Do School-Based Health Models Expand Your Community Reach? Yes!

Tuesday, May 17th, 2022
2:00 – 5:00 PM ET
THANK YOU TO ALL COMMUNITY HEALTH CENTERS

#ThankYouCHCs

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6,625,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
HRSA-Funded National Training & Technical Assistance Partners (NTTAPs)

- Association of Asian Pacific Community Health Organizations (AAPCHO)
- Association of Clinicians for the Underserved - STAR2 Center (ACU)
- Capital Link
- Community Health Center, Inc.
- Corporation for Supportive Housing
- Farmworker Justice
- Futures Without Violence
- Health Outreach Partners
- Health Information Technology Training and Technical Assistance Center (HITEQ)
- MHP Salud
- Migrant Clinicians Network
- National Association of Community Health Centers
- National Center for Equitable Care for Elders (Harvard University)
- National Center for Farmworker Health
- National Center for Health in Public Housing
- National Center for Medical-Legal Partnership
- National Health Care for the Homeless Council
- National LGBTQIA+ Health Education Center
- National Network for Oral Health Access
- National Nurse-Led Care Consortium
- School-Based Health Alliance
Tailored Technical Assistance and Training Resources: Free and Tailored for Health Centers

ARE YOU LOOKING FOR RESOURCES?
Please visit our website www.healthcenterinfo.org
Poll: Select Your Organization Type

- School or School District
- 330-Funded FQHC
- FQHC Look-Alike
- Other Health Care Provider
- Primary Care Association
- NTTAP
- Other
Poll: What is Your Primary Funding Source for Providing School-Based Health Services *(Select All That Apply)*

- Existing 330-Funds (U.S. Department of Health and Human Services’ / HRSA Health Center Program)
- School-System (U.S. Department of Education / Local Education)
- Philanthropy
- Fundraising
- Medicaid/CHIP Revenues
- Other
- Don’t Know
Poll: Why are you interested in today’s topic?

- Applied but not funded for SBHCs
- Identified Need to Serve School-Age Children
- Beginning to build new partnerships or expand existing partnerships
- Exploring new expansion opportunities
- Other
NACHC’s Health Center Growth & Development Training & Technical Assistance Resources

• Building & Strengthening the Health Center Pipeline
  • Starting a Health Center / Service Site
    • 330-Funding New Access Point Awards
    • FQHC Look-Alikes
  • Unique Models (i.e. Public Centers, Special Population Funding, Rural Health Clinics, etc.)
  • Health Center Program Compliance

• Service Delivery & Expansion
  • Needs Assessments
  • Strategic Planning
  • Scope of Project
  • Service Line Expansion

For more information: https://www.nachc.org/health-center-issues/health-center-growthdevelopment/
Today’s Webinar: Setting the Context

**Katie Ballengee**
Deputy Director, Office of Health Center Investment Oversight

**Sarah Trinidad**
Director, Infrastructure Improvement Investment Management
National Association of Community Health Centers/
School-Based Health Alliance:
Virtual Workshop

May 17, 2022

Katie Ballengee
Deputy Director, Office of Health Center Investment Oversight

Sarah Trinidad
Director, Infrastructure Improvement Investment Management

Health Resources & Services Administration (HRSA)/Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People
UDS Data for School-Based Health Care

- **Children aged 17 and under**
  - 7.9 million or 1 in 9 children and youth
  - 1,027,402 COVID-19 vaccines administered

- **School-Based Services**
  - Approximately 40% of Health Center Program recipients operate one or more school-based sites
  - Total of 3,200+ school-based sites
  - 658,551 students served via school-based sites
  - 7,600 school-based COVID-19 vaccination clinics

Source: Uniform Data System, 2020 and Health Center COVID-19 Surveys
HRSA’s Investments in School-Based Health Care

• Over the past 10 years, BPHC’s investments in school-based health care have included FY 2011-13, and FY 2019 School-Based Health Center Capital (SBHCC) awards totaling over $200 million.

• HRSA awarded $5.4 million to 27 HRSA-funded health centers in September 2021 through the FY 2021 School-Based Service Sites (SBSS) funding opportunity.

• HRSA’s FY 2022 final appropriation included an additional $25 million to fund additional SBSS applications to support approximately 125 awards.

• These investments will position school-based health centers to expand mental health services to children and adolescents who otherwise might not be able to access this type of care.

Source: Uniform Data System, 2020 and Health Center COVID-19 Surveys
FY 2021 School-Based Service Sites (SBSS)

Implementation Trends

- **Increasing Workforce Capacity:** Medical/Behavioral Health Provider and Support Staff Recruitment
- **Increasing Organizational Capacity:** Building Telehealth Infrastructure
- **Enhancing Physical Structure:** Adding New Sites (Permanent, Seasonal, Mobile)
- **Enhancing Collaboration and Community Awareness:** Partnerships with Local School Districts

Focus on Award Performance & Improved Health Outcomes

- **Specialized Team**
  - Post-Award Monitoring & Oversight
  - Performance Data Analysis
  - Targeted Technical Assistance
- **Webinars/Live Q&A Sessions**
- **Peer-to-Peer Support, Learning Collaboratives, Communities of Practice**
- **Linkages to National Training & Technical Assistance (TA) Partners**

Barriers to Implementation

- **Staffing/Recruitment Challenges**
- **Supply Chain Delays/Rising Supply Costs**
- **State Approval Backlogs**
- **School Closures Due to Increase in COVID-19 Cases**
Thank You!

Katie Ballengee
Deputy Director, Office of Health Center Investment Oversight

Sarah Trinidad
Director, Infrastructure Improvement Investment Management

Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

bphc.hrsa.gov

Sign up for the Primary Health Care Digest
Health Centers are governed by a patient-majority community-based board of directors.

**Strategy**
- Strategic Board Composition
- Strategic Planning & Thinking

**Functioning**
- Board Meetings
- Board Committees
- Board Culture

**Oversight & Policy**
- Approve Policy
- Provide Oversight
  - CEO Oversight & Partnership
  - Financial
  - Quality
  - Corporate Compliance
  - Risk Management
  - Health Center Program Compliance

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Health Center Boards and School-Based Health Care

A health center board would be involved in many strategic and oversight decisions related to a school-based site including:

• Assessing the health center’s needs assessment and other data to support the opening of a school-based health center
• Prioritizing school-based health centers in the center’s strategic plan
• Approving hours, locations, and services at sites
• Among others
Learn More About Health Center Boards

The National Association of Community Health Centers (NACHC) has over 50 resources on health center governance including:

- **Governance Guide for Health Center Boards** (English + Spanish)
  - 11 focus areas
  - 20 customizable tools

- **Health Center Board Roles** (video in English, coming soon in Spanish)

Learn more at [https://www.nachc.org/trainings-and-conferences/governance](https://www.nachc.org/trainings-and-conferences/governance)

In order to learn more about federal requirements of health centers, please visit the Health Resources and Services Administration (HRSA) Website at [https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html](https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html)
TODAY’S PRESENTERS & FACILITATORS

Tammy Alexander, M.Ed.
VP, State Relations
Visit bio

Emily Baldi, MSW
Program Manager
Visit bio

Shameka Davis, MPA
Program Manager
Visit bio

Paula Fields, MSN, BSN, RN
VP Programs & Technical Assistance
Visit bio

Andrea Shore, MPH
Chief Program Officer
Visit bio

Laura Brey, MS
Chief Operating Officer &
Chief Strategy Officer
Visit bio

Katherine Cushing, MPH
Senior Program Manager of
Quality, Research & Evaluation
Visit bio
TODAY’S FACULTY

Clifton Bush, MSM
Chief Operating Officer
AAPHC
Visit Bio

Patricia Collett, PA-C
Chief Operations Officer
Community Care of West Virginia
Visit Bio

Tammy Greenwell, MPH, CPHQ, CPME
Chief Operations Officer
Blue Ridge Health Organization
Visit Bio

LaVenice "Vince" Grace
Principal of the “Premier” Turner Elementary School
Albany, Georgia
Visit Bio

Debra Harrison, Ed.D.
Assistant Superintendent,
Upshur County Schools
Visit Bio

Deborah Calhoun, MPH
Director of Community Partnerships
United Way of Asheville and Buncombe County
Visit Bio
We support the improvement of students’ health via school-based health care by supporting and creating community and school partnerships [www.sbh4all.org](http://www.sbh4all.org)
## AGENDA

<table>
<thead>
<tr>
<th>Time (ET)</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:20-2:45 PM</td>
<td>SBHC 101</td>
</tr>
<tr>
<td>2:45-3:00 PM</td>
<td>Strong Partnerships</td>
</tr>
<tr>
<td>3:00-3:15 PM</td>
<td>Sound Business Model</td>
</tr>
<tr>
<td>3:15-3:30 PM</td>
<td>High Quality Practice</td>
</tr>
<tr>
<td>3:30-3:40 PM</td>
<td>Break</td>
</tr>
<tr>
<td>3:40-4:05 PM</td>
<td>GA - Albany Primary Health Care &amp; Premier Turner Elementary</td>
</tr>
<tr>
<td>4:05-4:30 PM</td>
<td>WV - Community Care of WV &amp; Upshur County Schools</td>
</tr>
<tr>
<td>4:30-4:55 PM</td>
<td>NC - Blue Ridge Health &amp; United Way of Asheville &amp; Buncombe</td>
</tr>
<tr>
<td>4:55-5:00 PM</td>
<td>Closing</td>
</tr>
</tbody>
</table>
Reminders

- Take care of yourself: breaks, stretching, eating, etc.

- Today’s session is being recorded.
OBJECTIVES

• **Explain** the difference between a school-based health center and a community health center.

• **Identify** elements of success and pitfalls to avoid during the SBHC planning process.

• **Explain** the challenges and benefits of delivering care at the intersection of education and health.

• **Be familiar with** and **know how to utilize** tools to assist with SBHC planning and start-up.
SCHOOL-BASED HEALTH CARE 101
School-Based Health Services

Types of Services

- School nurses
- School psychologists
- School counselors
- School social workers
- Health educators
- Nutritionists
- School-based health care/school-based health centers

Health

Education
WHY SCHOOL-BASED HEALTH CARE?

Only when we meet our most vulnerable young people where they are...

Could someone help me with these? I'm late for math class.

...do we afford ALL children the opportunity to thrive

Artist: Scott Spencer

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Simply put, a brand is a promise. By identifying and authenticating a product or service it delivers a pledge of satisfaction and quality.

Walter Landor

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.
About School-Based Health Centers:

**Consents**
- Parents/guardians involvement is important and encouraged. They decide what services are or are not beneficial for their children, and their consent is required for care.
- Available services are NOT provided without permission except as allowed by state minor consent law.
- Confidentiality laws and requirements between patients and providers differ across states.

**Scope of Services**
- Services determined at the local level and in accordance with state and local policies and/or law.

**Existing Services**
- Does NOT replace required school health services for FAPE but instead supports and enhances.
- Does NOT replace parents/guardians, school nurses, school counselors, pediatricians, or other existing services.
RESOURCE
SBHC PLANNING CHECKLIST

- Establish SBHC regional planning committee
- Orient SBHC planning committee to the SBHC model
- Identify a medical sponsor organization and other potential health care provider partner organizations
- Visit existing SBHC(s)
- Establish SBHC advisory group (e.g., principal, other school leadership, school social worker, students, parents/guardians, school nurse, sponsor organization member, and others.)
- Conduct community readiness assessment
- Conduct SBHC needs assessment
- Develop and implement marketing and engagement plan for target audiences and gatekeepers
- Identify potential SBHC location(s) via site visit(s). Select a well-considered location for the SBHC based on readiness assessment, needs assessment, site visit(s), and needed construction/renovation
- Determine appropriate staffing
- Develop narrative business plan

Complete a pro-forma business plan to determine funding needs and potential revenue
- Solicit capital and operational funding from variety of sources
- Develop necessary agreements and procedures to bill commercial and public insurance
- Draft and execute a memorandum of understanding among SBHC partners (e.g., school district, medical sponsor organization, behavioral health, oral health, local department of health)
- Develop comprehensive SBHC consent form that includes bi-directional information sharing to promote continuum of care (e.g., school nurse, school counselor, PCP, dentist, parent/guardian)
- Complete SBHC renovation/construction process
- Engage students to ensure SBHC space is student-friendly
- Purchase appropriate equipment and supplies
- Ensure appropriate technology access in collaboration with school
Most school-based health centers are operated by an external medical sponsoring agency.

- Federally Qualified Health Centers
- Hospitals
- Nonprofit or Community-Based Organizations
- Local Health Departments
- School Districts
SBHCs...

Help students and their families overcome access barriers

TRANSPORTATION
TIME
LANGUAGE
FINANCIAL BARRIERS
Health Equity
School-Based Health Centers: recommends the implementation and maintenance of school-based health centers in low-income communities to improve educational and health outcomes.

Vaccination Programs
Schools and Organized Child Care Centers: strong evidence of effectiveness in increasing vaccination rates, and decreasing rates of vaccine-preventable disease and associated morbidity and mortality.

https://www.thecommunityguide.org/

Evidence Based Approaches and Recommendations

https://www.thecommunityguide.org/sites/default/files/assets/OnePager-SBHC.pdf
• Increased access to care → decreased health disparities
• Increased use of primary care (better care coordination)
• Reduction in inappropriate emergency room use
• Improvements in social competency and behavioral/emotional functioning
• Reduction in hospitalizations

• Increased school engagement, safety, and respect
• Improvements in academics (GPA, test scores)
• Increased teacher retention
• Decreased absenteeism and tardiness
• Increased graduation rates

# SBHC DELIVERY MODELS

<table>
<thead>
<tr>
<th>sbhc delivery models</th>
<th>Traditional (87.1%)</th>
<th>School-Linked (3.8%)</th>
<th>Mobile (3.0%)</th>
<th>Telehealth Exclusive (11.5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>location where a student accesses care</td>
<td>A fixed site on school campus</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>location where providers deliver care</td>
<td>Physically onsite, and remotely for some services</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>

© School-Based Health Alliance 2022
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.

SBHC PROVIDER TEAMS

- **Primary care + behavioral health + expanded care team**: 41%
- **Primary care + behavioral health**: 24%
- **Primary care only**: 35%

**HOURS:**
- 31 or more hours per week: 75%

**SPONSOR:**
- FQHC: 51%

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.
Poll: Trivia Questions

How many school-based health centers are there nationwide?

A. <1,200  B. 1,800  
C. 2,200    D. 2,500+
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.
6.3 million* students in 10,629 schools have access to an SBHC

*Exact number is 6,344,907 students representing 13% of students and 10% of public schools nationwide.
SIMILARITIES & DIFFERENCES: HEALTH CENTERS & SBHCs

- Focus on serving children & adolescents
- Schools are a key partner
- Unique workflows and privacy considerations
- Consents are an important measure of patient buy-in
Advancing Health Center Excellence & SBHC Core Competencies

• BPHC - Advancing Health Center Excellence is a framework aimed at advancing health center maturity and innovation in seven key domain areas which align with HRSA’s mission.

• SBHA - The Core Competencies for School-Based Health Centers represent the knowledge, expertise, policies, practices, and attributes that every SBHC is expected to demonstrate in its pursuit of student wellness. SBHC staff and administrators can use these as a framework to achieve excellence in delivering care in a school setting.
SEVEN SBHC CORE COMPETENCIES

1. Access
2. Student-Focus
3. School Integration
4. School Wellness
5. Systems Coordination
6. Accountability
7. Sustainability
MAKING CONNECTIONS


Sustainability | School wellness | Access | Student focus, systems coordination, & school integration | Accountability

Advancing Health Center Excellence Domains

Core Competencies for SBHCs
**Location:** SBHCs are traditionally located on site.

**Operations:** The health center structures its operations such that the SBHC makes on-site services available whenever the school is open, or as needed.

**Consent:** The health center obtains consent from parents/guardians of enrolled students.

**After-hour care:** SBHCs provide after-hours care.

**Non-Discrimination:** The health center does not discriminate against patients.

**Facility:** To ensure access, the health center facility operates within an appropriate physical plant.

**Other populations:** Health centers make services available to populations other than students or out-of-school.

Prom ticket selling was stationed in the SBHC. Got students to come tour the SBHC, to learn more about the center and see its accessibility.
STUDENT FOCUS

Comprehensive service scope  Evidence-based standards  Competence

Confidentiality  Patient engagement  Youth advisors

An SBHC engaged youth through Youth Participatory Research to study patient satisfaction. The feedback resulted in new services.
SBHC staff at an elementary school are visible at school events, offer health education lessons in classrooms, and walk students to and from SBHC appointments. Offered flu shots and wellness visits to school staff, participate in faculty and PTA meetings, and eat in the faculty break room.
An SBHC led an effort to implement a school garden to help address food insecurity issues in the school community.
To address some family needs, an elementary school SBHC brought other agencies and dedicated personnel into the SBHC periodically to assist parents with applications for SNAP, Medicaid, and other social service programs.
Through QI efforts, an SBHC found that by converting acute care visits to comprehensive well-care visits, their providers gave more WCVs to patients, improved the relationships with those patients, and felt more satisfied in their work.
Many SBHCs sponsors establish a separate SBHC cost center. SBHC administrators can then generate a monthly cost report including SBHC visits, revenue, and expenses to share with staff and partners for joint planning.
A MODEL FOR EXCELLENCE IN SCHOOL-BASED HEALTH CENTERS

- Strong Partnerships
- Sound Business Model
- High Quality Practice
NUTS & BOLTS

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.
WHY ARE STRONG PARTNERSHIPS CRITICAL FOR SBHCS?

- Credibility & Image
- Enhanced Connections
- Expanded Skills, Knowledge, & Experience

- More SBHC Users
- Care Coordination
- Better Quality Care
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)
POTENTIAL PARTNERS

**Community**
- Students
- Parents/guardians
- School/district staff
- 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
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.

**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.
PARENT/GUARDIAN ENGAGEMENT

• Advocates for their children’s health
• Advisory committee
• Gatekeepers for utilization of SBHC
• Volunteer (parent teacher organization)
• Ambassadors for SBHC: marketing, word of mouth
• Consent rates are an indicator of parent engagement
Poll: Trivia Questions

Where was the first SBHC located?

A. Cambridge, Massachusetts
B. Dallas, Texas
C. St. Paul Minnesota
Most SBHCs have parental consent policies

Consent form should include:
- Services offered
- Statement about confidentiality/HIPAA
- Billing considerations
- Statement about the relationship between the sponsoring organization and any collaborators including the school district
- Length of consent
- Bidirectional information sharing

Review state minor consent statutes
MEMORANDUM OF UNDERSTANDING (MOU)

Establishes the relationship between/among collaborating partners

Formalizes commitments and agreements regarding the operation of the SBHC
# Hallways to Health: Creating a School-Wide Culture of Wellness

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>

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SBHA Youth Development

SBHA’s Youth Focused Website: Youthhealthhub.org

- Created for young people involved with a school-based health center or interested in the intersection of health and education to build a community, find national and local opportunities, browse articles, find events, and more

Youth Development Digest: bit.ly/YDDSBHA

- Designed with young readers in mind, it promotes upcoming events, showcases powerful youth in our country, and is a resource that highlights current topics, issues, and opportunities for young people today

Consulting Services: youthdevelopment@sbh4all.org

- SBHA offers youth development focused technical assistance, trainings, and coaching for youth and adult audiences
LEAD THE WAY:
ENGAGING YOUTH IN HEALTH CARE

Community asset mapping/needs assessment
Health center service
Outreach and enrollment
Peer to peer education
PARTNERSHIPS IN ACTION

• SBHC Advisory Committee
• Youth Advisory Council
• Partner with existing parent groups (e.g. PTA)
• Get to know school staff!
  • Sponsor a welcome breakfast
  • Offer staff wellness activities
  • Collaborate with teachers on health education lessons
NUTS & BOLTS

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.
CONDITIONS

• No billing/revenue collection
• Minimal outcome data collection
• Limited business capacity
• Limited accountability
• Limited concern re: sustainability
• No systems of care
NEW EXPECTATIONS FOR SBHC BUSINESS MODELS

Think “STUDENT CENTERED SYSTEMS”

Practice INTER-DISCIPLINARILY

Get to the TABLE

Know your VALUE

Get WIRED

Get COUNTED (and paid)
BUSINESS MODEL

Maximize patient revenue

Maximize partner in-kind

Right-size role of grants to offset losses
SBHC SUSTAINABILITY RECOMMENDATIONS

- School population >750 for full time staffing
- Minimum of 70% free and reduced lunch rate
- 50% of students consented/registered end of year 1
- 70% + students consented/registered end of year 2
- 50% one visit to the SBHC
CHARACTERISTICS OF SUCCESSFUL SBHCs

- Advisory committee
- Student and/or family engagement
- Strong memorandum of understanding
- Comprehensive range of services
- Adequate space in school
- Appropriate staffing
Poll: Trivia Questions

School-Based Health Center’s

A. Increase access to health care
B. Contribute to positive educational outcomes
C. Reduce emergency room use
D. All of the above
SBHC Funding

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%

(n=2,301)
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
- In presentations to potential community partners
- To ensure accountability to funders
Year One SBHC Business Plan

1. Needs Statement
2. Collaborating Partners
3. Vision and Mission Statement
4. Goal Statement and Year One Objectives
5. Services and Staffing
6. Location, Facilities, and Equipment
7. Marketing and Outreach
8. Pro-Forma
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
Quality Counts: Sustainable Business Practices
QI Toolkit

Why These 3 Measures?

Utilization
Reimbursement
Efficiency

Additional Resources
Frequently Asked Questions

**What can my SBHC do to create strong school partnerships?**

Create buy-in, support, and promotion of your SBHC from school board members, district staff, school administration, and staff. Proven strategies for accomplishing this include:

- Give members of the school administration, staff, and students a voice in SBHC operational decisions by asking them to join the SBHC advisory group.
- Share your health expertise with school personnel, perhaps during teacher in-service days, by organizing in-services on employee wellness, stress management, mental health first aid, asthma triggers.

Create an SBHC-specific business plan, including a Pro Forma

Make a plan to distribute and collect consent forms

- Homeroom consent drives
- Immunization/sports physicals events
- Colored consents to indicate when consent forms were distributed (to track which outreach efforts are most impactful)
- SBHC tours as part of health classes

Understand your sponsor/SBHC’s billing processes
NUT & BOLT
High Quality Practice

• Measuring Quality Indicators
• Effective Data Extraction and Reporting
• Routine Workflow and Data Analysis
How will we know what works?

What does success look like?

How do we demonstrate our impact?
Poll: Trivia Questions

When was the first national SBHC census?

A. 1978  B. 1985  
C. 1996  D. 2001
SBHC PARTICIPATING IN QUALITY BENCHMARKS AND PROGRAMS

- State-defined tools/measures: 77.2%
- SBHC-developed tools/measures: 67.8%
- Healthcare Effectiveness Data and Information Set (HEDIS) measures: 65.3%
- Recommended core set of child health quality measures (CHIPRA/Medicaid): 55.3%
- Sponsor-defined tools/measures: 54.4%

Data from 2013-14 National SBHC Census
Quality Counts

Challenging the SBHC field to adopt the first ever set of standardized performance measures
Measure Selection

- Sensitivity
- Importance
- Feasibility
- Usability

- CHIPRA
- SBHC Funders
- CMS
- UDS
- HEDIS

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Other Performance Measures

- Seat Time Saved
- SBHC Student User Survey
- Chronic Absenteeism
- Immunizations
- Social Determinants of Health Screening
Quality Counts
Clinical Performance Measures QI Toolkit

https://tools.sbh4all.org/quality-counts/quality-counts-home/

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Frequently Asked Questions

What are some promising strategies I can use to increase the number of SBHC patients who receive an annual well-child visit?

How do I document the well-child visits that happen outside of my SBHC?

- Check your regional or state health information exchange registry. Some regions and states have a health information exchange or registry where information on care received is publicly available.
- Build relationships with providers in your community. Meet with them to tell them about the services your SBHC offers, your interest in coordinating care with them, and the specific information you’d need from them about WCVs.
- Ask the client, the client’s family, primary care provider (PCP), school nurse and/or school record system if that client received a WCV during the past 12 months.
- Create a process to document and extract data. If you’re entering WCVs performed outside the SBHC as a note, narrative, or comment field in your EHR, convert those to discrete fields so you can extract that data more easily.

How can I tell if a well-child visit completed outside of my SBHC was comprehensive?

https://tools.sbh4all.org/quality-counts/quality-counts-home/
Quality improvement efforts can be sustained with quality systems that collect and report data you need.

The right information is actionable, and can be shared with clinic staff, sponsors, and key stakeholders.
ELECTRONIC HEALTH RECORDS (EHRs) & TEAMWORK
QUALITY IMPROVEMENT DATA PURPOSES

**Research**
- Hypothesis, measure, analyze, report

**Judgment**
- Audit, inspect, maintain standards, often for public good

**Improvement**
- We fix our work ourselves, with our ideas and our approaches
Garbage In = Garbage Out
TIPS AND RESOURCES

EHR

- Verify that procedure/diagnosis codes are in the EHR.
- Convert text fields to discrete fields.
- Build customized reports and data queries.

https://www.sbh4all.org/current_initiatives/nqi/preparing-to-participate-general-tips
ROUTINE WORKFLOW TIPS

STAFF EDUCATION

Conduct in-service training for SBHC/sponsor staff on Sustainable Business Operations including:

- coding, EOBs, billing and collection
- P&P
- utilization, reimbursement & efficiency
ROUTINE WORKFLOW TIPS

STAFF PRODUCTIVITY EXPECTATIONS

• Clearly define productivity “aka what is required to keep the lights on”
• SBHC Cost Center
• Provide staff monthly expense & revenue reports
DATA ANALYSIS TIPS

WORKING WITH PARTNERS

Meet regularly (i.e. huddles, advisory committee)

Share a simplified report with partners

• What services do students need

• What are the SBHC expenses

• What are the SBHC sources of income

Work together on ways to reach students and increase utilization to ensure availability of continued services
HIGH QUALITY PRACTICE IN ACTION

1. Consider adopting the National Performance Measures

2. Work with sponsor organization to create a cost center for your SBHC

3. Consider implementing regular meetings for QI
A MODEL FOR EXCELLENCE IN SCHOOL-BASED HEALTH CENTERS

Strong Partnerships
Sound Business Model
High Quality Practice
LET’S TAKE A BREAK
TODAY’S FACULTY

Clifton Bush, MSM
Chief Operating Officer
AAPHC
Visit Bio

LaVenice "Vince" Grace
Principal of the “Premier” Turner Elementary School
Albany, Georgia
Visit Bio
Albany Area Primary Health Care, Inc.

School Based Health Centers... What’s the Deal?

Clifton Bush, MSM, Chief Operating Officer
May 17, 2022
Information about AAPHC

• Corporation initially established in 1978 and current institution was incorporated in 1979.

• Grant for FQHC Grant to develop clinic in Lee County was based on thesis project regarding lack of care for women and babies in the community, particularly prenatal care. AAPHC did not implement OB services until 2009...thirty years later.

• AAPHC had three locations in 1982 and has grown to include 18 clinical locations, 2 adjunct locations, 8 school-based sites and 1 administrative site.

• AAPHC opened the doors to it’s inaugural School-Based Health Center in March 2013.
AAPHC SBHC Sites

- Turner Elementary SBHC
- Alice Coachman Elementary SBHC
- Robert Harvey Elementary SBHC
- Live Oak Elementary SBHC
- Dooly County SBHC
- Albany Middle SBHC
- Terrell County SBHC
- Mitchell County SBHC
SBHC Services

- Primary Care Services (Adults & Pediatrics)
- Dental Services
- Optometry/Vision Services
- Behavioral Health Services
- Transportation Services (via school bus systems)
- Mobile Health Services
Turner Elementary SBHC *(inaugural site)*

- Approximately 500 students
- Approximately 50 Faculty & Staff
- Grades K-5
- 99% free and reduced lunch
- Over 90% African American
- Less than 5% utilize English as a Second Language
Why an FQHC as a Sponsoring Agent?

- Prospective Payment System
- Community Involvement
- Federal Grants- HRSA, NAPs, etc.
- Sliding Fee Scale Program
- Medication Programs
- FTCA- Malpractice
SBHC Set-up...What Does It Take?

- Needs Assessment
- School Location
- School System & School Support
- Parent Involvement
- Sustainable Staffing Model
- Engagement & Consistency
## Just the Numbers – Initial Start-up

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<th>Initial Budget Needs</th>
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*After initial start-up, patient revenue is expected to cover all expenses; this has been the case for AAPHC.*
SBHC Planning

- Emory Urban Health Program Planning Grant – March 2011
- Advisory Board Developed
- School System Involvement
- School Selection Process (potential sites, education, needs assessment)
- Target Site Selected
- Promotion/Marketing for SBHC
SBHC Sustainability (Financials)

- Medicaid and CMO Enrollment
- Sliding Fee Scale and the SBHC
- Collections - How Do We Make It Happen?
- Faculty and Staff - How Do We Handle Insurance?
- Billing Assignments - SBHC
- Communication
- Chart Auditing and Peer Review
- Credentialing
SBHC Sustainability

- Student/Staff Enrollment
  - Consent forms distributed prior to start-up
  - Poster Contests & Prizes for Students
  - School Activity Involvement (PTO, etc.)
  - Relationship with School Administrators

- Wellness Campaigns (Flu Vaccinations)

- Focus on Well Child Exams for all engaged students

- Annual Health Fair Event

- Faculty/Staff Engagement
  - Promotional activities (i.e. Adult Health Month)
Coming Soon...

Albany Area Primary Health Care, Inc. (AAPHC) in cooperation with the Dougherty County School System and Network of Trust School Nurse Program, is excited to announce a new primary care clinic for the children of Turner Elementary!

Your children will be able to access direct medical services right here in the school. Once parental consent is provided, the medical team from AAPHC may provide on-site care to them. This includes: well-child checks, immunizations, and sick visits.

For more details, please see our informational brochure in the school office or call us at 229-435-9934.
With the school based health center, you now have the opportunity to get your child’s well child exam done at Turner Elementary School-Based Health Center.

Please place a check in the box below to let us know if you would like for your child to have their Well Child Check done at the Turner Elementary School-Based Health Center.

If yes, we will call you to schedule an appointment!

☐ YES  ☐ NO

CHILD’S NAME ___________________________  GRADE ______

HOME # ___________________________  CELL # ________________

PARENT/GUARDIAN Name ___________________________

We will be glad to call you to provide more information on the well child check process before you make a decision. Please let us know if you would like a phone call to discuss this by checking here: ☐
Alice Coachman Elementary
School-Based Health Center

Attention 5th Grade Parents:
Get your Child’s Wellness Exam
BEFORE they move to middle school!

School is in full swing and before you
know it the school year will be over!

You have the opportunity to get your child’s well child exam
(including immunizations) done at Alice Coachman Elementary
School-Based Health Center before he/she takes off to middle school!

Please place a check in the box below to let us know if you would
like for your child to have their Well Child Check done at the
Alice Coachman Elementary School-Based Health Center.

If yes, we will call you to schedule an appointment!

☐ YES    ☐ NO

CHILD’S NAME ___________________ Date of Birth _________

HOME # ___________________ CELL # ___________________

PARENT/GAURDIAN Name _______________________

We will be glad to call you to provide more information on the well child check process before you
make a decision, please let us know if you would like a phone call to discuss this by checking here. ☐
May is Adult Health Month at AAPHC’s School-Based Health Centers

Have you had your annual wellness screening completed? Did you know that it is a requirement for SHBP Wellness program insured members? It's also a great way for everyone to stay as healthy as possible. Even if you are not sick, annual wellness screenings can help catch any underlying health issues before they become a much larger problem. The SBHC staff can help!

******************************************************************************

You now have the opportunity to get your annual health exam done at Your School-Based Health Center!

Please place a check in the box below to let us know if you would like to have your annual exam (if not already completed by another provider) done at the School-Based Health Center.

If yes, we will call you to schedule an appointment!

☐ YES □ NO

NAME ______________________

Contact # ________________  Preferred Appt Time □ AM □ PM

We will be glad to call you to provide more information on the annual exam requirements before you make a decision, please let us know if you would like to discuss this by checking here: ☐

Please return this form to the SBHC or to the location assigned by your school for SBHC communications.
Germs don’t take school breaks! Help keep your child from getting the flu this year by having them vaccinated!

Flu Vaccines are now available at Turner Elementary SBHC

The Turner Elementary School-Based Health Center now has flu shots available for students and faculty. We will work with school officials to offer a schedule for vaccination to ensure the children have access to obtain the vaccine with parental permission. Please see the following consent form which is required for your child to be vaccinated. If you have any questions, please contact the clinic office at 435-9934.
School-Based Health Center
Art Contest

Help us decorate the School-Based Health Clinic

Each 3rd, 4th and 5th grade student is eligible to submit a poster art project for this contest. The poster topic is "How to be a Good Friend."

There will be one winner from each grade level & one overall grand prize winner!

Grade winners will receive $20 gift cards each & the Grand Prize Winner will receive a $50 gift card!!!

Entries must be submitted by Friday, September 27th & the winners will be announced on Friday October 4th.
School-Based Health Center
Art Contest

Help us celebrate dental health!

Each student is eligible to submit a poster art project for this contest.

The poster topic is “Join the Super Smile Team.”

There will be one winner from each grade level & one overall grand prize winner!

Grade winners will receive $20 gift cards each & the Grand Prize Winner will receive a $50 gift card!!!

Entries must be submitted by Friday, January 30th and the winners will be announced on February 6th.
20% OF PEOPLE LIVING WITH HIV DON'T KNOW IT

24K

AN ESTIMATED 820,000 CASES OF GONORRHEA OCCUR ANNUALLY

WOMEN WHO BECOME INFERTILE FROM STDs YEARLY

Testing Dates: APRIL 9th & 11th
At: Terrell County High School

The Terrell County School-Based Health Center will be conducting voluntary & confidential STD (chlamydia and gonorrhea) & HIV testing for students of Terrell County High School. All 9th – 12th graders can be tested confidentially (GA CODE § ANN. 31-17A-2). Testing will be conducted on a completely voluntary basis and will be strictly confidential. Treatment services will be available by referral or through the SBHC.

It is our hope to bring awareness and education to this vulnerable population.
Telehealth, Vision and Dental

- We utilize telehealth services for primary care and behavioral health services

- Vision services started through a grant provided by the OneSight Foundation. Full vision service program

- Dental services started through a grant provided by the Delta Dental Foundation in 2014.
SBHC Transportation and Mobile Unit Services

- The School Systems that we work with provide transportation services so that all the students within the school system have access to all the SBHC services.
- MOU and Consent Form - Transportation Services
- Mobile Unit Services
  - Primary Care
  - Optometry
  - Dental Services (Coming Soon)
## Current Productivity Data - Turner Elementary SBHC

### Medical Services

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## Productivity for all SBHC Sites

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Establishing Health Outcomes Benchmarks

**Asthma**
- Asthma Severity
- Asthma Assessment
- Asthma Action Plan
- Pharmacological Therapy
- Annual Flu Vaccine

**Obesity**
- BMI
- Blood Pressure
- Lipid Profile
- Hemoglobin A1c

**Health Maintenance**
- # Health Checks
- Screenings for Behavioral Health/Development
- Immunizations
Asthma Quality Data 2014-2015

Percentage of patients on Asthma Pharm Therapy

August: 96%
September: 97%
October: 99%
November: 100%
December: 100%
January: 99%
February: 100%
March: 100%
April: 100%
SBHC Health Maintenance Data 2014-2015

- Number of students enrolled in the health center
- Number of Health Checks
- Number of patients fully immunized
- Number with Menactra, 1 dose
- Number with Menactra, 2 doses
- Number with HPV, 1 dose
- Number with HPV, 2 doses
- Number with HPV, 3 doses
- Number with T-DAP

2nd Quarter 2014-15 (Nov, Dec, Jan) Albany
3rd Quarter 2014-15 (Feb, March, April) Albany
Supplementary Programs

- **Hallways to Health** *(Obesity Prevention, Social & Emotional Health, and Employee Wellness)*
- **District Wellness** *(local & beyond)*
- **Fuel Up to Play 60** *(school nutrition and exercise program)*
- **SHAPE America Grant** *(Wellness & Physical Fitness)*
- **Alliance for A Healthier Generation** *(Healthy Habits)*
- **SBHA DASH Project**
- **Others** *(YMCA Yoga, Employee Breakfast)*
School & System Administration

- Remember it’s always about people
  
  Build those relationships
  
  Who are the key players?
  - Principal
  - Assistant Principal
  - School secretary
  - PE teacher
  - School counselor
  - School nutrition
  - Janitorial staff
Thank You!
Questions & Answers
Delivering Innovative Healthcare to Rural West Virginia via School-Based Health

Presented by:

Patricia Collett, PA-C
Chief Operations Officer

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Assistant Superintendent,
Upshur County Schools
Description of School-Based Services

Community Care of West Virginia established their first school-based health centers in Clay County in July 1995. Currently, Community Care has 54 school-based health centers in Braxton, Clay, Harrison, Lewis, Randolph, Upshur, and Pocahontas counties, including services provided at West Virginia Wesleyan College and Davis & Elkins College.

Services have included:
- Chronic health management
- Acute care
- Basic dental services
- Behavioral Health services
- Addiction & Recovery services

While all services are not provided in each county, fully-integrated services are available to students through a partnership with Upshur County Schools.
Timeline of School-Based Services

- **July 1995**: Established 1st School-Based Health Center. Opened first school-based health centers in Clay County.
- **October 2012**: School-Based Expansion Begins. Began expanding school-based health centers into other West Virginia counties.
- **September 2017**: Behavioral Health Services Provided & PAX Implementation. Implemented the PAX program in schools by providing training in Braxton County. Expanded in SBHC in Lewis County in Fall 2018 and Upshur and Clay counties in Fall 2019.
- **April 2018**: School-Based Dental Services. Dental Hygiene Program, established through a grant, to provide basic dental hygiene services to students in Braxton, Harrison, Lewis, Pocahontas, and Upshur county schools. Grant funded for one academic year.
- **September 2020**: PALS Wellness Center. Launched the PALS through a partnership program with Upshur County schools. This integrated program included Education and Addiction & Recovery Services in one location.
School-Based Health
Current Program Enrollment

County School Enrollment (public schools)
2021-2022 Academic Year
Braxton County: 1,715
Clay County: 1,624
Harrison County: 10,231
Lewis County: 1,826
Pocahontas County: 861
Upshur County: 3,475
Total: 19,732

2021-2022 Academic Year
Enrollment in School-Based Health
Students Enrolled: 13,091
(66% of total student enrollment)

Well Child Visits To-Date: 1,410
Provider Visits To-Date: 7,864

*enrollment numbers do not include virtual students.
School-Based Health Centers

Buckhannon-Upshur High School
(Upshur County)

French Creek Elementary School

Braxton County High School
Upshur County Schools – Student Demographics

Number of Students Enrolled: 3,941
(includes virtual students)

Male/Female Ratio: 594/606

Socio/Economics: 52.74% of students are living in households below the poverty level.

Racial/Ethnic Groups - Total Numbers:  
Asian: 10  
Black: 30  
Hispanic: 49  
American Indian/Alaskan Native: 2  
Multi-Race: 42  
White: 3,808

2021 – 2022 Academic Year – Upshur County Schools

Behavioral Health Visits: 691
Addiction & Recovery Treatment Visits: 25
Medical Visits: 4,438
TODAY’S FACULTY

Tammy Greenwell, MPH, CPHQ, CPME
Chief Operations Officer
Blue Ridge Health Organization
Visit Bio

Deborah Calhoun, MPH
Director of Community Partnerships
United Way of Asheville and Buncombe County
Visit Bio
Blue Ridge Health School-Based Services

- 7 county service area in Western North Carolina with over 30 SBH sites
- Sites are a combination of:
  - Physical locations with comprehensive services
  - School-linked services
  - Telehealth (medical) services
  - Tele-mental health services
  - Behavioral health only onsite
How did we get started?

- Blue Ridge Health has utilized a school-based health services model of care since 1996
  - Original funding through federal 330 grant program
  - “Speak Out For Kids”
- From 2008 - 2011, we began expanding our program in Henderson County from (1) site to (4) traditional, comprehensive models
- Since 2011, expansion has taken many forms and models and spread to different counties
- This growth is due to overall organizational growth to multiple counties, embracing the SBHC model of care, and being responsive to school needs and providing support in those communities with the highest needs
What have we learned (and continue to learn)?

• Determined staffing models over time for efficiency and cost effective care
• Begin with Behavioral Health services and then expand primary care
• We rely on start-up funding for our first 2-3 years until the school-based health services model of care becomes sustainable
  ➢ Partnerships with funders = success
• Leverage FQHC/CHC Infrastructure:
  ➢ Billing for services under PPS rate
  ➢ HRSA Grant opportunities – NAP, SB-specific grants, others that fit model of care
  ➢ Mobile dental and vision screening
  ➢ Linkage to local CHC in service area as Medical Home/EMR integration
  ➢ Teaching Health Center – access to residents for SBHC
• Partnerships must be maintained, don’t take them for granted! (both new and old)
  ➢ Update MOU and BAA language to clarify FERPA versus HIPAA
  ➢ Be flexible to the needs of your partners – be a good listener!
COVID Pivots – we will keep!

• Continue to support COVID-19 testing, vaccinations/boosters, provide masks and in-home testing kits for families
• Assist students and families with missed medical care:
  • Well Child Care
  • Immunization needs (work with school nurses)
  • Other missed care during COVID-19
• Continue offering flexibility for medical and behavioral health services
  • Hybrid models between school and home
What partnerships have been successful?

Partnerships:

• Schools – Providing SBHC sites and services, training for school teams, building protocols together, support the whole school/community/child
• Collaborative agencies – Behavioral Health, PCPs, other FQHCs
• Associations – SBHA, NCSBHA, NACHC, state PCA – share resources and knowledge with others
• Funders – local, regional, state, and national – Dogwood Health Trust, NCORH, NCDPH
• *Newest Partner* - Full Service Community School partnership - UWABC
United Way of Asheville and Buncombe County

UNITE PEOPLE. IMPROVE LIVES. STRENGTHEN COMMUNITY.
Community Schools

Public schools that partner with families and community organizations to provide well-rounded educational opportunities and supports for student and family success.
Community Schools

Four Pillars of Community Schools

- Integrated Student Supports
- Expanded and Enriched Learning Time and Opportunities
- Active Family and Community Engagement
- Collaborative Leadership and Practices

Full Service Community Schools

- Coordination of academic, social, and **health services** through partnerships.
By 2035, ALL Asheville City and Buncombe County students graduate from high school ready and fully prepared to pursue their goals and dreams.
Thank you!

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Questions & Answers
SBHC RESOURCE HUB

https://www.sbh4all.org/resources/

• The Blueprint – tools, examples, guides, and helpful resources
• Clinical Performance Measures QI Toolkit
• Sustainable Business Practices Toolkit
• School-Based Telehealth Playbook
• Vaccines and Immunizations
• Hallways to Health Playbook
• School Oral Health Playbook
• Children’s Health & Education Mapping Tool
• Health Care Transition
• TA & Consulting
• And More!
Since 1995, the School-Based Health Alliance (SBHA), a 501(c)(3) nonprofit corporation, has supported and advocated for high-quality healthcare in schools for the nation’s most vulnerable children. Working at the intersection of healthcare and education, SBHA is recognized as a leader in the field and a source for information on best practices by philanthropic, federal, state, and local partners and policymakers.

Among its primary functions, SBHA:
- Establishes and advocates for national policy priorities
- Promotes high-quality clinical practices and standards
- Supports data collection and reporting, evaluation, and research
- Provides training, technical assistance, and consultation

Why is School-Based Health Care so important?
Health is a critical factor in setting our children up for success in life inside and outside of school. School-based health centers (SBHCs) increase access to health care, contribute to positive educational outcomes, reduce emergency room use, lower Medicaid costs, and expand access to mental health services.

School-Based Health Centers
The Intersection of Health and Education

Healthy Benefits
Services that SBHCs Provide

https://www.sbh4all.org/what-we-do/
School Nursing & School-Based Health Centers in the United States: Working Together for Student Success

Conference will include:

- Opening session begins June 27 at noon ET
- “School-Based Health Alliance Resources, Tools, and Technical Assistance Hour” each morning
- Keynote speakers and workshops will feature experts on a wide range of topics
- Poster session
- Earn a maximum of 6 CE hours for workshop sessions
- And more....

Visit our website for more information: www.sbh4all.org

Register Now to Reserve Your Spot!
Spaces are Limited
Thank you!

Do School-Based Health Models Expand Your Community Reach? Yes! Come Learn the Recipes for Success-recording will be available on the Health Center Resource Clearinghouse. https://www.healthcenterinfo.org

Contact Us: School-Based Health Alliance info@sbh4all.org

Workshop Evaluation