School-Based Health Programs: Nuts and Bolts

Laura Brey
2019 Bi-State Primary Care Conference
May 21, 2019
Love your states! Thanks for inviting me.
We are
The national SBHC advocacy, technical assistance and training organization based in Washington DC, founded in 1995

Our Mission
To improve the health status of children and youth by advancing and advocating for school-based health care

Our Goals
1. Support strong school-based health care practices
2. Be the national voice
3. Expand and strengthen the SBHC movement
4. Advance policies that sustain SBHC
Who is in the room

Show of hands:
• Administrators
• Providers
• Others

Experience:
• Schools
• SBHCs
• SBH programs
Objectives

1. List and describe the seven core competencies of school-based health centers (understanding of why SBHCs are a different health care model)

2. Identify three school-based health center planning tools

3. Describe the components of an SBHC narrative and pro-forma business
SCHOOL-BASED HEALTH CENTER (SBHC) 101 AND CORE COMPETENCIES
Title I School

“Title I, Part A (Title I) of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act (ESEA) provides financial assistance to local educational agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards”
School Nursing

“School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential.”

*National Association of School Nurses*
A school-based health center is a shared commitment between a school, community, and health care organizations to support students’ health, well-being, and academic success by providing preventative, early intervention, and treatment services where students are: in school.
CDC’s Virtual Healthy School
https://www.cdc.gov/healthyschools/vhs/index.html
SBHCs & Academic Improvement

- academic expectations, school engagement, and safety and respect
- improvements in academics (GPA, test scores, attendance, teacher retention)
- absenteeism and tardiness
- increase graduation rate

= ABC’s for meds & eds
SBHCs: The Evidence Base

- Health of communities (an evidence-based intervention per the CDC Community Guide)
- Increased access to care → decreased health disparities
- Use of primary care (better care coordination)
- Improvements in social competency, behavioral and emotional functioning
- Inappropriate emergency room use
- Hospitalizations
The Census identified 2,584 School-Based Health Centers in 48 of 50 states and in the District of Columbia and Puerto Rico.
Number of School-Based Health Centers, 1998-2017

Note: From 1998-99 through 2013-14, behavioral health and oral health only programs were included in the overall count of SBHCs. For the 2016-17 Census, we elected to only include SBHCs with primary care and SBHCs that we confirmed are open.
Location of SBHCs
Number of SBHCs by State
(n=2,584)

Note: For the 2016-17 Census, we include only those SBHCs that we confirmed are open and include primary care. These counts include all SBHC delivery models. Telehealth exclusive SBHCs were located in Georgia (73), Indiana (3), Maryland (6), Michigan (5), North Carolina (35), South Carolina (30), Tennessee (2), and Texas (113).
Exemplar Components

- Large enough student population
- Free and reduced lunch rate 70% or higher
- Advisory committee
- Strong memorandum of understanding
- Comprehensive range of services
- Adequate space in school
- Appropriate staffing
- Student and/or family engagement
Core Competencies

- Systems Coordination
- School Wellness
- Access
- Student-Focus
- Integration
- Sustainability
- Accountability
6.3 million* students in 10,629 public schools have access to an SBHC

*Exact number is 6,344,907 schools
4 out of 5 SBHCs serve adolescents in grades 6 and above
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>58%</td>
<td>SBHCs serve <strong>one</strong> school</td>
</tr>
<tr>
<td>26%</td>
<td>SBHCs serve <strong>2-10</strong> schools</td>
</tr>
<tr>
<td>12%</td>
<td>SBHCs serve <strong>11-99</strong> schools</td>
</tr>
<tr>
<td>4%</td>
<td>SBHCs serve <strong>100 or more</strong> schools</td>
</tr>
</tbody>
</table>

(n=2,266)
School Types Served by SBHCs

- Elementary School: 40%
- Middle School: 13%
- High School: 17%
- Other: 30%

(n=10,629)
## SBHC Delivery Models

<table>
<thead>
<tr>
<th>Location where a patient accesses care</th>
<th>Traditional</th>
<th>School-Linked</th>
<th>Mobile</th>
<th>Telehealth Exclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fixed site on school campus</td>
<td></td>
<td>A fixed site near school campus</td>
<td>Mobile van parked on or near school campus</td>
<td>A fixed site on school campus</td>
</tr>
<tr>
<td>Physically onsite, and remotely for some services</td>
<td></td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>All primary care delivered remotely and other services may be available onsite or remotely</td>
</tr>
</tbody>
</table>

- **81.7%**: Traditional
- **3.8%**: School-Linked
- **3.0%**: Mobile
- **11.5%**: Telehealth Exclusive
<table>
<thead>
<tr>
<th>Type of Telehealth Provider ( #, % )</th>
<th>Telehealth Exclusive SBHCs only (n=267)</th>
<th>Traditional, School-Linked, and Mobile SBHCs only (n=2,050)</th>
<th>All SBHCs (n=2,317)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>267 (100%)</td>
<td>131 (6%)</td>
<td>398 (17%)</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>69 (26%)</td>
<td>95 (5%)</td>
<td>164 (7%)</td>
</tr>
<tr>
<td>Health Education</td>
<td>97 (36%)</td>
<td>1 (0.1%)</td>
<td>98 (4%)</td>
</tr>
<tr>
<td>Oral Health</td>
<td>1 (0.4%)</td>
<td>11 (0.5%)</td>
<td>12 (1%)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>0 (0.0%)</td>
<td>10 (0.5%)</td>
<td>10 (0.4%)</td>
</tr>
<tr>
<td>Vision</td>
<td>1 (0.4%)</td>
<td>2 (0.1%)</td>
<td>3 (0.1%)</td>
</tr>
<tr>
<td>Any provider type</td>
<td>267 (100%)</td>
<td>200 (10%)</td>
<td>467 (20%)</td>
</tr>
</tbody>
</table>
SBHC Hours of Operation per Week

- Full-time (31+ hours) 75%
- 9-30 hours 19%
- <8 hours 6%

(n=2,207)
SBHC Sponsor Organization Type

- Federally-Qualified Health Center (FQHC) or look-alike: 51%
- Hospital or Medical Center: 20%
- Non-profit/Community-Based Organization: 9%
- Local health department: 6%
- School System: 6%
- Other: 7%

(n=2,305)
Geographic Location of Communities Served by SBHCs

- Urban: 46%
- Rural: 36%
- Suburban: 18%

(n=2,310)
2016-17
National School-Based Health Care Census

Populations Eligible to Receive Care at SBHCs

62% of SBHCs provide care to populations other than students enrolled in their schools (n=2,313)

Non-student populations served by SBHCs include:

- Students from other schools: 44%
- Faculty/school personnel: 39%
- Family of student users: 32%
- Out of school youth: 28%
- Other people in the community: 17%
Opportunity for Expansion

33,800 schools without access to SBHCs nationwide where 70% or more of students are eligible for free or reduced lunch meals
SBHC Provider Teams

- Primary Care & Behavioral Health (35%)
- Primary Care & Behavioral Health with expanded care team (24%)
- Expanded care team (41%)

Note: Expanded care team is defined as at least one of the following providers: Dentist, Dental assistant, Dental hygienist, Care coordinator, Health educator, Nutritionist, Ophthalmic technician, Optometrist or ophthalmologist, Outreach coordinator, or Registered dietician.

(n=2,317)
Youth Involvement with SBHCs

- **Provide feedback to the health center**: 63.9%
- **Promote health services provided by health center**: 49.5%
- **Participate in organizing center-sponsored health education events**: 47.7%
- **Participate in health center advisory council, committee, or board**: 36.2%
- **Participate in peer mentoring, counseling, or education**: 34.4%
- **Advocacy activities**: 31.3%
- **Participate in the design of health services**: 25.2%

(n=1,624)
Providing Comprehensive Care

- **76.1%**
  - depression screenings

- **69.5%**
  - STD diagnosis and treatment

- **66.1%**
  - oral health screenings

- **86.2%**
  - influenza immunizations

- **84.3%**
  - vision screenings

- **83.4%**
  - individual chronic disease management
Which of the following school-based services, functions, or events does your health center provide on area school campuses? Please check as many as apply:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health program</td>
<td>46.7%</td>
</tr>
<tr>
<td>School health fair</td>
<td>45%</td>
</tr>
<tr>
<td>Classroom-based health education</td>
<td>41.7%</td>
</tr>
<tr>
<td>On-site sports physicals</td>
<td>33.3%</td>
</tr>
<tr>
<td>Other - Write in (Required)</td>
<td>31.7%</td>
</tr>
<tr>
<td>Classroom-based health education</td>
<td>30%</td>
</tr>
<tr>
<td>Onsite primary care</td>
<td>26.7%</td>
</tr>
<tr>
<td>Vaccine clinics</td>
<td>25%</td>
</tr>
<tr>
<td>Onsite primary care</td>
<td>25%</td>
</tr>
<tr>
<td>Mental health program</td>
<td>23.3%</td>
</tr>
<tr>
<td>School-wellness committee participation</td>
<td>20%</td>
</tr>
<tr>
<td>Training to school staff members on community health topics</td>
<td>8.3%</td>
</tr>
<tr>
<td>Medicaid outreach and enrollment</td>
<td>1.7%</td>
</tr>
<tr>
<td>After-school healthy youth development program</td>
<td>0%</td>
</tr>
<tr>
<td>After-school healthy youth development program</td>
<td>5%</td>
</tr>
<tr>
<td>Vision care program</td>
<td>10%</td>
</tr>
</tbody>
</table>

N=60

2017 survey of health center program CEOs and CMOs
SBHC Integration and Collaboration

- School wellness committee (n=1,453) - 63.5%
- Crisis management or early intervention team (n=1,443) - 58.8%
- School district wellness committee (n=1,371) - 43.8%
- School improvement team (n=1,378) - 32.4%
- Individuals with Disabilities Education Act (IDEA) team (n=1,368) - 23.3%
- Curriculum development committee (n=1,401) - 13.4%
Peer Groups: Supporting Social and Emotional Health

- Emotional health and well-being: 59.6%
- Positive youth development: 58.3%
- Interpersonal relationships: 55.0%
- School safety/climate: 49.4%

(n=853)
Healthy Eating and Active Living

85.6% of SBHCs...
provide one-on-one healthy eating/active living/weight management education for students.

45.6% of SBHCs...
do group education on healthy eating/active living/weight management.

26.0% of SBHCs...
facilitate activities with parents or community members that promote healthy eating, active living, or weight management.
SBHCs Participating in Quality Benchmarks and Programs

- State-defined tools/measures (n=1,232) - 77.2%
- SBHC-developed tools/measures (n=1,244) - 67.8%
- Healthcare Effectiveness Data and Information Set (HEDIS) measures (n=1,165) - 65.3%
- Recommended core set of child health quality measures (CHIPRA/Medicaid) (n=1,105) - 55.3%
- Sponsor-defined tools/measures (n=1,207) - 54.4%
- School-Based Health Alliance CQI for SBHC Tool (n=1,108) - 16.7%
- School-Based Health Alliance Mental Health Program Evaluation Template (n=1,104) - 10.2%
SBHC Can Access Student Educational Data (sharing of info) 48.1%

51.9%
Types of Organizations SBHCs Collaborate with to Address the Social Determinants of Health

- Food/nutrition services: 54%
- Education/academic support: 48%
- Community involvement: 47%
- Physical activity and recreation: 44%
- Health literacy: 42%
- Housing or utilities: 25%
- Legal services: 11%
- Juvenile/criminal justice: 11%
- Employment: 11%
- Other: 7%

(n=2,109)
Parent Involvement in SBHCs

- Provide feedback to the health center: 54.2%
- Promote health services provided by health center: 38.3%
- Participate in health center advisory council, committee, or board: 35.8%
- Participate in organizing center-sponsored health education events: 28.3%
- Advocacy activities: 20.0%
- Participate in the design of health services: 19.6%
- Participate in peer mentoring, counseling, or education: 16.6%
Age of SBHCs

- <2 years: 13%
- 2-4 years: 27%
- 5-9 years: 20%
- 10+ years: 41%

(n=2,299)
Funding Sources for SBHCs

- Public Insurance Revenue: 68%
- Private Insurance Revenue: 61%
- State Government: 59%
- Federal Government: 46%
- In-Kind Support: 40%
- Private Foundation: 35%
- Patient Fees: 35%
- Sponsor Agency: 32%
- Local Government: 21%
- School System: 23%
- Other: 12%
### Activity - Core Competencies

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Strength</th>
<th>OK for Now</th>
<th>Could be Better</th>
<th>Urgent Gap</th>
<th>Not Sure</th>
<th>Implication(s) for Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access - The SBHC assures students’ access to health care and support services to help them thrive.</td>
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<tr>
<td>Student Focus - The SBHC team and services are organized explicitly around relevant health issues that affect student well-being and academic success.</td>
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<tr>
<td>School Integration - The SBHC, although governed and administered separately from the school, integrates into the education and environment to support the school’s mission of student success.</td>
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<tr>
<td>Accountability - The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.</td>
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<tr>
<td>School Wellness - The SBHC promotes a culture of health across the entire school community.</td>
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<tr>
<td>Systems Coordination - The SBHC coordinates across relevant systems of care that share in the well-being of its patients.</td>
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<tr>
<td>Sustainability - The SBHC employs sound management practices to ensure a sustainable business.</td>
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SBHC FRAMEWORK FOR EXCELLENCE
Children’s Health and Education Mapping Tool

User Manual

This graphic contains the name and location of several elements of the Children’s Health and Education Mapping Tool.

https://www.sbh4all.org/resources/mapping-tool/user-manual/
School Health Care Planning Checklist

- Establish planning committee
- Develop an action plan
- Conduct community readiness assessment
- Conduct needs assessment with key stakeholders
- Develop and implement an engagement plan
  - Craft education language and pitch
- Select partner school(s) and health care service(s)
- Develop business plan and memorandum of understanding among partners
- Acquire appropriate resources, equipment, and supplies
- Implement ongoing marketing strategies for students
A Framework for Excellence in School-Based Health Centers

**SCHOOL**

**STRONG PARTNERSHIPS**
Enduring partnerships with school and community stakeholders create fully engaged and accountable partners who provide the spark of leadership that catalyzes resources, patrons, and institutions.

**STUDENTS & FAMILIES**

**LOCAL HEALTH CARE PROVIDERS**

**BILLING INFRASTRUCTURE**

**ANALYSIS OF FINANCIAL STANDING**

**SOUND BUSINESS MODEL**
Sound business models require financial planning that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and right-size the role of grants in supporting operations long-term.

**DIVERSITY OF PORTFOLIO**

**ENVIRONMENT**

**MEASURING QUALITY INDICATORS**

**HIGH QUALITY PRACTICE**
SBHCs operate first-rate, high-quality health care practices that meet the comprehensive needs of students and demonstrate the highest level of quality and patient satisfaction.

**ROUTINE WORKFLOW AND DATA ANALYSIS**

**EXTRACTION AND REPORTING**

**EFFECTIVE DATA EXTRATION AND REPORTING**
Nut & Bolt #1
Strong Partnerships

ENDURING PARTNERSHIPS
Enduring partnerships with school and community stakeholders create fully engaged and accountable partners who provide the spark of leadership that catalyzes resources, patrons, and institutions.
Why are Strong Partnerships Critical for SBHCs?

Credibility & Image

Enhanced Connections

Expanded skills, knowledge & experience

More SBHC Users

Care Coordination

Better Quality Care
Potential Partners

**Community**

- School - district, staff, students
- Parents/ guardians
- Community organizations/ foundations
- Faith community
- Colleges/ universities
- Local nonprofits
- Local businesses/ business associations

**Health Care System**

- Other SBHC-sponsors
- State /local health departments
- Hospitals
- Community health centers
- Pediatricians
- Behavioral health agencies
- Community dentists
- Medicaid MCOs
- Private insurers
Steps to Building a Successful Collaboration

1. Define purpose & desired outcome
2. Identify Potential Partners
3. Clear roles and responsibilities
4. Well-defined leadership – core team
5. Concrete, achievable work plan and goals
6. Mutual respect of team member knowledge and expertise
7. Transparency and shared decision making
How Do Partnerships Result in Greater Financial Sustainability?

- In-kind contributions
  - Rent, utilities, vaccines, staff, etc.
- Referrals for SBHC
- Quality assurance
- SBHC advocacy & support
- Community benefit /Return on Investment (ROI)
Sharing Information

**School Staff**

- Fall under FERPA if under contract or direct supervision of a school.
- Must receive parental consent before sharing any part of the student’s record.
- Must allow parents to see the student’s record.
- Can share some information with school staff, but only if needed for educational purposes.

**SBHC Staff**

- Fall under HIPAA Privacy Rule.
- May share information with school health providers for “treatment purposes”, without consent.
- May treat minors without parental consent in some situations and required to keep some information confidential, if requested to do so by the minor.
- Many have consents to allow bi-directional information sharing between SBHC, school nurse and primary care provider.
<table>
<thead>
<tr>
<th><strong>IDEA</strong></th>
<th><strong>Section 504</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>A federal statute whose purpose is to ensure FAPE for children with specific disabilities</td>
</tr>
<tr>
<td><strong>Who is Protected</strong></td>
<td>Eligible students (aged 3-21) whose disability adversely affects the child’s educational performance</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td>Provides an individualized educational program (IEP)</td>
</tr>
</tbody>
</table>
School Nurse

- Provide direct care to students
- Lead the development of policies, programs, and procedures for the provision of school health services
- Screenings and referrals for health conditions
- Promote healthy school environment
- Provide health education
- Care coordination among education, medical home, and family

National Association of School Nurses
Chronic Absenteeism

“Across the country, more than 8 million students are missing so many days of school that they are academically at risk. Chronic absence — missing 10 percent or more of school days due to absence for any reason—excused, unexcused absences and suspensions, can translate into third-graders unable to master reading, sixth-graders failing subjects and ninth-graders dropping out of high school.”

Attendance Works
Alternatives to Discipline

- Alternatives to punitive discipline
- These practices aim to address the root causes of student misbehavior
- Building strong and healthy relationships with students
- Improving student engagement in the learning environment
Parent /Guardian Consent/ Engagement

- Most SBHCs have a parental consent policy
- Consent form should include:
  - Services to be offered
  - Statement about confidentiality /HIPAA
  - Billing issues
  - Statement about the relationship between the sponsoring organization and any collaborators including the school district
- Review state minor consent statutes
Confidentiality

- Confidential versus non-confidential services
- Access to confidential services
- Release of information
- Providing follow-up information to school personnel and outside agencies
- Informing students of confidentiality procedures and limits of confidentiality
- HIPAA and FERPA
Memorandum of Understanding

• Establishes the relationship between /among collaborating partners
• Formalizes commitments and agreement regarding the operation of the SBHC
Memorandum of Understanding

- Purpose
- Responsibilities of all parties
- Billing and compensation
- Confidentiality
- Termination provisions
- Extension
- Amendment
- Notice of failure to perform
- Scope of agreement
- Assignment
- Funds accountability and accounting
- Liability
- Procurement code
- Scope of contract
- Subcontracting
- Notice
- Signatures
Memorandum of Understanding: the foundation for establishing P&Ps

Memorandum of Understanding

- Written agreement between SBHC, school and/or medical sponsor
- Addresses:
  - Purpose
  - Responsibilities of all parties
  - Billing and compensation
  - Confidentiality
  - Termination provisions
  - Scope of agreement
  - Liability

Policies & Procedures
Guiding Questions to Help School Administration and SBHC Administration Develop Memorandums of Agreement

A Memorandum of Agreement (MOA) is an important tool to establish clear and mutual expectations between the school administration and SBHC lead agencies. Also, as staff of the school or SBHC change, this can help to retain institutional memory about the nature and logistics of the partnerships. The following is a list of questions to ask when developing an MOA. MOAs should be revisited at least annually, to ensure that they truly reflect the partnership and include strategies to mitigate any challenges and sustain successes.

I. Alignment between school and lead agency vision, goals, priorities:
   - What are the primary goals and expected outcomes that the school administration has for the school? What are the primary goals and expected outcomes that the SBHC leadership has for the SBHC? How do they align?
   - What are the SBHC’s strategies to support student achievement through the delivery of health services and programs? Examples might include:
     - Delivery of health services to remove identified barriers to learning
     - Regular screening for academic/attendance struggles
     - Avoiding pull-out from core classes or during testing
     - Academic case management
     - Participation in tardy sweeps
     - Alternatives to suspension programs
   - What are the school’s strategies to support the goals of the SBHC?
     - Educating staff, families, and students about the services provided by the SBHC through school meetings, events, and marketing materials.
     - Supporting the development of Coordination of Services Teams (COST), or including
Sample Memorandum of Understanding
Between
School District Name and Community Health Center Name

Purpose

Community Health Center Name and School District Name are entering into this Memorandum of Understanding (MOU) for the provision of physical health and dental health care services to the children of Community Name in school-based health clinics (District SBHCs) from Date to Date. This MOU addresses services at School Name(s).

Responsibilities of the Parties

The Parties (Parties) understand that each should be able to fulfill its responsibilities under this Memorandum of Understanding (MOU) in accordance with the provisions of law and regulation that govern their individual activities. Nothing in this MOU is intended to negate or otherwise render ineffective any such provisions or the operating procedures of either Party. If at any time either Party is unable to perform its functions under this MOU consistent with such Party's statutory and regulatory mandates, the affected Party shall immediately provide written notice to the other seeking a mutually agreed upon resolution.

Community Health Center Name will:

1. Provide administration and oversight to the District SBHC(s) in accordance with the terms of the Grant Name(s) and this MOU.
SBHC Job Descriptions

- Primary function
- Principle duties and responsibilities
- Education and experience requirements
- Knowledge, skill, and ability requirements
- Responsibilities
- Compensation
- Performance review system
Wellness is determined in great part by where children live, learn, and grow. Recognizing this, schools across the country are collaborating to create a culture of wellness that extends beyond the health clinic walls into school hallways, classrooms, cafeteria, teachers' lounges and campus spaces.

<table>
<thead>
<tr>
<th>Build a Wellness Team</th>
<th>Engage Community-Based Organizations and Businesses</th>
<th>Build Buy-In and Engage Stakeholders and Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage Youth</td>
<td>Engage Parents and Guardians</td>
<td>Engage School Partners</td>
</tr>
<tr>
<td>Assess Conditions For Wellness</td>
<td>Create &amp; Implement Your Action Plan</td>
<td>Tell Your Story</td>
</tr>
<tr>
<td>Sustain Your Efforts</td>
<td>Resource And Tools</td>
<td></td>
</tr>
</tbody>
</table>
Lead the Way: Engaging Youth in Health Care

Youth Engagement Toolkit

- Lead the Way
- Rationale for Youth Engagement
- Youth Participation Models
- Recruiting and Retaining Young Leaders
- Cultivating Parent Support
- Developing Youth Leadership Skills
- Youth Leadership Networks
- Cultivating Community Support
- Promoting Youth Engagement Efforts
- Additional Resources
Readiness Assessment

Activity
Readiness Assessment

PART I: About the Organization

PART II: About the SBHC Planning Group

PART III: About the Medical Sponsor

PART IV: General Information About the School and School District

PART V: Detailed Information About the School Community

PART VI: About the Community

PART I: ABOUT THE ORGANIZATION

Please provide the following information about the organization:

1. Name and address:

2. Basic organizational information:
   a. How many employees does the organization have?
      Full-time    Part-time
   b. What is the organization’s annual budget?
   c. What are the organization’s major sources of funding?
   d. How many years has the organization been in operation?

3. Please describe the organization’s vision, mission and goals:

PART II: ABOUT THE SCHOOL-BASED HEALTH CARE PLANNING GROUP

It is an expectation that planning for school-based health care (and completion of this Readiness Assessment) will be accomplished by a steering/planning group and that group members should include, at a minimum, the following: the school principal, a representative from the school district, a representative of the medical sponsor (if identified), a representative of the local medical community (such as a pediatrician or family practice physician, mental health professional or dental health professional), a public health professional, the school nurse, a community representative, a representative of the parent group and/or PTA and, when age-appropriate, a representative of the student body to be served by the project.

Please list all members of the steering/planning group for this project, including the name, title and organization for each. Use additional lines if needed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nut & Bolt #2
Sound Business Model

Sound business models require financial planning that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and right-size the role of grants in supporting operations long-term.
Why a Business Plan?

Guides the SBHC project planning process by...

- assuring that key elements to success are addressed
- explaining what you want to accomplish or achieve

Information can be used...

- to develop grant proposals
- to ensure accountability to funders
- in presentations to potential community partners
The 10 Components of a SBHC Business Plan

1. Needs Assessment
2. Business Overview
3. Operations & Management plan
4. Personnel & Resources
5. Marketing Strategies
6. Niche Analysis
7. Financial Analysis
8. Risk Management
9. Exit Strategy
10. Executive Summary
[INSERT SBHC NAME HERE]

Business Plan*

Date approved: [insert date here]

Instructions

1. The items in brown text and are instructions and explanations for completing this Business Plan and should be deleted once this template has been personalized with your SBHC’s information.
2. Text in blue indicates the areas in this business plan template where you should insert your SBHC’s information.
# Needs Statement

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>DEMOGRAPHICS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe <em>why</em> your community needs a SBHC</td>
<td>Population, ethnicities, age, free and reduced lunch statistics, etc.</td>
<td>Highlight research connecting SBHCs to improved health and academic outcomes</td>
</tr>
<tr>
<td>Include data from your needs assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SBHC History

SBHCs in New Hampshire and Vermont

• Brief summary of SBHC movement in US, New Hampshire, and Vermont
• Resources:

Your SBHC Program

• Brief description of:
  • how the concept for the SBHC was started
  • the SBHC planning process & who was involved
## Vision Statement

- Explains **what** you want to accomplish or achieve
- Helps clarify your SBHCs beliefs and governing principals
- Easy to communicate

### SBHC Vision Statement should be:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>★</td>
<td>Understood &amp; shared by members of community and school</td>
<td></td>
</tr>
<tr>
<td>★</td>
<td>Broad enough to include diverse perspectives</td>
<td></td>
</tr>
<tr>
<td>★</td>
<td>Inspiring &amp; uplifting</td>
<td></td>
</tr>
<tr>
<td>★</td>
<td>Concise</td>
<td></td>
</tr>
</tbody>
</table>
Mission Statement

- Usually refers to a problem or goal
- Describes **how** you will achieve your vision
- An **ACTION** statement that usually starts with the word “to”

<table>
<thead>
<tr>
<th>SBHC Mission Statement should be….</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concise</td>
</tr>
<tr>
<td>Outcome-oriented</td>
</tr>
<tr>
<td>Inclusive</td>
</tr>
</tbody>
</table>
Vision

Redefining health for kids and teens

Mission

To improve the health status of children and youth by advancing and advocating for school-based health care
Creating SBHC Goals

- Describe future expected outcomes
- Provide programmatic direction and focus on ends rather than means

To improve the physical & mental health of students enrolled in smart elementary school

To decrease absenteeism due to asthma-related incidence in school.
Objectives should be…

**Specific**
To secure first year of funding for the school-based health center by June 1, 2019.

**Measurable**
To develop the infrastructure for a school-based health center in Smart Elementary School by August 1, 2019.

**Achievable**

**Realistic**

**Time**
Benchmarks

- 50% of students enrolled in the health center will receive a well-child check-up
- 70% of students with asthma will report improved functioning
Operations & Management Plans

Location & Facility

Policies & Procedures

SBHC Services
National Clearinghouse for Educational Facilities

Square footage requirements for school-based health clinics, while not standardized, have been found to be approximately 1,500 to 2,000 square feet per 700 students.
Facility – sample
Dental Operatory - sample
WELCOME BACK TEDDIES
check out your SBC

ROOM 143
MENTAL HEALTH
PHYSICAL HEALTH
TESTING
SEXUAL HEALTH
IMMUNIZATIONS
NUTRITION
HEALTH EDUCATION
SPORTS PHYSICALE

ALL SERVICES ARE NO COST & CONFIDENTIAL!!
POLICIES (What?)

SBHC staff will communicate with student/client’s community primary care providers (PCP) in order to promote continuity of care, facilitate provider collaboration and assure appropriate utilization of available health resources by enrollees.

PROCEDURES (How?)

Each completed release of information form will be faxed to the PCP accompanied by the letter “Information for Community Physicians Whose Patients Have Enrolled In the School-Based Health Center.”
### Proposed SBHC services:

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Behavioral Health</th>
<th>Education/Prevention</th>
<th>Dental</th>
<th>Vision:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Well care visits (including risk assessments and sports physical exams)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Brief interventions /MI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lab tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diagnosis and treatment acute and chronic illnesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prescriptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Reproductive health (STD/HIV testing and treatment, pregnancy testing, family planning?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Employee health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>40 hours/week</strong></td>
<td><strong>40 hours/week</strong></td>
<td><strong>40 hours/week</strong></td>
<td><strong>8 hours per week</strong></td>
<td><strong>8 hours per month</strong></td>
</tr>
<tr>
<td><strong>Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Screening, assessment, diagnoses, and treatment for common adolescent behavioral health problems and conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Brief interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Short-term counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Long-term counseling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prescriptions for and management of psychotropic medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>40 hours/week</strong></td>
<td><strong>40 hours/week</strong></td>
<td><strong>40 hours/week</strong></td>
<td><strong>8 hours per week</strong></td>
<td><strong>8 hours per month</strong></td>
</tr>
<tr>
<td><strong>Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Individual meetings with students and parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Psycho-educational peer groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Obesity and physical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Collaborate with teachers on classroom education</td>
<td></td>
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<tr>
<td>- Teacher and school staff consultation and in-service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Youth advisory council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dental van once per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cleaning and prophylaxis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- X-rays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dental exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sealants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Basic and major restorative care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Vision van once per month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Eye exams/refractions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Eye glass and contact lenses prescriptions and fittings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diagnosis and treatment of eye disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SBHC Staffing and Structure

Job Descriptions

- SBHC Advisory Board
- SBHC Director
- Nurse Practitioner
- Social Worker
- Health Educator
- SBHC Coordinator
- Nurse
- Medical Assistant

Reporting
## Proposed SBHC staff:

<table>
<thead>
<tr>
<th>Staff name</th>
<th>Degree</th>
<th>Role</th>
<th>SBHC Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS</td>
<td>SBHC program director – District employee</td>
<td>40/week</td>
<td></td>
</tr>
<tr>
<td>MSN</td>
<td>Nurse practitioner – MRH employee</td>
<td>40/week</td>
<td></td>
</tr>
<tr>
<td>diploma</td>
<td>Medical assistant /LPN – MRH employee</td>
<td>40/week</td>
<td></td>
</tr>
<tr>
<td>diploma</td>
<td>Receptionist – MRH employee</td>
<td>40/week</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>School social worker – District employee</td>
<td>40/week</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>LCSW or LPC – MRH employee</td>
<td>40/week</td>
<td></td>
</tr>
<tr>
<td>AD</td>
<td>Dental Hygienist – MRH employee</td>
<td>8/week</td>
<td></td>
</tr>
<tr>
<td>DDS</td>
<td>Dentist – MRH employee</td>
<td>8/week</td>
<td></td>
</tr>
<tr>
<td>diploma</td>
<td>Dental assistant – MRH employee</td>
<td>8/week</td>
<td></td>
</tr>
<tr>
<td>OD</td>
<td>Optometrist – MRH employee</td>
<td>8/month</td>
<td></td>
</tr>
<tr>
<td>diploma</td>
<td>Optician – MRH employee</td>
<td>8/month</td>
<td></td>
</tr>
</tbody>
</table>
“Niche” Competitive Analysis

• Who provides services most similar to your SBHC?
• What are their strengths, weaknesses & assets?
• How is your SBHC different?
• What is your plan for collaboration?
Risk Management

- Plan protects organization from harm
- Risk situations:
  - hostile student, criminal background of employee, etc.
- Risk reduction strategies:
  - security, criminal background check, etc.
In the event you have to close your SBHC program....

Exit Strategy

- Notify of staff/ partners/students/families
- Transfer and refer clients to local provider for care
- Notify funder
- Pay debts
- Transfer physical assets
Executive Summary

- Summarizes the business plan
- No longer than 2-4 page
- Useful information to present to potential funders and other key SBHC partners

Should address:
1. What the SBHC does & for whom
2. Financial requirements
3. Short & long-term financial outlook
4. Plans for sustainability
FINANCIAL ANALYSIS
## Pro-Forma Business Plan

### Projects revenue & expenses that a SBHC can expect to generate during one or more fiscal years

<table>
<thead>
<tr>
<th>Total Revenue</th>
<th>6,092</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>-</td>
</tr>
<tr>
<td>Program Costs</td>
<td>3,500</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>45,500</td>
</tr>
<tr>
<td>In-Kind Costs</td>
<td>160</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>49,160</strong></td>
</tr>
<tr>
<td><strong>Net Revenue/(Expense)</strong></td>
<td><strong>(43,068)</strong></td>
</tr>
<tr>
<td>Cost per User</td>
<td>327.73</td>
</tr>
<tr>
<td>Cost per Visit</td>
<td>105.72</td>
</tr>
</tbody>
</table>
Why a pro-forma business plan?

So new and existing SBHCs can….

understand their financial standing

And assess the implications of proposed changes such as…

- expansion of services
- new patient population
- transitioning to a new medical sponsor
How does a pro-forma work?

Input SBHC Data
- patient encounters
- reimbursement rates
- staffing costs
- HIT costs
- utilities

Income Statement
- total expenses
- net revenue
- cost per user
cost per visit

net revenue
Income Statement

Adjust inputs to see how they ↑ or ↓ your SBHC’s net revenue

- utilization
- billable visits
- % denied claims
- grant support
- staffing
- other costs
## Data Input Sheet

### Identifying Information
- **School Name**
- **SBHC Name**
- **Sponsor Name**
- **Sponsor Type**
  - *FQHC*  
  *Click in cell to select from list*

### Student Utilization
- **Student Population**
  - # of users
  - # of visits/yr
  - **Utilization %**
    - Year 1
    - Year 2
    - Year 3
    - Year 4
    - #DIV/0!
    - #DIV/0!
    - #DIV/0!
    - #DIV/0!

### Community Utilization
- **Eligible Community Population**
  - # of users
  - # of visits/yr
  - **Utilization %**
    - Year 1
    - Year 2
    - Year 3
    - Year 4
    - #DIV/0!
    - #DIV/0!
    - #DIV/0!
    - #DIV/0!

### Mix of Care
- **Medical, Immunization, Other**
- **Dental**
- **Behavioral Health**
- **Other**
  - Total
    - Year 1: 0%
    - Year 2: 0%
    - Year 3: 0%
    - Year 4: 0%

### Types of Insurance Coverage
- **Medicaid**
- **Medicare**

---

*Note: Instructions, Staffing Input, Other Costs Input, In-Kind Input, Income Statement tabs are visible in the bottom row.*
Sustainability is critical for SBHCs. However, unlike clinical performance measures, no national set of sustainable business practice measures for SBHCs exists. Here's what we know: successful SBHCs have a diverse funding portfolio most often including in-kind partner donations (space), patient revenue (billing and coding), and supplemental grants. For SBHCs to find long-term success, their leaders must make a compelling case that proves the SBHC model is uniquely suited to help the broader health and education systems achieve their own objectives.
Nut & Bolt # 3
High Quality Practice

HIGH QUALITY PRACTICE
SBHCs operate first-rate, high-quality health care practices that meet the comprehensive needs of students and demonstrate the highest level of quality and patient satisfaction.
Quality Counts:
Clinical Performance Measures
QI Toolkit

Why These 5 Measures?

Well-Child Visit
Annual Risk Assessment
BMI Assessment & Nutrition / Physical Activity Counseling
Depression Screening & Follow-Up
Chlamydia Screening

Report Your Measures
Quality Counts: Test Measures QI Toolkit

Learn More

Classroom Seat Time Saved

Client Experience of Care

Web design by Indie Tech Solutions
National Publications

• Alliance Website  www.sbh4all.org
• Alliance Facebook and Twitter Accounts
• School-Based Health Care Digest
• Alliance 2016-17 Census and State Policy Survey
  https://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/
• Alliance Literature Database
  https://www.sbh4all.org/?s=literature+database
• SBHC recent articles in Education Week and Health Affairs
The Blueprint is a member resource designed for you to find and utilize tools, examples, guides, and helpful resources. It is also a place where you can share your resources with the school-based health care field. You will encounter resources developed specifically by the Alliance and discover resources that are shared directly from other local, state, or national partners making the Blueprint very rich and diverse. There is a little something for everyone.

The Blueprint is organized into 9 categories:

1. Planning
2. Partnerships
3. Communications
4. Business
5. Facilities
6. Health Information
7. Care Management
8. Program Evaluation and Quality
9. Policies and Procedures
MEMBERSHIP APPLICATION

Join the School-Based Health Alliance

The School-Based Health Alliance is the national voice for school-based health care (SBHC) and the home of SBHC professionals and advocates. The SBHC model broadens children’s access to health care and helps them succeed in school. Help our children thrive. Become a member today!

WHY OUR MEMBERS JOIN

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>INDIVIDUAL</th>
<th>ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A national voice advocating for SBHC at the federal level</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Online Advocacy Center designed to simplify engagement with the U.S. Congress</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Subscription to School-Based Health Care eDigest to stay current with breaking news</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to members-only content on the website, including The Blueprint, an extensive online tool to help members develop and expand SBHC services in their community</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Professional networking and volunteer opportunities</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Discounts to the annual convention</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to SBHC Online Job Board</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Opportunities to participate in private and federally-funded national initiatives</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Letters of support for grant applications</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Time limited technical assistance in program development, finance, sustainability, public policy and advocacy, coalition building, leadership training, and branding</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>10% discount on consulting services (up to $5,000.00)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Opportunity to run for the Alliance Board of Directors and national committees</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

WHAT OUR MEMBERS SAY

“It’s the networking. It’s the advocacy. It’s the people. It’s having a common purpose and a common goal. It’s fabulous.”

— Nancy Passikoff, Des Moines, NM

“Membership with the School-Based Health Alliance has been phenomenal in terms of helping us develop our school-based health center. It has helped us develop a business plan for sustainability and has been instrumental in terms of gaining grant funding.”

— Charlotte Care, Campbell County School District, Gillette, WY

“What I appreciate most is the assimilation of information from the national perspective around what is happening at the federal level because it is so hard in our day-to-day work to keep track of what is happening at the local, state, and national levels.”

— Cindy Flye, Maranacook Student Health Center, Readfield, ME
Registration NOW OPEN!

Register NOW to take advantage of early bird discounts!

www.sbh4all.org/convention
Our Consulting Team

• Over 200 years of combined experience in design, operation, and evaluation of SBHCs
• Our team is committed to working towards four goals:
  • Increased revenue
  • New school services
  • Stronger partnerships
  • Expanded services
Examples of SBHC Consulting Services –

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Technical Assistance</td>
</tr>
<tr>
<td>Facilitate School/FQHC Partnership and Readiness Assessment</td>
</tr>
<tr>
<td>• Facilitate SBHC Site Visit(s) and Plan SBHC Space</td>
</tr>
<tr>
<td>• Business Planning (Narrative and Pro-forma)</td>
</tr>
<tr>
<td>• Facilitate Monthly Check-Ins and Coaching</td>
</tr>
<tr>
<td>• Customized to Your Needs</td>
</tr>
</tbody>
</table>
Questions?

Contact information Laura Brey lbrey@sbh4all.org