCSF dental and nursing schools to have hands-on support on screening days. Staff then coordinated dates, times, and location with the school administration. School administrators were most amenable to the schoolwide screenings taking place during PE class, and the school gym was used to allow for enough space. SBHC staff met with teachers and other school staff to review logistics. To simplify and speed up the approval process, staff chose to use an opt-out consent form so that parents would only need to sign if they did *not* want their child to participate. They identified which students were Medicaid patients in advance so they could bill for those screenings and varnish applications. Staff also launched an outreach/media campaign. Outreach was essential to get the word out and included development of a poster that would appeal to teens with a message to "Check Your Smile." Finally, SBHC staff ordered and prepared the supplies, which included clipboards and pens, gloves, gauze, varnish, masks, hand sanitizer, and goody bags.



Implementation of the schoolwide screening involved good set-up of the area and preparation for a fast and furious flow of students. On screening day, with hundreds of students expected, having extra staff was extremely helpful and required a clear process flow and defined roles. For example, it was very helpful to have one staff person be in charge of crowd control and another give instructions to students. Both of these staff members worked in the waiting area, managing the flow of students to the dentists and protecting the privacy of the students being screened.

The set-up in the gym included a waiting area and a screened area (for privacy) for the dentist and a "recorder" to document the clinical notes and complete the screening tools. Recorders are individuals without special training who transcribe the dentist's screening observations on the bottom of the screening forms. For example, the dentist will note aloud whether there is previous history of decay, current decay, and so on, and the recorder makes notes accordingly. Recorders

help maintain the flow of a fast-paced screening event by relieving the dentist of documentation responsibilities.

After the dentist visit, the student is sent to a varnisher. Varnishers can be a dentist, dental hygienist or other health care professional, and their role is to apply fluoride varnish—a highly concentrated form of fluoride applied to the tooth's surface as a type of topical fluoride therapy. SBHC staff found that getting the right staff ratios was very important on screening days; the ideal ratio is one recorder for every dentist, and three varnishers for every one dentist, or five varnishers for every two dentists. This set-up and staff support plan kept the dental screening running smoothly and efficiently.



Case management was the most challenging part of the dental screening process. To identify high-risk students, the SBHC developed a case management tool in which students could be classified on a scale of 1 to 4 (*1=no decay, 2=some suspicious areas, 3=urgent but not in pain, and 4=urgent and in pain*). From the screening, 17% of students were identified as needing urgent care, meaning they received a classification of 3 or 4 on the screening tool. While all screenings get some sort of follow-up, such as a letter home about the screening results, students identified with urgent needs require a more intensive approach. In addition to notification of their caregivers, the SBHC also worked to identify any insurance coverage and schedule a follow-up appointment. For students with no existing coverage, staff assisted with insurance enrollment. Follow-up appointments were scheduled with providers in the SBHC, the NAHC main dental clinic, or other community dental health provider.

Registering All 9th Graders at Fremont Tiger Clinic

La Clínica de la Raza, Oakland

Fremont High School is an urban public high school located in the Fruitvale District of East Oakland, California, and the school has had an onsite SBHC operated by La Clínica de la Raza for 17 years. The Fremont Tiger Clinic is part of the school culture. Clinic staff wear school jerseys, participate in school events, and act as adult allies for students. The SBHC is centrally located in the high school, allowing students more opportunity to drop in for small needs. The clinic has good recognition, and there is widespread belief that the SBHC is providing value to students.

Goals

Each year for the last several years, the Fremont Tiger Clinic has held a 2-day event targeting every 9th grade student in the school. Functioning like a schoolwide screening, this annual registration drive allows the SBHC to establish connections with 130 students annually.

About La Clínica de la Raza

La Clínica de la Raza is one of the largest community health centers in California, with 40 locations spread across Alameda, Contra Costa, and Solano Counties.

La Clínica serves diverse communities with culturally appropriate, high quality, and accessible health care. La Clínica has a well-established SBHC program and currently operates 8 SBHCs.

The Fremont Tiger Clinic is part of Fremont High School, an Oakland school with 811 students. Fremont has an ethnically diverse, primarily non-white student population—60% Hispanic/Latino, 26% African American, and 11% Asian. The school has a very large immigrant population, with 43% English Learners, and 76% of Fremont students qualify for free-and-reduced lunch.

These relationships pay off in the years to come as students feel comfortable and willing to return to the SBHC for clinic services. The annual screening event allows staff the opportunity to assess all incoming students' health needs and register them as patients in the clinic. The goals are to have every 9th grade student come through the clinic, meet a provider, and complete a brief screening.

Process

Like any schoolwide screening, the Tiger Clinic 9th grade adolescent screenings require a well-defined process that includes preparation, implementation, and follow-up.

Preparation for the 2-day screening begins with coordination. Clinic staff work with administration and teachers to establish dates and plan event logistics. Two weeks before the event, SBHC staff work with 9th grade teachers to visit the classroom to do a 30-minute presentation. Staff explain the upcoming screening drive, when all 9th graders will be doing a tour of the clinic and receiving a brief provider visit. They describe the services offered at the SBHC and ask all students to complete pre-registration paperwork, including minor consent and Family Planning, Access, Care and Treatment (FPACT) enrollment forms. Students complete and return all pre-registration paperwork during the classroom visit to save time on screening day.

After the classroom visits, SBHC staff use administrative time to process all student registration paperwork. Entering new patient registration information, activating FPACT, and screening for student insurance eligibility requires about 20 minutes per student. SBHC staff also prepare by enlisting additional clinical staff (often borrowed from other La Clínica sites) to help with the screening. Before the students arrive, staff assemble student gift bags with free goodies (i.e., water bottles, pens, stress balls, granola bars, and condoms) and set up the clinic for an easy, comfortable flow.

Implementation involves moving all 9th graders through the clinic and screening them for services. SBHC staff call students to the health clinic in groups of five to eight. When they arrive in the health center, they are welcomed with juice and snacks and seated in the waiting area to complete a brief screening questionnaire. The intention is to “normalize” the clinic so that students will feel comfortable returning. During the clinic visit, each 9th grade student receives a brief (15 minute) individual visit with a provider, such as a family nurse practitioner, health educator, or mental health clinician. The visit includes an overview of SBHC services, confidentiality, and mandated reporting so that students have a clear understanding of their patient rights. Students then receive a sexual health screen and a HEADSS assessment. HEADSS is an acronym for the topics that adolescent providers need to cover: home, education, activities/employment, drugs, suicidality, and sex. After the basic screening is completed, students are given an opportunity to ask questions and offered goody bags before they are sent back to class.

Follow-up after the 9th grade registration event requires staff to review each case individually to identify health needs. All screenings are reviewed by a medical provider to ensure that clinical or psychosocial concerns are addressed and flagged for follow-up. Each year, about one-third of the students screened need immediate services. For these students, SBHC staff work to schedule follow-up appointments in the SBHC or give referrals to other providers as needed. Billing and insurance information is reviewed for each student; those with no existing coverage are offered help with insurance enrollment. After the screening, SBHC staff members thank teachers and school administrators for their support and report back on population health data collected.

Lessons Learned

Partnerships Are Key

Among the many lessons learned, the most important is the value of partnerships. Staff at Life Academy SBHC said this is true for school-based health in general, but shared that they learned it again and again with their oral health initiative. The collaboration with the NAHC dental department and with the UCSF dental and nursing students allowed the SBHC to reach greater numbers of youth and train new professionals in the value of oral health integration into school-based health. At Fremont Tiger Clinic building strong partnerships with school staff is a key priority because they control access to the classroom. Teachers and administrators can be important allies if they understand how the screening process improves access and ensures that poor health is not a barrier to learning.

Screenings Can Be Institutionalized and Increase Patient Engagement

Now in its third year, the annual dental screening process has become significantly easier and is now part of the routine at Life Academy. While the grant support ended, the SBHC continues the annual screenings with great success. Students, teachers, and administration know what to expect and value the services being provided. While the very early planning stages of the dental screening required SBHC staff to figure out how to “sell” oral health, over time the dental screenings were appreciated and became a gateway to other SBHC services for students. At Fremont High, the screening drive has become routine at the school, and the patient population is steady as a result. Year after year, the screenings increase awareness about the clinic services and serve as a cost-effective approach to engaging more patients and building sustainability.

Schoolwide Screenings Provide an Opportunity for Health Career Exposure

One of the biggest surprises was youth interest in dentistry and health care as career options. During schoolwide screenings, youth were very curious not only about fluoride varnish but also about the people who applied it. As students were exposed to nurse practitioners in training, dentists, medical assistants, and physicians, the screening became an introduction to a variety of health professions. Life Academy for Health and Bioscience is a “health pathways” school and offers a unique class on becoming a medical assistant. After the screening, Life Academy added a component to their medical assistant class that focuses on oral health and fluoride application. Participating dentists (who first joined via the dental screenings) now train medical assistant students to apply varnish. In the upcoming screening this month, students will assist with applying the varnish. Also, after the first year, one student was hired as a dental case management intern to assist SBHC staff in researching the barriers to follow-up care. Now in its third year, the dental screening continues to inspire interest in dental and health careers.

Sample Workplan

Preparation

- ☑ Get buy-in of administration, teachers.
- ☑ Work with school administration to determine which class to pull students from for the schoolwide screening. This should be a class that all targeted students take. Usually PE, science, or advisory periods work well.
- ☑ Coordinate dates, times, location with school administration.
- ☑ Clear SBHC schedule so during screening dates/times so that providers have no regular patients.
- ☑ Don't do it alone! Find volunteers, e.g. college students, interns, or your students/parents

- ☑ Form and prepare your team: providers (i.e., physicians, nurse practitioners, dentists, NP students) SBHC staff, school staff, and volunteers. Secure additional clinic staff to help with screening.
- ☑ Prepare all templates and forms (i.e., opt out, screening assessment tool, letter home or “child report card”, promotional flyers, etc.)
- ☑ Order and prepare your supplies: clipboards, pens, clinical supplies, goody bags, masks, hand sanitizer
- ☑ Obtain list of students from the school administration (principal, counselor, front office staff). Cross check against registered patients and remove students who have already accessed services at the SBHC.
- ☑ Meet with teachers (i.e., science, advisory, PE) to go over logistics.
- ☑ Classroom outreach: Visit classes and help students fill out registration paperwork in class.
- ☑ Distribute opt-out consents home 1-2 weeks in advance.
- ☑ Advertise event and conduct outreach (i.e., hang flyers throughout the school, notify parents, visit classrooms, etc.).
- ☑ Collect opt-out consents.
- ☑ Enter registration information collected in classroom visits; activate FPACT; screen for student need, etc.
- ☑ Identify students with charts at the SBHC to determine whether screening is billable. Review services/minor consent/confidentiality.
- ☑ Define and document set-up and roles and responsibilities for screening day.

Implementation

- ☑ Clarify workflow/setup and roles and responsibilities of all staff.
- ☑ Screening set-up, ensure privacy and clear workflow.
- ☑ Call students to screening in groups, if possible. If managing large groups, assign one staff member to manage crowd control and another to maintaining flow.
- ☑ Create a welcoming space.
- ☑ “Normalize” clinic
- ☑ Provider meets with students for 15 min
- ☑ Get drinks and snacks to have for students when they arrive.
- ☑ Print out screening and billing forms.
- ☑ Send a “runner” to go up to class and bring students down to the screening in groups based on the number of providers you have.
- ☑ Ask students to complete intake forms in the waiting area, if not done in class ahead of time.
- ☑ Assign them to a provider.
- ☑ Call the student in to meet with the provider in a confidential space when the provider is available. Each visit takes approximately 10-15 minutes.
- ☑ Sign all students up with Family PACT and give them their card, unless they want it to be kept at the clinic.
- ☑ Document—take pictures, capture narrative, etc.
- ☑ Make it fun!

Case management/Follow-up

- ☑ Review billing, enter notes, communicate.
- ☑ Identify additional needs for patients.
- ☑ Notify caregivers.
- ☑ Identify insurance coverage.
- ☑ Assist with Medi-Cal enrollment, if necessary.
- ☑ Schedule follow-up at SBHC or other community provider.
- ☑ Thank teachers/administration. Share data (i.e., how many seen? how many needed follow-up care?).

Sample Forms

Sample forms were gathered from both NAHC and La Clínica to support other SBHC's efforts in establishing schoolwide screenings.

Sample forms include:

- Outreach Poster (NAHC)
- Permission Slip/Opt-out Form (NAHC)
- Screening Tools (NAHC, La Clínica)
- Screening Results Parent Letter (NAHC)
- Screening Workflow (La Clínica)

CHECK YOUR SMILE

RECEIVE A FREE
DENTAL SCREENING
AT YOUR SCHOOL



**NATIVE AMERICAN
HEALTH CENTER**
Serving the community since 1972

NANC MEDIA



SEVEN GENERATIONS
SCHOOL BASED HEALTH CENTER

Life Academy for Health & Biosciences

2101 35th Ave.
Oakland 94601
510.436.3009

A Dental Program is coming to our school on January 27th, 2014!

A FREE Dental Screening by a dentist will be provided!

If you do **NOT** want your child to be screened, sign & return this form to the main office:

Parent Signature _____

Child's Name _____

Grade _____

NOTE: A "dental screening" is not a complete dental examination. A dental screening is performed using a wooden tongue blade, toothpick, and light. No dental instruments or x-rays are used. A report with the results of the screening will be sent home. Some children may require a second screening.

¡Un programa dental viene a nuestra escuela El dia 27 de Enero del 2014! ¡Un chequeo dental GRATIS por un dentista será ofrecido!

Si usted **NO** desea que su hijo reciba el chequeo dental, firmar y devolver este formulario a la oficina principal.

Firma del Padre _____

Nombre del hijo _____ Grado: _____

NOTA: Un "chequeo dental" no es un examen dental completo. Un chequeo dental se realiza utilizando una espátula de madera, palillos de dientes, y la luz. No hay instrumentos dentales o rayos X utilizados. Un informe con los resultados del examen será enviado a casa. Algunos niños pueden requerir un segundo examen.



School-Based Dental Services



Dental Assessment

Student Information

First name	Last name	School	Grade
Birth date	Phone	Ethnicity	
Parent/Guardian name		Language spoken at home	



1. How long has it been since you've visited a dentist?

- Less than 1 year
 1- 2 years
 2 or more years ago
 I've never been to the dentist

2. During the past year, was there a time when you wanted dental care but couldn't get it?

- Yes Why not? _____
 No Don't know

3. How often do you eat sugary foods such as cakes, cookies, candies, ice cream or sweetened cereals?

- Several times/day
 Once/day
 Several times/week
 Once/week
 Less than once/week

4. How often do you drink sugary beverages such as soda, fruit juice, chocolate milk, sports drinks (Gatorade)?

- Several times/day
 Once/day
 Several times/week
 Once/week
 Less than once/week

5. Do you currently use any form of tobacco (cigarettes, chew, cigars, pipes, bidis, cloves, hookah, electric cigs)?

- Yes What kind? _____
 No

To be completed by provider

Screening Results:				
Classification	1 <input type="checkbox"/> No decay	2 <input type="checkbox"/> Some suspicious areas	3 <input type="checkbox"/> Urgent but not in pain	4 <input type="checkbox"/> Urgent in pain
Caries Experience (visible decay and/or fillings) Yes <input type="checkbox"/> No <input type="checkbox"/>				
Visible Decay Present Yes <input type="checkbox"/> No <input type="checkbox"/>		Sealants Needed Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments				
Provider name _____			Date _____	

ADOLESCENT SCREENING VISIT

Name: _____ DOB: _____
 Cell: _____ Ok to Text? Yes No Ok to leave voice message: Yes No
 School: _____ Grade: _____

S:

COMMENTS FROM PATIENT BRIEF ASSESSMENT

STRENGTHS: _____

HOME _____

ACTIVITIES: _____

DRUGS: _____

Do you smoke cigarettes (now or in the past?) Y N

If YES, when? Currently Not anymore

EDUCATION: _____

SAFETY: _____

SUICIDALITY/MOOD: _____

SUPPORT SYSTEM: _____

LEGAL ISSUES: _____

MEDS: _____

ALLERGIES: None or _____

PCP

Has PCP _____ IZ UTD Receives regular dental care 2x/year or last visit: _____

Vision/Referred for Optical? _____

REPRODUCTIVE HEALTH HISTORY

Sexual Debut: _____ LSI? _____ Protected? Y N

Partners Male Female Both # lifetime partners? _____ # partners in last 3 months? _____

Current partner? _____ Ever STI? _____

Last STI Test: _____ Ever pregnancy/got partner pregnant? _____ Sexuality: _____

Condom Use: Always Most time Sometimes Never Why? _____

Place sticker here

FEMALE SPECIFIC

LMP: _____ Usually regular? _____ Normal length/timing Yes No
Current BCM?: _____
All sex since LMP protected Y N Last unprotected sex: _____
EPT indicated? Yes No ECP indicated? Yes No

O: Height _____ Weight _____ BP _____
PE: Well appearing adolescent in no apparent distress
Other: _____

A:
1) Reproductive Health, current method of contraception: _____
2) Other Counseling/Health Maintenance
3) Other: _____

P:

STI TESTING

GC/CT urine test collected Recommended f/u appt for GC/CT testing Recommended f/u appt for HIV/RPR testing

EDUCATION

<input type="checkbox"/> Discussed safer sex practices	<input type="checkbox"/> Pregnancy prevention strategies reviewed
<input type="checkbox"/> Discussed importance of 100% condom use	<input type="checkbox"/> GC/CT discussed. STI testing reviewed & recommended
<input type="checkbox"/> Condoms given # _____ <input type="checkbox"/> Condoms declined	<input type="checkbox"/> Stressed importance of routine primary care and reviewed primary care services offered at clinic
<input type="checkbox"/> ECP distributed & consent signed	<input type="checkbox"/> Reviewed available behavioral health services at clinic

Lot # /Exp: _____

FOLLOW-UP

Provider: MP BH HE Legal in _____ for _____

ADDITIONAL COMMENTS: _____

Signature: _____ Date: _____

Co-Sign: _____ Date: _____

ADOLESCENT SCREENING VISIT – NEWCOMER FOCUS

Name: _____ DOB: _____
 Cell: _____ Ok to Text? Yes No Ok to leave voice message: Yes No
 School: _____ Grade: _____

S:

COMMENTS FROM PATIENT BRIEF ASSESSMENT

STRENGTHS: _____

HOME/TRANSITION TO US (country of origin, when arrived, detailed, who do you live with here, do you have a lawyer, current home situation?)

ACTIVITIES: _____

DRUGS: _____

Do you smoke cigarettes (now or in the past?) Y N

If YES, when? Currently Not anymore

EDUCATION: _____

SAFETY: _____

SUICIDALITY/MOOD: _____

SUPPORT SYSTEM: _____

MEDS: _____

ALLERGIES: None or _____

PCP

Has PCP _____ IZ UTD Receives regular dental care 2x/year or last visit: _____

Vision/Referred for Optical? _____

REPRODUCTIVE HEALTH HISTORY

Sexual Debut: _____ LSI? _____ Protected? Y N

Partners Male Female Both # lifetime partners? _____ # partners in last 3 months? _____

Current partner? _____ Ever STI? _____

Last STI Test: _____ Ever pregnancy/got partner pregnant? _____ Sexuality: _____

Condom Use: Always Most time Sometimes Never Why? _____

Place sticker here

FEMALE SPECIFIC

LMP: _____ Usually regular? _____ Normal length/timing Yes No

Current BCM?: _____

All sex since LMP protected Y N Last unprotected sex: _____

EPT indicated? Yes No ECP indicated? Yes No

O: Height _____ Weight _____ BP _____

PE: Well appearing adolescent in no apparent distress

Other: _____

A:

- 1) Reproductive Health, current method of contraception: _____
- 2) Other Counseling/Health Maintenance
- 3) Other: _____

P:

STI TESTING

GC/CT urine test collected Recommended f/u appt for GC/CT testing Recommended f/u appt for HIV/RPR testing

EDUCATION

- | | |
|--|---|
| <input type="checkbox"/> Discussed safer sex practices | <input type="checkbox"/> Pregnancy prevention strategies reviewed |
| <input type="checkbox"/> Discussed importance of 100% condom use | <input type="checkbox"/> GC/CT discussed. STI testing reviewed & recommended |
| <input type="checkbox"/> Condoms given # _____ <input type="checkbox"/> Condoms declined | <input type="checkbox"/> Stressed importance of routine primary care and reviewed primary care services offered at clinic |
| <input type="checkbox"/> ECP distributed & consent signed | <input type="checkbox"/> Reviewed available behavioral health services at clinic |
- Lot # /Exp: _____

FOLLOW-UP

Provider: MP BH HE Legal in _____ for _____

ADDITIONAL COMMENTS: _____

Signature: _____ Date: _____

Co-Sign: _____ Date: _____

Parent/Guardian Information Letter

Child's name: _____

Thank you for participating in today's dental screening. The screening does not take the place of a regular dental exam by your family dentist, and did not include x-rays.

Gracias por participar en la revisión dental que se llevo acabo este día. La revisión no sustituye un examen hecho por un dentista en una oficina y no incluyo rayos-x.

Screening results:

_____ Your child does not have obvious decay. Continue with 6 month dental check-ups.
(Class 1)
No hay caries. Continué con examines dentales cada seis meses.

_____ Your child is in need of dental care. A dental appointment within 1 month is recommended. (Class 2)
Su niño/a tiene necesita trabajo dental. Haga una cita dentro un mes.

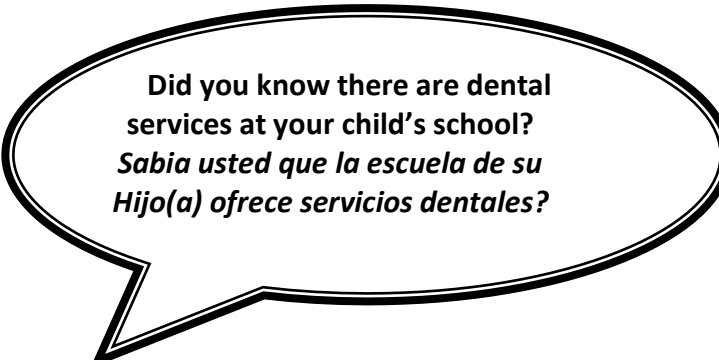
_____ Your child has severe dental problems. We recommend visiting a dentist as soon as possible. (Class 3)
Su niño/a tiene severos problemas dentales. Le recomendamos que vea un dentista lo mas pronto posible.

_____ Your child needs emergency treatment and/or has a painful dental condition. Visiting a dentist immediately is recommended. (Class 4)
Su niño/a tiene problemas dentales de emergencia con condición dolorosa. Recomendamos que vea a su dentista inmediatamente.

_____ Your child could benefit from sealant application. Sealants are a material applied to teeth in order to protect them where decay occurs most often.
Su niño/a puede beneficiar con una aplicación de sellador dental. Sellador dental es un material de protección que se aplica en los dientes para prevenir caries donde mas probable pueden ocurrir.

Provider name: _____

Date: _____



**Did you know there are dental services at your child's school?
*Sabia usted que la escuela de su Hijo(a) ofrece servicios dentales?***

Seven Generations School-Based Health Center
UFSA/Life Academy
2101 35th Avenue
Oakland, CA
510.436.3009

Get Yourself Tested GYT 2014 – Sample Clinic Flow

8th-12th grade

Materials:

Waiting room/front desk: sign-in sheet (class lists), assessment forms, pens, goodie bags, fee tickets

Providers: urine specimen cups, brown paper bags, orasure test kits, testing logs, candy, Physical Exam packets, watch

Waiting Room:

Students sign in on class list. Front Desk staff prints stickers and attaches fee ticket.

Meanwhile, student receives a clip board with brief assessment form and fills it out. If chart is missing any registration forms, student fills those out.

Any student who has not yet filled out registration paperwork, fills out and hands HSS completed registration packet. Front Desk staff completes registration and signs patients up for FPACT (ideally right then – if not, after reg drive).

NP Students in Private Space (offices, exam rooms)

3-5-min appt , using the back of the patient assessment form to chart. The goal of the appt is to make the clinic feel accessible to the student and assess for any reason the patient should follow up for a full appt. It is a clinical screening opportunity and not a comprehensive assessment

- 1) Pregnancy prevention
 - a. Support for and normalizing decision to postpone sex for students that are not sexually active.... And encourage condoms and ECP if abstinence fails.
 - b. For younger students (8th graders) and students not sexually active, bring up puberty/menstruation/hygiene and assess if they would benefit from f/up appt with NP.
 - c. Offer follow up appt if interested in/questions about/wants to change birth control.
 - d. Offer appt TODAY if needs Emergency Contraception Pill and tell front desk. Student will see NP in afternoon if urgent. For females, if LSI (last sexual intercourse) was unprotected and less than 5 days ago they are candidate for ECP today. Pregnancy testing for LSI >5 days ago is not urgent.
- 2) Identify need for primary care
 - a. If no Physical Exam (PE) in 1-2 years recommend f/up appt for PE with PCP or here.
 - b. If no HPV series completed, recommend f/up appt with PCP or here.
 - c. Give parent consent packet and instruct that we will make appt once packet returned. Primary care is available here, regardless of insurance, residency, etc. It is free.
- 3) Identify need for behavioral care
 - a. Any red flags make appt with therapist for follow-up
- 4) STI testing
 - a. Offer GC/CT and HIV screenings. Recommend test once/year and more often if new partner, non-monogamous relationship, hx of STI, or symptoms. Remind students that it is confidential, easy, and free. Urine is used only for GC/CT- we don't do drug testing in our clinic! Use opt-out language to normalize testing.
 - i. HIV: Fill out orasure lab slip and start orasure test. Set a timer for 3 minutes. Review patient with preceptor while patient has swab in mouth for 3 minutes. Its ok to leave swab in for more than 3 min. Offer sugar free candy after test- it leaves a salty taste in mouth.

- ii. At end of mini-appt, encourage all patients to test for GC/CT. Put name sticker on specimen container and 2 additional stickers inside brown bag. Ask patient to take urine specimen container into bathroom and place it in paper bag on cart after- even if they chose not to give a specimen. It is practice for what they would do if they wanted to test in the future and makes it more comfortable for others to test.
 - b. Encourage barrier method(s) if sexually active or interested.
 - c. Refer for NP f/up if genitourinary symptoms.
- 5) Instruct student to return to waiting area after they deposit urine specimen. They will go to dental screening if they haven't done it already. If they have visited NP and dentist they will receive a goodie bag (high school version: condoms, lube, stress ball, and granola bar; 8th grade version: stress ball and hygiene kit). Front desk will give a pass to return to class.
- 6) Go to front desk to get your next patient.