

# ApexData: Electronic Student Health Questionnaire & Just Health Recommended Administration Guidelines

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## Overview of ApexData

ApexData is an application for use in school-based health center (SBHC) settings that was developed and is maintained by Apex Education. The application is downloaded to an iPad and includes several standardized adolescent screening and assessment tools. Health and mental health providers can select from the menu of tools depending on the specific needs of the youth. ApexData also includes youth and parent satisfaction and experience of care surveys that can be administered to users of the SBHC and their parents.

## Overview of the Electronic Student Health Questionnaire & Just Health Questionnaire

The electronic Student Health Questionnaire (eSHQ) and Just Health are comprehensive, health behavior screening tools that have been developed for use in the SBHCs. There is both a middle school and high school version of the eSHQ. There is only one version of the Just Health. The eSHQ and Just Health, like other similar screening tools, are used to identify health, safety, mental health, and substance abuse risks as well as protective factors among youth served by SBHCs. Student answers become part of the medical record. These tools are based on the American Academy of Pediatrics' Bright Futures guidelines.<sup>1</sup> They include items that inquire about the following:

- Depression, anxiety, and suicidality
- Violence and abuse
- Tobacco and other substance use<sup>2, 3</sup>
- Living situation
- School experiences
- Relationships with family, friends, and peers
- Psychosocial stressors and protective factors

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<sup>1</sup> Bright Futures. (2017). American Academy of Pediatrics: <https://brightfutures.aap.org/Pages/default.aspx>

<sup>2</sup> The validated CRAFFT substance abuse screening tool is embedded within the eSHQ and Just Health. A pop up score for the CRAFFT is part of the provider alert report and a message on the provider review will advise the provider if additional evaluation is indicated, including substance use counseling.

<sup>3</sup> Knight et al (2002), Validity of the CRAFFT substance screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med.* 156(6):607-614.

- Gender identity and sexual orientation
- Sexual behavior and risk for pregnancy and sexually transmitted diseases (STDs)
- Health: eating behaviors, weight, exercise, etc.
- Future plans

## Differences Between eSHQ & Just Health

The validated PHQ-2 depression screening tool is embedded within the eSHQ. A pop-up score for the PHQ-2 is part of the provider alert report. A score of 0 or 1 on the PHQ-2 is considered a negative screen. For scores of 2 or higher or if the student answers “Yes” to the suicide question, the provider will be instructed to administer the PHQ-9 Modified for Teens (depression assessment) as a follow-up. The PHQ-9 Modified for Teens is available as a stand-alone on the iPad. The eSHQ has an abbreviated sexual history.

Just Health differs from the eSHQ in that the PHQ-9 Modified for Teens and GAD-7 (for anxiety) are embedded in the questionnaire. The PHQ-9 Modified for Teens and the GAD-7 will queue up if either the anxiety or PHQ-2 screening questions are positive or if the suicide questions are positive. Just Health also includes a comprehensive sexual history. The additional sexual health questions are based on the Centers for Disease Control and Prevention 5 “P”s of sexual health: Partners, Practices; Protection from STDs; Past history of STDs; and Prevention of Pregnancy.<sup>4</sup> Beginning in 2018-19, Just Health includes a comprehensive list of substances adolescents might be using to get high. If the teen answers yes to any of the three CRAFFT pre-screeners, after they complete the CRAFFT they will be asked to check which specific substances they have used in the past 30 days to get high.

SBHC providers are able to select either tool to administer to adolescents. These tools help in determining who needs further individual assessment and to guide prevention and intervention efforts to improve health outcomes at the school.

## Administration of the eSHQ & Just Health

### Who is qualified to administer and review the eSHQ/Just Health?

SBHC Coordinators, assistants, and clerks may give the iPad with screening tools to students to complete while they wait to see a provider. However, only physicians, mid-level providers (nurse practitioners and physician assistants), or qualified mental health

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<sup>4</sup> US Department of Health and Human Services. (2011). A Guide to Taking a Sexual History. Atlanta, GA: Centers for Disease Control and Prevention, National Center for HIV Viral Hepatitis STD and TB Prevention: <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

providers should review the results of the eSHQ or Just Health and discuss them with the student the same day the questionnaire is administered. RNs may also review the eSHQ and Just Health in collaboration with physicians and/or mid-level providers.

### **When is the eSHQ & Just Health administered?**

The eSHQ/Just Health should be administered at a youth's first visit to the SBHC each academic year. If the student is acutely ill or in crisis, the eSHQ/Just Health may be delayed. In that case, a future appointment should be scheduled to administer the eSHQ/Just Health and conduct other appropriate preventive screenings. The eSHQ/Just Health should be reviewed and updated or administered if applicable as part of the annual well child/adolescent visit.

**Caution:** If the provider determines that there is insufficient time to review the eSHQ/Just Health with a student the day it is taken, the eSHQ/Just Health should NOT be administered.

### **How is eSHQ & Just Health administered?**

The youth will complete the tool in the SBHC using an iPad. The provider and/or other SBHC staff should provide assistance to students who have difficulty reading or understanding any aspect of the eSHQ or Just Health. Both English and Spanish versions of the eSHQ and Just Health are available on the iPad. Students are entitled to understand the extent and limits of confidentiality for all aspects of the care they receive at the SBHC, including the eSHQ and Just Health. Please see below.

### **Confidentiality**

Frequently, SBHC staff and providers may assume that students understand confidentiality, but conversations with young people reveal otherwise.

The eSHQ and Just Health includes a screen that informs students about confidentiality before they begin to complete either questionnaire. This screen reads:

*“The information you provide on this form is CONFIDENTIAL. The only exception to this is if you are thinking about harming yourself or someone else or if you are being abused. By law, our staff has to report this information. We will also assist you in getting the help that you need. We would like you to fill the form out completely; however, you can choose to skip questions you do not want to answer. This form will help our providers give you the best care possible.”*

Due to the potentially sensitive nature of the questions asked on the eSHQ/Just Health and the fact that many students may not read this screen in its entirety, SBHC staff and providers are encouraged to offer students verbal explanations about confidentiality before administering and reviewing the eSHQ or Just Health. Below are a few examples of verbal explanations that may be given by SBHC providers and support staff:

### **For SBHC Providers**

*"As your health care provider, you can tell me about anything going on in your life, including things that are worrying you and things you are proud of. But, I want to make sure you are in charge of what you share with me. So, I want to remind you that any information you share with anyone at the SBHC is confidential, EXCEPT if you are thinking about harming yourself or someone else or if you tell me that you are being emotionally, physically, or sexually hurt in any way (OR if someone is emotionally, physically, or sexually hurting you.) In those circumstances, I would need to report this information, but I would be here to help you through that process. Do you have any questions about this?"*

### **For Support Staff**

Alternately, if handing the student the iPad is done by support staff, the following could be said:

*"This questionnaire is going to ask you about a wide range of things happening in your life that may affect your health and well-being. Some of the questions may be sensitive or personal, so I want to remind you that your answers will be kept confidential, EXCEPT if you tell us that you are thinking about harming yourself or someone else or if you tell us that you are being emotionally, physically, or sexually hurt in any way. In those circumstances, we would need to report this information, but we would be here to help you through that process. Do you have any questions about this?"*

SBHCs are encouraged to explore approaches to discussing confidentiality with students as part of their quality improvement efforts. The examples offered above are simply a starting point. SBHCs may prefer to write their own "scripts" based on their knowledge of their patient population and standards of practice.

## **Review & Documentation of the eSHQ & Just Health Answers/Provider Review Features**

Using the Provider Review feature on the iPad, SBHC staff can print or review an alert report for both the eSHQ and the Just Health immediately after the student completes the survey. The Provider Review feature is available on every iPad but can only be accessed by the clinical staff. The alert report is color coded to highlight student answers of concern that require immediate action on the part of the provider and other answers that require additional discussion but are not of an urgent nature.

The provider should next review the eSHQ or Just Health answers with the student. The Provider Review feature on the iPad allows the provider to comment on each question if they choose to and the comments are displayed on the reports.

- The provider reviewing the eSHQ/Just Health Report should be present and allow enough time to review, interpret, and respond during the visit.
- Providers should ask additional questions when reviewing the eSHQ/Just Health Report with the student. Comprehensive risk determination requires perspective gained from reviewing risk determined for each section of the eSHQ/Just Health.
- If the provider finds that the student didn't understand a question and therefore answered it incorrectly or wants to change their answer, the provider may change the answer with the student's permission.
  - **To change an answer**, the provider can click on the patients record in the admin area of ApexData, the same sub menu that providers use to review the Alert Report will pop up. Click on Edit. This will open up the patient's assessment. The provider can then go through and correct responses. The provider has to go through the entire assessment and click submit in order for the results to update.
- Providers should determine risk using clinical judgment that balances potentially problematic risk factors with understanding of resilient and protective factors students report.
- The eSHQ and Just Health Reports should be stored in the confidential section of the medical record.
- Additional information the student provides concerning risk behaviors, assessment of risk, and counseling provided should all be documented in the confidential section of the medical record. The plan, including referrals if indicated, and follow-up, should be discussed with the student and documented in the confidential section of the medical record as well.
- The provider must sign and date the eSHQ/Just Health Report at the time it is reviewed.
- Case consultation with other providers may be needed, within the limits of confidentiality. Beginning in 2018-19, there is an **option for** another provider (e.g., behavioral health provider), to **co-sign** the Just Health Report to indicate that they have also reviewed the results with the patient.

**Please note: Colorado SBHCs participating in the SBIRT Project are required to complete additional fields on the Provider Review. This additional data collection requirement is described at the end of this document.**

## Other Stand-Alone Tools Available on the iPad

In addition to the eSHQ and Just Health screening tools, providers can select from a menu of standardized screening and assessment tools, depending on the specific needs of the youth. These include the following:

### PHQ-9 Modified for Teens

The PHQ-9 Modified for Teens is a depression assessment tool that is available as a stand-alone tool. After the student takes the PHQ-9 Modified for Teens, a severity score and clinical guidance will be displayed on the provider report.

### SCARED<sup>5</sup>

The SCARED Anxiety Assessment is a stand-alone tool available on the iPad. The total score as well as scores by diagnosis are displayed to assist the provider in determining next steps.

### GAD7<sup>6</sup>

The Generalized Anxiety Disorder 7-item (GAD7) scale is a brief measure for assessing generalized anxiety disorder. The total score as well as scores by diagnosis (mild, moderate, or severe anxiety) are displayed to assist the provider in determining next steps.

### ACE Questionnaire<sup>7</sup>

The Adverse Childhood Experiences (ACE) Questionnaire measures sources of stress that a child might have or is experiencing. These stressful experiences can be associated with unhealthy behaviors and impact health and well-being. A score and clinical guidance is displayed on the provider report.

### CRAFFT

The CRAFFT is a substance use screening tool that is embedded in Just Health but is also available as a stand-alone tool. After the student takes the CRAFFT, a score and clinical guidance will be displayed on the provider report. A comprehensive list of substances adolescents might be using to get high follows the CRAFFT. If the teen answers yes to any of

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<sup>5</sup> Menga S., Birmaker B., Chiappetta L., Brent D., Kaufman J., & Bridge J. (2000). Screen for Child Anxiety-Related Emotional Disorders (SCARED): Convergent and Divergent Validity. *Depression and Anxiety*. 12, 85-91.

<sup>6</sup> Spitzer R.L., Kroenke K., Williams J.B.W., & Lowe B. (2006) A brief measure for assessing generalized anxiety disorder. *Arch Intern Med*. 166, 1092-1097.

<sup>7</sup> Adverse Childhood Experiences: The ACE Study. (2017). Center for Youth Wellness:

<http://www.centerforyouthwellness.org/adverse-childhood-experiences-aces/>

the CRAFFT pre-screeners, they will be asked to check which specific substances they have used in the past 30 days to get high.

### **VIPRS & IVPIS<sup>8,9</sup> Screens**

The Violence Injury, Protection and Risk Screen (VIPRS) is a validated fourteen question violence risk prediction tool. It strongly predicts which youth are likely to perpetuate future violence. The Interpersonal Violence Perpetration and Injury Scale (IVPIS) is a 7-item scale that was used in the National Longitudinal Study of Adolescent to Adult Health (Add Health) to define serious violence perpetration. It assesses the youth's involvement in serious violent activities in the past year.

### **Storage of the Screening & Assessment Reports**

Although the answers to all of the screening and assessment tools are part of the medical record, the answers are confidential. Providers are responsible for segregating confidential and non-confidential information in the medical record. This is to avoid breaching adolescent confidentiality in the event that parents/legal guardians request access to health information. Please see the ApexData User Guide for information on uploading the screening and assessment results to Box.com and managing the screening and assessment records.

### **Syncing the Screening & Assessment Tools & Use of Quarterly Aggregate Reports**

The results of each student's eSHQ, Just Health, and other assessment tools are automatically synced to Apex. The transmission of this identifiable data to Apex is allowable under HIPAA. (Apex and participating SBHCs sign a HIPAA Business Associate Agreement before implementing the use of ApexData.)

Once Apex receives the synced results, they are able to send the SBHC quarterly aggregate reports. The quarterly aggregate reports can serve as a quick reference for SBHC providers to identify patterns of health behaviors across their patient population, as well as with assisting SBHC staff in program planning, including health education activities.

### **Additional Information for CO SBIRT Project Participants Only**

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<sup>8</sup> Sigel, E., Harpin, S., & Tung, G. (2014). Increasing Documentation and Referral for Youth at Risk for Violence Through the Primary Health Care Setting. *Clinical Pediatrics*, 54(5), 451-457.

<sup>9</sup> Resnick, M.D., Ireland, M., Borowsky, I. (2004). Youth violence perpetration. What protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health. *J Adolescent Health*, 35, e1-10.

## Provider Review Requirements & Instructions

SBHC providers participating in the Screening, Brief Intervention, Referral to Treatment (SBIRT) Project will be required to complete additional fields as part of the provider review on every adolescent who is administered the Just Health or CRAFFT stand-alone tool.

*SBHCs not participating in the SBIRT Project are welcome to complete these additional fields if they so desire or are also free to disregard completely.*

The additional data fields include the following:

- Brief intervention/advice needed? *Indicate if brief intervention or brief advice is needed based on the results of the CRAFFT.*
  - No: Negative pre-screen and Negative CAR
  - Yes: Brief Advice (Positive pre-screen but negative CRAFFT OR Positive CAR only)
  - Yes: Brief Intervention (Positive CRAFFT)
- Brief Intervention Status *Indicate if brief advice or intervention was provided during the visit by clicking on one of the choices below.*
  - Brief Advice
  - Brief Intervention *If brief intervention was provided, indicate how much time was spent providing brief intervention.*
    - Under 15 minutes
    - 15-30 minutes
    - Longer than 30 minutes
  - Brief Intervention postponed
  - Brief Intervention not provided
- Follow-up Visit Status *Indicate if follow-up related to the CRAFFT screening results/substance use is scheduled. This includes scheduling follow-up for an additional brief intervention.*
  - No follow-up
  - Follow-up scheduled/set EHR tickler
  - Patient refused follow-up
- Referral Status *Indicate if the adolescent was referred to another provider for treatment services based on the CRAFFT screening and substance use assessment. This includes referrals for assessment/treatment of behavioral health concerns that may be contributing to substance use.*
  - No referral *Check “no referral” if referral not indicated.*
  - Patient refused referral

- Already in treatment *Check “already in treatment” if adolescent is in treatment for mental health and/or substance use issues at the time of the visit.*
- Internal referral (within the SBHC, including warm handoff, Example: SBHC BHP) *This also includes referral made by the SBHC BHP to the SBHC PCP for substance use or behavioral health concerns, for example referral to the SBHC PCP for an anti-depressant prescription.*
- External referral (including host school provider, referrals to medical sponsor, community clinic, or BHO office)
- Other *Describe any other action taken related to the CRAFFT screening and substance use assessment. This would include scheduling an appointment with the health educators for health education/motivational interviewing related to substance use.*