

A Guide to Opening a School-Based Health Center in Vermont



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We believe in keeping
kids healthy at school.



Preface

This is a guide for health professionals, school administrators, and those who are interested in starting or expanding a school-based or school-linked health center (SBHC) in Vermont. Much of the information for this manual was gathered from another manual, produced by the Colorado Association for School Based Health Care, entitled, "Opening a School Based Health Center in Colorado", adapted with their permission.



Table of Contents

Chapter 1: Overview	5
1. Why are SBHCs important?	
2. The Vermont Story of SBHCs	
3. Models of SBHC in Vermont	
4. Types of Services	
◦ Medical	
◦ Mental Health	
◦ Oral Health	
5. Frequently Asked Questions	
Chapter 2: Community Planning	9
1. Key Stakeholders	
2. Community Advisory Committee	
3. Student Advisory Committee	
4. Community involvement long term	
Chapter 3: Business Planning/Needs Assessment	13
1. What is a business plan and what does it include?	
2. Needs Assessment	
3. Utilizing results of Needs Assessments	
Chapter 4: Governance and Management	19
1. Sponsoring Agency	
2. Memorandum of Understanding	
Chapter 5: Operations	22
1. Location	
2. Equipment	
3. Medical Records	
4. Billing	
5. Hours	
6. Confidentiality, Consent, and Enrollment	
7. Standards of Care	
8. Telehealth	
Chapter 6: Finances & Sustainability	27
1. Funding	
2. Sustainability	
3. Marketing	
Chapter 7: Data Collection, Reporting, and Evaluation	32
1. Types of Data Collection	
2. Evaluation/Quality Improvement/How to Measure Success	
Chapter 8: Networking with Local, State, and National SBHC Partners	41
Appendix	43



Chapter 1: Overview

Why are SBHCs important?

School based health centers bring primary care to the place where children spend most of their time: school. Parents benefit because their children can get prompt treatment for their care without them missing out on work or other commitments. Students and teachers benefit because children spend more time in class, and less time away from other important in-school services and resources such as special education services, access to school meals or school counselors. Proven advantages associated with SBHCs:

- Direct access to health care providers while children are at school.
- All students are served, regardless of their insurance or primary care provider.
- Less missed class time for medical appointments since services are in the school.
- Parents do not have to miss work to take their child to medical appointments.
- Reduced transportation barriers in seeking health care.
- Risky behaviors are identified and addressed.
- Students learn how to be effective consumers of health care in a non-intimidating environment.
- Ability to identify students who may not be accessing recommended preventive services and helping them to engage in care with a medical home.
- Opportunity to promote protective assets through use of a strength-based approach.
- Monitoring and adjustment to care plans for new or existing chronic health conditions to ensure students have best possible outcomes and are not missing school for preventable reasons.

Why are SBHCs important?

Proven Effectiveness of SBHCs SBHCs have proven to be effective points of entry into the health care system for children because they lower barriers to accessing care. In addition:

- SBHCs reduce overall healthcare costs¹
- In schools where there is a SBHC students have
 - Improved vaccination rates
 - Improve asthma management²
 - Better preventive care²
 - Decreased emergency room visits²
 - Improved academic outcomes³
 - Decreased truancy³
 - Improved graduation rates³
 - Reduced transportation barriers

The Vermont Story of SBHCs

The first SBHC was started in the 1990s in South Royalton and was funded through a Robert Wood Johnson Grant. Since then, the model has expanded across the state. Vermont has a proud history of strong medical homes. Most children in Vermont have a primary care provider. For this reason, SBHCs do not replace primary care, they enhance primary care. Because of this, SBHCs in Vermont often look different than they do in other states. Rather than operating full time, most operate a few days per week and are staffed by providers from local primary care offices. This model allows for collaboration between medical homes and schools. See Appendix A for where SBHCs currently exist in Vermont. Telehealth is an evolving service that is just emerging in schools in Vermont, see Chapter 5 for more information about Telehealth.

1. Arenson M, Hudson PJ, Lee N, Lai B. The Evidence on School-Based Health Centers: A Review. *Global Pediatric Health*. 2019;6:2333794X19828745.

2. Bersamin M, Garbers S, Gold MA, et al. Measuring Success: Evaluation Designs and Approaches to Assessing the Impact of School-Based Health Center. *Journal of Adolescent Health*. 2016;58(1):3-10.

3. Guo JJ, Wade TJ, Pan W, Keller KN. School-based health centers: cost-benefit analysis and impact on health care disparities. *American Journal of Public Health*. 2010;100(9):1617-1623.

Types of Services

Services vary between SBHCs in Vermont, but may include:

Medical

- Diagnosis and treatment of illness and injury
- Management of chronic conditions, such as asthma, ADHD and diabetes
- Immunizations • Laboratory tests • Comprehensive reproductive health services
- Referrals and coordination of outside services such as x-rays, medical specialists, and other services not available at the SBHC
- Linkage and referral to medical home for recommended preventive care

Mental Health

- Mental health screening
- Behavioral assessments
- Crisis intervention
- Behavioral health providers/counselors

Oral Health

- Tooth Tutor Services/802 Smiles
- Dental Van from Local Dental Office
- Linkage and referral to dental home for recommended preventive care

Frequently Asked Questions

How do parents feel about SBHCs?

Parents appreciate SBHCs because they miss less work and their children can receive care quickly.

Do SBHCs interfere with parental authority?

No. SBHCs require the parent or legal guardian to sign a consent form before their minor child may receive services in the SBHC. SBHCs take the approach that the provider, parents, and child should work together to resolve health problems.

Do health centers take money away from classrooms?

No. SBHCs get their funding from many different sources, including sponsoring agencies and insurance billing. Schools generally provide only in-kind support to their health centers, such as space, utilities, and custodial services.

How are SBHCs in Vermont funded?

Vermont SBHCs are funded through a mix of resources, including: support from the sponsoring agency, insurance billing, and in-kind support. All SBHCs are encouraged to develop a diversified funding base so they are not overly dependent on one source.

Shouldn't schools just focus on education?

Schools cannot do their job of educating if students are not in school or are unable to concentrate because of pain or other health problem. Research shows that students who use SBHCs are less likely to be absent or tardy and more likely to graduate or be promoted than nonusers³.

Do SBHCs eliminate the need for school nurses and school counselors?

No. SBHCs do not replace school nurses or counselors. Rather, they complement services already being provided by placing additional resources in the schools. School nurses and counselors are vitally important to comprehensive health care for students. SBHCs may also provide an opportunity to address or update school nurse care plans for students and help ensure they have the most current plan of care.

Do SBHCs take patients away from local providers?

No. SBHCs collaborate with and make referrals to community medical providers to coordinate preventive services or for follow up care when needed. SBHCs are another entry point into the community's health care system for children who may not otherwise be able or willing to seek help outside the school.

What age groups do SBHCs serve?

SBHCs are located in preschools and elementary, middle, and high schools.

Chapter 2: Community Planning

Planning for any SBHC needs to start with the community that it plans to serve. It is important to involve key community members in creating an advisory committee.

Key Stakeholders

- **School Administrators:** The school district should be an active participant in the planning process because the health center will be located on school property. The SBHC is a guest in the school, and education leaders should be involved in planning from the beginning – especially the principal and the school nurse. Engaging administrators is important for creating programs or promoting existing programs.
- **School Boards** In order to have an SBHC on school property, the approval of the school board is typically needed. The school board may be helpful in securing funding and assuring operational success.
- **School Staff** School staff, including school nurses, teachers, school counselors, school psychologists, and school social workers have a great deal of contact with students and parents and therefore are influential in encouraging them to support and utilize the health center. School staff members are great resources for determining what types of services students most need and advising SBHC staff on operating an effective program within the school building.
- **Community Leaders** Including community leaders can help in fundraising efforts as well as in building community support. These leaders can include business owners, members of civic clubs, legislators, members of the media, religious leaders, judges, or other influential women and men in the community.

Key Stakeholders

- **Parents/Caregivers:** Parents are important to involve from the beginning because they can be influential in encouraging students to use the health center. They can also become powerful advocates for SBHCs on national, state, and local levels. In addition, any objections or concerns parents may have about the health center are best dealt with during the planning stage.
- **Youth Students** are helpful in the planning process when the target market is middle and/or high school students. Involving youth in the planning process is essential to understanding the services most valuable to them. Youth who are involved in the planning process will also promote the SBHC to their peers once it is operational. Students who are involved in planning their SBHC gain valuable leadership skills.
- **Healthcare Providers** It is important to gain support from health care professionals in the community, including practicing healthcare providers, mental health providers, and dentists. It is important to communicate to these individuals that SBHCs do not take business away from local providers. In fact, referrals from SBHCs can increase the business of local health care providers. See Appendix B for a sample letter to community providers.
- **Public Health Officials** Public health offices can be great partners in planning, providing data for the needs assessment, identifying community health care professionals to involve, and determining the types of services the health center should provide. The SBHC and the local health department should coordinate rather than duplicate provision of mandated health services. School Liaisons and Public Health Nurses in the 12 District Offices located regionally around the state are important to involve in the planning and advising of SBHCs. They often broker relationships with local healthcare providers
- **Community Organizations & Leaders:** Community leaders are an important group that should also be considered during the planning phase. Including them can help in fundraising efforts as well as in building community support. These leaders can include business owners, members of civic clubs, legislators, members of the media, religious leaders, judges, or other influential women and men in the community.

Establishing a Community Advisory Committee

The participation of the community in the planning and operation of the SBHC should be formalized through the establishment of a community advisory committee (CAC). A representative, supportive CAC is essential for the successful development and operation of an SBHC. CACs are comprised of a diverse group of community members, including the groups mentioned above. CACs should strive to reflect gender and racial/ethnic diversity. CACs provide guidance and advocacy and assist with the identification of resources and funding. CACs can play a major role in helping school districts develop effective school health programs. CACs are often asked to review and endorse budgets, the scope of services, hours of operation and other policies, client satisfaction, staffing plans, community partnerships, and advocacy efforts. CACs could generally include the following:

- One of the SBHC's licensed medical providers
- School principal
- Teacher
- School board member or district administrator
- School nurse
- Representative from the local medical community
- Community mental health professional
- Dental health professional
- Public health professional
- Community members, such as business, civic, religious, and/or political leaders
- Parents, such as a representative of the parent group
- Students, when age-appropriate

Many school districts in Vermont already have established school health teams reflecting the domains of the Whole School, Whole Community, Whole Child Framework. It is important to engage this team to ensure efforts are aligned.

Student Advisory Committee

Involving youth in the planning and decision-making process of the SBHC is very important because it can enable a better understanding of adolescent health issues facing the community. Many youth are willing and able to get involved, but adults typically overlook them as a resource. To involve youth in the planning process, a separate student advisory committee (SAC) may be considered. A SAC often consists of 6-10 youth who meet regularly and make recommendations to health center staff. Youth can be intimidated speaking among a group of adults. Therefore, SACs are a great way to get youth feedback and help prepare youth to become future members of the CAC. The success of a SAC greatly depends on the level of support and mentorship provided by the organizers. A few resources for engaging and working with youth to consider are offered by Vermont Child Health Improvement Program.

Community Involvement Long-Term

Establishing a CAC, starting a SAC, and conducting a needs assessment, (see Chapter 3), are all ways to get the community involved in the SBHC. As mentioned previously, these activities are important to ensuring adequate support for a new health center. However, maintaining that community involvement long-term is essential to the SBHC's ongoing success. Ideas for maintaining community involvement include the following:

- Host an open house at the beginning of each school year so that students, parents, and community leaders are familiar with the SBHC. Many schools have a fall open house that SBHC representatives could be present at as well.
- Make sure the CAC members continue to meet regularly and represent different viewpoints and backgrounds.
- Keep CAC and SAC members informed on how their ideas were implemented.
- Create a health newsletter that lets students and parents know what is happening in the SBHC.
- Plan a round-table luncheon twice a year with members of the health community.
- Ask members to serve as speakers on behalf of the SBHC program.

Chapter 3: Business Planning & Needs Assessment

A business plan is a written guide that defines the business; presents the vision, goals, and objectives; and outlines the path to operational success and financial stability. It serves as an important communication tool to inform key stakeholders, including potential funders, of the clear and compelling case for the project. A well-written business plan that makes the case for the business and describes the resources needed to accomplish the goals can be helpful for fundraising and marketing. A complete business plan includes the following components: executive summary; market analysis, including a needs assessment; description of sponsoring organization; mission, vision, goals, and objectives of project; management structure; operations plan and description of products or services; marketing strategy; financials; and appendices.

The appendices should include:

- Most recent audited financial statement of sponsoring agency, including at least a balance sheet and profit and loss statement.
- Organizational chart
- Resumes of key team members.
- Job descriptions for all SBHC positions
- Copies of professional licensure of SBHC providers
- Memorandum of agreement (MOA) between licensed medical provider and school district (see Appendix C)
- Sub-contracts for specific services, such as laboratory, behavioral health, dental, and pharmacy services
- Copy of 501(c)(3) designation if sponsoring agency is a private, non-profit organization

Strategic Plan

A strategic plan describes the goals of the SBHC over the next year or so and how to get there. It is generally an internal document used to achieve its goals, whereas a business plan is used to describe the financial, marketing, and operational goals of the new service or program to stakeholders and potential investors.

Needs Assessment

A “needs assessment” is a tool to determine the needs and priorities of the target market as well as the best methods for addressing those needs. Needs assessments can include surveys, focus groups, interviews with community leaders, or other strategies developed to gather information. In conducting such an assessment, it is important to identify community assets, as well as service gaps that may exist in the community's health care delivery system. It is also important that the needs assessment gather information about the ways the community's culture and history influence people's views about health care. (For example, to what degree are the members of the community in favor of nontraditional health care systems? How might those beliefs influence people's willingness to use the SBHC?) Needs assessments answer questions about the type of services the health center should offer and how to structure those services, so they fill gaps that are experienced by the target population.

What we hope to learn from a Needs Assessment

- What are the specific health problems the community faces?
- What do the students and or families voice as their biggest health problems and/or concerns?
- What kinds of services would address the identified needs?
- What community and school health resources already exist?
- Which health facilities are used most and why?
- Are there services in the community that could meet these needs that are not being utilized and why are they not being utilized?

What we hope to learn from a Needs Assessment

- Is the community satisfied with the current set of services?
- How well are services coordinated? How might coordination of services be improved?
- What service gaps exist?
- What are the barriers students and families experience in accessing the services they need, such as hours of operation, transportation, language barriers, and available appointment times?
- In what ways do language, race, and culture influence people's views about health issues in the community?
- Would the SBHC services be utilized by the target population?
- Would the SBHC or another service model be best suited to meet student needs?

Strategies for Answering Needs Assessment Questions

There are many ways to answer the questions listed above. Different needs assessment strategies will probably need to be used to get all the answers. This section presents four approaches to collecting information.

Existing Data

Existing data should be gathered before collecting new data to avoid duplicating the effort of other agencies and wasting resources. Data concerning the health and well-being of the community will help determine the students' health care needs. It will also prove helpful later when writing grant proposals. Existing data may come from a variety of sources, including the following:

Existing Data

- Census Data-information on geography, population, housing, and economics of a particular area
- Vital Statistics-data from the Vermont Department of Public Health and Environment on causes of mortality and morbidity as well as birth rates for a defined population
- Results from the most recent Youth Risk Behavior Survey can be an important source of data. Also consider data from the local Vermont School Nurse Report (available from School Liaisons), School Health Profiles and annual school vaccination coverage data.
- Vermont Agency of Education-academic performance indicators by school district and individual school, as well as school safety and discipline records, free and reduced-price lunch eligibility, etc.
- School District Offices-school nurse records, including immunization rates, number of students with asthma, disabilities, and other chronic conditions.
- Local Chamber of Commerce-information on industries and major employers in the community
- Local Journals and Newspapers-articles pertaining to local health concerns and existing programs

Student Survey Data

Local and state agencies may conduct assessments of health risk behaviors of students, such as tobacco, alcohol, and drug use, as well as mental health concerns. The Youth Risk Behavior Survey (YRBS) is conducted biennially in Vermont by the Department of Health. This information is available at: <https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrb>

Focus Groups

In addition to collecting statistical data about the community, it is important to gather information about the community members' needs and wants. A focus group is one strategy for collecting that information. A focus group is a meeting of about ten people during which a moderator asks questions about a particular topic. It can be a good way to gather feedback relatively quickly, but the results may reflect only the opinion of the people present. It is an excellent pre-cursor to a survey because it can help refine future survey questions and topics. It is also a good way to collect information about cultural values and concerns.

Frequently, subtle types of information will come out more readily in a focus group than in the more traditional forms of needs assessments, such as surveys. Depending on the budget, a consultant who specializes in planning and facilitating focus groups can be hired, or planners may attempt it on their own.

Perhaps the simplest way to conduct one is to start by brainstorming a set of open-ended questions on the topic for which feedback is wanted. Next, schedule group meetings of students, community leaders, policy-makers – or whoever's feedback is desired. For example, if the goal is reaching out to the community in general, include adults who reflect the ethnicities, lifestyles, and economic backgrounds of the community. Once a group has been convened, ask questions, giving everyone a chance to speak. Make sure to assign someone to take notes or record the meeting. When planning focus groups, it is important to consider issues of equity. You may consider offering meals, or babysitters, offering phone-in or video options in order to be more inclusive and welcoming to a diverse population.

Key Informant Reviews

Interviewing key formal and informal leaders in the community is an effective way to gather information on available school and community resources, programs, and gaps in services. It also provides an opportunity to discuss SBHC services and gain the support of these leaders. Leaders might include directors of the local health, probation, and social service agencies; representatives from local foundations; major employers in the area; heads of youth-serving agencies; religious leaders; local health and mental health providers; community organization representatives, including parent-teacher associations; and school nurses and counselors.

Community Surveys

A survey can be a very effective tool. Surveys of parents, students, school staff, and community members provide information about the perceived health needs of students from a variety of perspectives. Again, an outside consultant can be hired to design, disseminate, and evaluate the survey – or planners can attempt one on their own. The survey can be as simple as a brief questionnaire asking people to rank their top priorities for a new SBHC. Depending on the issue and audience, a more complex survey can also be developed with detailed policy questions. Consider utilizing local online platforms such as Facebook or Front 10 Porch Forum to gather information from more people, or post in local community hubs. (See Appendix C for sample survey ideas)

Utilizing Results of a Needs Assessment

Once all the data for the Needs assessment is collected and a preliminary analysis has been completed, it is important to summarize it in written and presentation forms so it can be shared with stakeholders. This provides the opportunity to get the “go-ahead” to establish a new SBHC, to clarify plans for implementation, to build enthusiasm among stakeholders, to cement cooperation from partner agencies, and to identify next steps. The general conclusions from the Needs assessment may also be appropriate to share with the community-at-large to build awareness and support.

Chapter 4: Governance and Management

Sponsoring Agency: School District or Medical Provider

An SBHC is a partnership between, at a minimum, a licensed medical provider and a school district. Other organizations, such as a mental health agency or a dental clinic, may be included in the partnership. Which of the partners takes the lead role and becomes the “sponsoring agency” is one of the first decisions the Community Advisory Committee (CAC) should make. The sponsoring agency takes responsibility for operating the health center, coordinates the activities of all partners, and acts as the fiscal agent. The governance and management structure defines the relationship between the sponsoring agency and other partners. It also includes a staffing plan. Determining the governance and management structure is critical to success. Funders want to be assured that the sponsoring agency is knowledgeable and experienced, that staffing levels will be appropriate, and that the staff will be qualified to provide the services.

As stated above, an SBHC is a partnership between a school district and a licensed medical provider. For practical reasons, one or the other should be designated as the sponsoring agency. Local conditions often drive the decision regarding sponsorship. The agency best positioned to take leadership and having key staff who are highly motivated and have the energy to plan and implement the project most often becomes the sponsoring agency.

Licensed Medical Provider as SBHC Sponsor

Licensed medical providers are ideal sponsoring agencies for SBHCs, since they have staff who have experience in health care administration and have systems in place for handling medical records, insurance billing, and government regulations. As the sponsoring agency, these organizations relieve the school district from handling most of the day-to-day operations of the SBHC. In addition, these organizations are often accustomed to leveraging federal, state, and private funds to provide cost-effective and culturally competent health care to underserved areas and populations.

School District as SBHC Sponsor

Some school districts prefer to be the SBHC sponsor because they feel it gives them more control over services provided in their buildings. However, school districts should consider the following when assessing their capacity to accomplish certain functions:

- Schools districts may find it difficult to hire their own health staff, especially when the positions are part-time, and the school district does not have similar position descriptions. A licensed medical provider is often able to provide full-time employment, filling the remaining hours of a clinician at other sites. Further, licensed medical providers are equipped to assess a potential practitioner's medical qualifications and provide oversight for medical staff.
- School Districts may not have experience with medical billing, which is complex and requires special expertise.
- School administrators must focus on adhering to their own education-related regulations and may not have the time to learn about state and federal health regulations governing lab tests, patient confidentiality, pharmacy licensures, etc

Memorandum of Understanding (MOU)

There should be a written, formalized relationship between the school or school district and health providers. Each school health center will develop contracts, Memoranda of Understanding (MOUs), or Letters of Agreement (LOAs). These legal documents lay out relationships and responsibilities associated with the school health center. These agreements may describe the relationship between the school district and the provider(s), or between the district and the lead agency for the health center, which should then have its own written agreement with other service providers. The contract or agreement should be active (not expired); the term/length of the agreement may be decided by both parties involved; the agreement may define a process for reviewing what is working/not working during the “life” of the agreement. (See Appendix D for examples.

The essential elements of an agreement include:

- Formal naming of parties to the agreement
- Duration
- Purpose
- Scope
- Each party's responsibilities
- Fiscal accountability including compensation and billing
- Confidentiality issues
- Reporting accountabilities
- Liability statements
- Failure to perform procedures
- How to amend, extend, renew or terminate the agreement

Chapter 5: Operations

The operations plan describes how the SBHC will be run and includes the physical setup. Many SBHC planners find it helpful to visit an operational SBHC in the area to tour the facility and observe the operation of the center. Operational aspects of an SBHC business plan include location, floor plan; furniture and equipment; medical record keeping, third-party billing systems, and other information technology; hours of operation; patient confidentiality, consent and enrollment; service delivery, including laboratory and pharmaceutical services; and standards of care. See Appendix E for an Operational Checklist

Location and Facilities

SBHCs can be located either in the school building or in a separate building on the school campus. Most SBHCs in Vermont are located either close to, or within the School Nurse office. While having a separate room with phone and computer access is ideal, many SBHCs can operate from a corner of the School Nurse office. In addition to location, it important to consider issues such as dealing with hazardous waste, cleaning, safe storage of supplies and medication, security, signage

Equipment

SBHCs must have the necessary furniture and office and medical equipment to provide services and to operate efficiently. Medical equipment, such as scales and laboratory equipment, must be maintained and calibrated regularly as recommended by the manufacturer. Equipment to Consider: (Continued on next page)

ONE-TIME CAPITAL EXPENSES	
Construction/Renovation of Facility	
Architectural blueprints	
Permits and inspections	
Construction/renovation materials	
Labor	
Durable Equipment-Medical	
<i>TRIAGE AREA</i>	
Height/Weight scale	
Snellen Eye Chart	
<i>EXAM ROOM(s)</i>	
Exam table (1/room)	
Exam stool (1/room)	
Side table (Mayo stand) (1/room)	
Light, exam, gooseneck (1/room)	
Privacy screen with caster (1/room)	
Sharps container (1/room)	
Covered trash can (1/room)	

ONE-TIME CAPITAL EXPENSES
Blood pressure cuff-wall mount (1/room)
Oto/ophthalmoscope-wall mount (1/room)
Transformer for oto/ophthalmoscope (1/room)
PORTABLE EQUIPMENT
Stethoscope
Reflex hammer
Blood pressure cuff-automated
Audiometer-hand held
Thermoscan
Peak flow meter (1/room)
UV Woods lamp
Nebulizer
Wheelchair
Oxygen canister w/face mask, tubing, cart
Emergency kit that includes Ambu bag, adult & pediatric
Automatic external defibrillator
LABORATORY
HemoCue Glucose or glucometer
HemoCue Hemoglobin
Microscope
Refrigerator & freezer for vaccines
Durable Equipment- Office
Copier/Fax/Printer
Computer w/ internet access and software
Telephones-private & public lines
Furniture-desks, files, chairs, storage cabinets, etc.

ANNUAL OPERATING (RECURRING) EXPENSES	
Medical Supplies	Lab Expenses
Gowns and exam drapes	CLIA -waived or PPMP certificate fee
Gloves	Courier
Tongue blades	Hazardous waste disposal
Ear speculums	Salaries and Related Benefits
Vaginal speculums	Contractual Services
Biohazard bags and labels	Other Professional Services
BMI Wheels/percentile graphs	Legal
Cerumen spoons, ear syringes	Accounting
IV start kits, tubing	Billing and collecting
Canister suction and tubing	Payroll
Fluorescein strips	Marketing
Glass slides & cover slips	Printed material
Normal saline	Advertising
KOH and VIP stain for wet-preps	Promotional items
Urine collection cups	Website maintenance
Urine multistix	
Serum tubes	Pharmacy Expenses
Syringes & needles	Pharmaceuticals
Aptima specimen collection kits	Vaccines

Medical Records

Most SBHC will utilize an electronic health record (EHR). It is important to establish how visits will be documented and then shared with primary care providers. This may require computers and software at the SBHC.

Billing

Typically billing is done through the sponsoring agency, either the hospital or community clinic

Hours

Consider what days and hours you will be present in the building. What are typically the most busy times? What times of day are most students present?

Confidentiality, Consent, and Enrollment

Consent forms and enrollment forms should be sent out each year in the fall. It is important to have written consent for each student. An example of this consent can be seen in Appendix F. Assuring confidentiality is important for students and families. Be sure appropriate forms are completed that allow communication between medical providers and school, if appropriate

Standards of Care

Services provided should align with standards from professional organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, or the Pediatric Association of Nurse Practitioners. In addition, consider recommendations from Bright Futures that focus on preventive care and strength-based approaches to care.

Telehealth

Telehealth is an emerging technology in schools. With the COVID-19 Pandemic, the utilization of video visits has dramatically increased and is becoming more accepting and normalized in medical care. There are several models to consider for Telehealth. One is to have equipment in the school with a provider in a medical office remotely. The school nurse, or another professional, facilitates the visit at school, with the medical provider usually in their office. This type of arrangement has the potential to increase access in a SBHC that typically only has a provider present a few days per week, as is the case for most SBHC models in Vermont. This might also be a way to bring specialists “into” the school such as Psychiatrists. It might also be an ideal way to facilitate care coordination visits between school and other health professionals. Telehealth could also be utilized for mental health visits, when appropriate

Chapter 6: Finances and Stability

Funding and Sustainability

There is no single source of financing for school health centers in Vermont, however, most are supported through medical billing. However, this is often not sufficient to cover the costs associated with running the SBHC. Therefore, it is important to consider other sources of funding as well, including support from local organizations, and grants from foundations or public entities. Consider national sources of funding as well, there are often grant opportunities through organizations such as the School Based Health Alliance.

Marketing

Marketing is important for SBHCs because it informs students and families of the services that are offered and lets them know how to access these services which often results in increased utilization of services. Marketing is also used to generate support for the SBHC within the community. Marketing the SBHC is a year-round project. Schools are rapidly changing environments. Students, teachers, and even administrators change frequently. Therefore, it is necessary to continually get the word out about SBHC services. Consider using plain language or offering information in other languages.

Good Times to Market the SBHC At School

- School registration
- Faculty meetings
- Teacher in-services
- Coach meetings
- School board meetings
- Awards banquets
- Sporting events
- Parent meetings
- Student groups, such as team athletics and student government
- Orientation
- Parent handbook
- Health pages on school's website

Good Times to Market the SBHC in the Community

- Sporting events
- City council meetings
- Community association meetings, such as Rotary, Lions and Elks Clubs
- Health fairs
- Provider gatherings, such as local medical association and nursing chapter meetings and conferences
- Festivals and other cultural events
- Local libraries
- Youth Centers or Teen Centers

As part of the marketing plan, it is a good idea to set up a yearly schedule of events at which to promote the SBHC. Make a list of the materials that will be needed in advance. This approach will give time to adapt the materials to the different target audiences.

Marketing Tools

Many tools can help market the SBHC. In the current marketing climate, utilizing a variety of these tools is necessary to reach diverse groups.

- Brochures can be handed out at the beginning of the year and periodically thereafter to explain what services the SBHC offers.
- Factsheets can provide interesting and persuasive information about the need for a health center, the effectiveness of the health center, and the health care needs of the school and community.
- Press releases can be distributed to media outlets to notify the public about a specific event or special programs offered by the health center. Social marketing tools, such as Facebook and Twitter, can be used to keep students, parents, business leaders, and other “friends” updated about the SBHC. Social marketing venues can be an effective means of issuing invitations to events and sending reminders, such as the 18 importance of getting the flu shot, to students and families. They are also useful for monitoring any concerns that arise regarding the SBHC and provide an opportunity to intervene early.
- SBHC webpage can be developed and maintained to provide general information about the student health center, such as hours of operation, services, staffing (biographies and photos), accessing services, as well as health alerts.
- Public service announcements, on the radio, television and in newspapers and other publications, alert the public about specific services offered at the health center as well as health education activities sponsored by the health center, such as a “Bike to School” day.
- Robo-Calls can be made through the phone system of some school districts. These are automated calls that leave messages for parents on their home phones. These can be used to remind parents of special events offered by the SBHC such as immunization clinics or dental sealant opportunities.
- Presentations at public events enlist support for the SBHC by making people more aware of key facts about the center (such as the number of students serviced, health education activities, etc.)

Marketing Audience

To ensure that the marketing materials are effective, it is important to tailor them to the specific audience to be reached. Different audiences often need to hear different messages about the SBHC. For example, a brightly colored, youth-designed flyer might be used to draw students into the health center, but a simple one-page factsheet might be given to parents attending school orientation. In most cases, the message will be to: 1) encourage personal use of the SBHC; 2) encourage others to use the center; or 3) support the services financially and politically.

Parents

This important group influences students' support of and decision to use the health center. Marketing messages for parents might focus on the services the health center offers, the benefit to parents of not missing work every time their child needs a medical appointment, and the level of control they have over their child's use of health services.

Students

This audience's knowledge about the health center and perceptions about the program will definitely influence their use of its services. The messages to youth might include what services are provided, which ones are confidential, and when the center is open.

School Staff

Teachers and other school employees have a significant role in the success of the SBHC. To build support from the school staff, communicate the message that healthier young people learn better and often score better on standardized tests, that the SBHC reduces absenteeism since students do not have to leave school for medical appointments. SBHC staff can make teachers' jobs easier by providing some of the support that high-needs students require.

Marketing Audience

Community Leaders

This important audience has the capacity to influence parents' and policy-makers' support for the SBHC. These leaders, which can include civic and religious leaders, often affect local and state policy. To garner their support, communicate the message that the SBHC is striving to support the successful education of the 19 community's children by improving the health status of young people, supporting families by providing valuable assistance to working parents, and helping to build a stronger community

Local Health Care Providers

This group needs to know that SBHCs do not take away their business. Local providers also like to know that they will receive some form of communication about services provided to their patients and that the SBHC will refer students back to them for additional treatment. Further, medical practitioners want assurance that the providers at the SBHC are qualified and licensed.

Chapter 7: Data Collection, Reporting, Evaluation, & Quality Improvement

Data Collection

SBHCs must have a system in place for the collection, storage, and analysis of encounter data. As discussed earlier, most SBHCs use electronic health records (EHRs) that also serve as databases. The data from patient encounters is aggregated and used for evaluation purposes. The SBHC will have to determine what electronic database system will be used. School nurses in Vermont also utilize an electronic record that may also be a source of information and data collection.

Why Evaluation is Important

Evaluation is necessary for monitoring the program and determining if the program goals are being met. Evaluation is also useful for assessing the quality of services delivered, including client satisfaction, and taking steps to continually improve the program. Evaluation provides evidence to funders, policymakers, the school community, and others that the SBHC is a wise investment. Lastly, evaluation is needed for developing future grant proposals to support the program.

First Steps in Evaluation: Obtain Baseline Data

It is important to collect some data before the SBHC opens to document changes that occurs because of the health center. For example, SBHCs are often successful at decreasing the number of students being sent home from school because of illness or injury. SBHCs can also decrease absenteeism, particularly for students with asthma; decrease the number of disciplinary referrals; improve immunization rates; etc. It is very helpful to request this information from the school before the SBHC opens to have baseline data with which to compare future measurements. Data collected during the planning phase may also be suitable for including as an element in the evaluation. For example, planners may find that 75 percent of students surveyed during the Needs assessment had not seen a doctor or nurse in the last 12 months. On a repeat survey one year after the SBHC opens, this percentage may have declined to 50 percent or less. Such information will be of interest to stakeholders. Some SBHCs have been able to show that access to SBHC services decreases the number of visits made by children and adolescents to the local emergency room and/or urgent care provider. If the licensed medical provider is the local hospital, this data may be readily available. The SBHC may want to consider surveying students, parents, and school staff and faculty before and annually after opening the SBHC to demonstrate improved access and satisfaction with SBHC services

Consider Who Uses Evaluation

When planning the evaluation and data collection, consider the groups who have a stake in the SBHC. What will they want to know about the SBHC and its impact on students? Compile a list of the information based on their needs and interests. The evaluation plan can be crafted from the list. Below is a list of the various groups who use evaluation and the information that is likely to be important to them. Many of the statistics listed are important to more than one group. Consider involving funders directly in designing the evaluation plan.

Consider Who Uses Evaluation

School Nurses

School nurses in Vermont collect annual data on immunization rates, well child exam and other measures. Consider collaborating with your school nurse as a source of data and to determine what date you might want to collect for the SBHC. In Vermont, most nurses use an Electronic data base that makes data collection more accessible.

Policymakers and Funders

Policy-makers – including legislators and other elected officials – have an obligation to their constituents to ensure that tax dollars perform the greatest possible good. The best way to maintain funding for the work of the center is to provide concrete evidence that the services improve health. Data of interest to this group include:

- Number of children with access to SBHC services
- Number of children served • Insurance status of children served
- Number of uninsured students assisted by the SBHC to enroll in Medicaid and Child Health Plan Plus
- Reduced Medicaid expenditures related to emergency department use and hospitalizations
- Health care outcomes, such as immunization rates, before and after the SBHC opens
- Community support for the SBHC, including businesses, religious leaders, and other influential community members

Consider Who Uses Evaluation

Government Administrators

Government administrators are responsible for making sure programs are run effectively and improve health. These administrators are required to demonstrate that government funds are used in the manner intended. Data of interest to government administrators might include:

- Users by ethnicity, gender, and age
- Access to/utilization of primary and preventive services, including comprehensive health screenings
- Access to/utilization of reproductive health services
- Access to/utilization of mental health services
- Access to/utilization of oral health services
- Immunization rates
- Tobacco, alcohol, and other substance abuse prevention programs
- Obesity prevention and management programs
- Sources of revenue, including insurance and in-kind revenues.

Student Users and Parents

Student and parent satisfaction is critical to the success of the SBHC. If they are not satisfied with the services, they are unlikely to use the SBHC. Therefore, it is important to include their assessment of the SBHC in the evaluation plan and respond to the feedback with meaningful changes. Evaluation data of importance to students and parents include:

- Hours of operation
- Wait times
- Types of services provided
- Privacy and confidentiality
- Courteousness and friendliness of staff
- Answers to student and parent questions
- Quality of services
- Convenience for student and parent
- Parent communication with SBHC providers

Consider Who Uses Evaluation

SBHCs

The manager of the SBHC is the person able to make the best use of the evaluation data collected at the facility. This information is used to raise funds, demonstrate to local officials that the health services are valuable, make staffing and budgetary projections, and verify client satisfaction. SBHC managers find that good data make their jobs much easier

Types of Evaluation

There are different types of evaluation. The approach taken will depend on the questions that are to be answered. Two common types are **process evaluation**, which assesses strengths and weaknesses of the SBHC, versus **outcome evaluation**, which tracks the health impacts of the program on clients.

Process Evaluation

This type of evaluation focuses on the operations and dynamics of a program to understand its strengths and weaknesses. Process evaluation examines how the program is being implemented. It helps answer such questions as the following: • What is happening at the SBHC and why?

- What is happening at the SBHC and why?
- Are the students receiving the intended services? 22
- How do clients experience the SBHC?
- How does the staff feel the program is going?
- How do the parts of the program fit together?
- Are the school health, behavioral health, and primary care providers in the SBHC collaborating on the delivery of care to students? If so, how?

Types of Evaluation

Outcome Evaluation

Unlike process evaluation, which focuses more on the program, outcome evaluation tends to look at the actual clients. Outcome evaluation quantifies improvement in the health of the students. Outcomes must be measurable. Outcome evaluation can examine these changes in the short term, intermediate term, and long term. It helps answer questions such as the following:

- Did asthma clients who used the SBHC miss fewer days of school than in years past or compared to other students with asthma who did not use the SBHC?
- Are students with SBHC access more likely to have their vaccinations up-to-date than students without?
- To what measurable degree are clients satisfied with the services they receive?
- Are there measurable improvements in SBHC students' health that are not found among students who do not use or have access to an SBHC?
- To what measurable degree do the school's absentee and checkout rates change in the first three years after the SBHC opens? (Or, how do the rates compare with those of a similar school without an SBHC?)

Evaluation Tools

Data Collection

Each SBHC is unique in its funding and community reporting needs, so each one will determine what information to collect. However, advocacy for school health care is stronger and better coordinated when data can be combined from multiple sites. For that reason, SBHCs in Vermont are encouraged to collect the following information:

Evaluation Tools

Data Collection

- Number of students enrolled in the school(s)served.
- Number of English language learners in the school(s)served.
- Number of students enrolled in the free and reduced lunch program at school(s)served.
- Cash revenue by source
- Type and value of in-kind support received from school district and from other agencies.
- Total number of SBHC users.
- Number of SBHC users by insurance status, age, gender, and zip code
- Number of visits by type: primary care, mental health, substance abuse counseling, dental care, immunizations, health education

Satisfaction Surveys

These types of surveys collect feedback from clients, parents, school staff and faculty, and practitioners about how to improve SBHC services. This type of data can also be useful for policymakers, funders, and administrators. Sample satisfaction surveys can be found in Appendix C.

Quality Improvement Ideas & How to Measure Success

As mentioned previously, outcome measures are important to support the mission and promote SBHCs. The Collaborative Group of SBHCs in Vermont is coordinated through the Maternal Child Health Division of the Vermont Department of Health. They have been working on establishing Outcome Measures for SBHCs and have come up with the following ideas utilizing information gathered through the School Based Health Alliance (https://www.sbh4all.org/current_initiatives/nqi/)

Quality Improvement Ideas & How to Measure Success

Well Child Exams

While many SBHCs in Vermont do not perform WCC due to the belief in a strong Medical Home, tracking well child exams and showing improvement in rates for those who go to schools with SBHC is one way to measure success. Some ideas for how to track or improve this are:

- Implement an electronic health record (EHR) tickler system to identify students due for WCC.
- Utilize existing electronic database of the school nurse to identify students overdue. Send reminders to these students.
- Help connect families with their medical home to encourage/promote WCC.
- Build relationships with providers in your community. Meet with them to tell them about SBHC services and your interest in coordinating care with them. Many have health coordinators who are interested in keeping children up to date on WCC.
- Consider having a space on your enrollment form for last WCC. If children are overdue, reach out to families.
- Each time a child is seen in the SBHC, check on their WCC status. Utilize templates from EHRs to create a field for this information. Track who received their WCC because of services received in the SBHC.

Seat Time Saved

As stated earlier, when children spend more time in school, they have improved health and learning outcomes. Children who are consistently absent or must leave frequently for medical appointments or illness are more likely to fall behind academically, more likely to drop of our school and have worse health outcomes. “Seat time” refers to the time students are seated in the classroom and can be measured in the following ways:

Quality Improvement Ideas & How to Measure Success

Seat Time Saved

- The percent of SBHC visits that result in sending students back to class rather than to their homes or medical appointments.
- The total hours of the remaining school day students save once they are sent back to class after visiting the SBHC.
- The average time of a visit to the SBHC versus the amount of time it would take students to seek care from an external health care provider.

The SBHA has created a tool kit to help study and document this issue and can be found at : <https://tools.sbh4all.org/wp-content/uploads/2018/08/SBHA-Seat-Time-Data-Collection-Guide-July-2018.pdf>

We encourage Vermont SBHCs to consider utilizing this information to help add to the story of success of SBHCs in Vermont.

Chapter 8: Networking with Local, State, and National Organizations

It is important to consider how networking and collaboration can lead to a sustainable SBHC. There are many resources that can be helpful as you navigate creating and sustaining a SBHC.

Other SBHCs

If there are other SBHCs nearby, consider doing a site visit to learn from how they operate. Once your center is established, it is important to continue to connect to share successes and challenges. See Appendix A for a list of SBHCs in Vermont however, this list is always growing.

State Resources

School Liaisons through the Local District of the Vermont Department of health are an important resource. They are often connected to programs and resources that can contribute to the success of your SBHC.

VT SBHC Peer Collaborative

This program is run through the Maternal Child Division of the Vermont Department of Health. They seek to run quarterly calls to connect SBHCs across the state. They are also involved in establishing quality measures as a way to continue to tell the story of SBHCs in Vermont through data collection and quality improvement

It is important to consider how networking and collaboration can lead to a sustainable SBHC. There are many resources that can be helpful as you navigate creating and sustaining a SBHC.

National Organizations

School Based Health Alliance is a national organization that has information on quality improvement, grant resources and operation of SBHCs. They have many resources as well as annual conferences. There are also many state organizations, such as the Colorado Association for School Based Health Care that can be sources of information, inspiration and support.

Appendix B: Sample Letter to Primary Care Providers

To [local primary care providers]:

We understand that you are the primary medical home for several of our students at the XXX District , and we would like to update you regarding an upcoming exciting project at our school. We are collaborating with [Local Hospital or Sponsoring Agency] to open a School Based Health Center at [School Name].

The overall goal of the WSBHC is to work alongside primary care providers to create a healthy school community, where students are able to stay in school despite medical concerns and learn effectively. The proposed WSBHC will bring a Medical Clinician (Pediatrician, Family Physician, or Pediatric Nurse Practitioner) to the [Local School District] [Times of operation]. Clinicians will see students on a walk-in basis and respond to acute needs during the school day. They will also have slots available for scheduled follow-up visits if necessary and will provide basic laboratory services (such as urinalysis and rapid strep tests).

Every time a student is seen in the SBHC a visit document will be faxed or sent electronically to the medical home. Clinicians of the SBHC will also be an available resource for any primary care provider requesting their patient be seen in follow up at the school.

By opening this SBHC, we strive to increase access to quality medical [and mental health/dental if applicable] services for students, reduce healthcare disparities, and keep students safe, healthy, and well within their families and communities. We hope that our staff will be of assistance to you in the incredible work you do each day, and we would love to hear your feedback and thoughts as we continue the planning process.

Please let us know if there are any additional ways in which we can be useful to you, or if you have any questions or concerns not addressed above. We look forward to working with you to continually promote the health of our students and the XXX community.

Appendix C: Sample Surveys

Parent Satisfaction Survey #1

Date _____

Dear Parent/Guardian,

The _____ School Health Center is conducting an evaluation of our services to your child. We are interested in your opinions about our services.

Your participation in this survey is voluntary. All your answers will remain private and no one other than the administration of the health center will see your survey.

Thank you for your participation. We appreciate you sharing your thoughts about your child's health care.

If your child has been to the Wellness Center please answer the following questions

1. What services did your child receive at the Center? Please choose all that apply.

☐ Illness (flu, cold, stomach ache or something more serious)

☐ Counseling for personal or emotional problems.

☐ Chronic health problem (asthma, depression, headaches)

☐ Yearly physical or sports physical

☐ Vision or hearing exam

☐ Treatment of injury or accident

☐ Immunizations (vaccines)

☐ Care for girls with menstrual problems

☐ Dental exam

☐ Pregnancy test

Continued on next page

1. *What services did your child receive at the Center? Please choose all that apply.*

☐ Acne or skin problem

☐ Services for pregnant teens

☐ Nutrition counseling

☐ Information for parents about your child or health care in general

☐ Drug/alcohol prevention

☐ Other, please tell us _____

☐ Counseling for substance abuse (tobacco, alcohol, drugs)

2. *How much do you think your student was helped by the Center?*

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all ☐ Don't know

3. *Did you feel that the staff was courteous to you?*

☐ Yes ☐ No ☐ Don't know, I never met the staff

4. *Did the staff at the Center explain your child's medicine or treatment clearly?*

☐ Yes ☐ No ☐ My child did not receive medicine or treatment

5. *Did the staff at the Center refer you to other services not provided by the Wellness Center?*

☐ Yes ☐ No ☐ Don't know

Continued on next page

6. How would you rate the following aspects of the Center?	Excellent	Good	Fair	Poor	Don't Know
Communications with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance of the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours that it is open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of medical care received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you agree with the following	Agree	No Opinion	Disagree
a. The Center encourages students to be more responsible for their health.			
b. Students miss less school because of the Center.			
c. The care at the Center is confidential (private).			
d. The Center has saved you a trip to the doctor, the school or the hospital.			
e. The Center is a valuable service to the school community.			

8. Are there any services that you would like the Center to provide?

☐ No ☐ Don't know ☐ Yes, If yes, please describe _____

Thank you for completing this survey

Parent Satisfaction Survey #2

This survey is being used to gather your opinions about the school-based health/wellness center (SBHC) in your child's school. We would like your input even if you or your child has not visited the SBHC. The information you provide will be used to improve services offered at the SBHC. Your answers will be kept confidential. If you have more than one child who attends this school, we ask that **you complete and return a survey for each child**. You are not required to answer these questions, and if you choose not to do so, it will not affect your ability or your child's ability to use health services at the SBHC.

Thank you for sharing your thoughts with us!

Please have your child return the completed survey to the SBHC by:

Date:_____ School:_____

1. Are you this child's: *(Please mark one)*

☐ Mother

☐ Foster-Parent

☐ Father

☐ Grandparent

☐ Step-Parent

☐ Other. please describe:

2. What grade is your child currently in?

☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Other

Continued on next page

3. What type of health insurance does your child have? (Mark all that apply)

☐ None

☐ Medicaid HMO

☐ CHIPRA

☐ Private

☐ Medicaid

☐ Private HMO

☐ Other _____

4. Have you or a family member ever used the SBHC?

☐ Yes ☐ No

5. If your child has used the SBHC, what types of providers has your child seen? (Mark all that apply)

☐ Nurse

☐ Dentist

☐ Behavioral Health Counselor

☐ Health Educator

☐ Medical Provider

☐ Nutritionist/Dietitian

Continued on next page

6. Is your child using the SBHC to manage any of the following chronic illnesses? (Mark all that apply)

☐ Asthma

☐ Physical disability

☐ Heart problems

☐ Developmental disability

☐ Seizures or epilepsy

☐ Attention deficit disorder (ADD)

☐ Diabetes

☐ Other health problems

7. During the past year, where has your child gone the most for his/her medical care (example: shots, check-ups, physicals, sickness, colds)? (Please mark one)

☐ My school's SBHC

☐ The emergency room

☐ A medical clinic or private doctor's office

☐ Some other place _____

☐ There is no one particular place where my child usually goes

8. Where does your child go most often for behavioral health services? (Please mark one)

☐ My school's SBHC

☐ The emergency room

☐ A medical clinic or private doctor's office

☐ Some other place _____

☐ There is no one particular place where my child usually goes

9. What services has your child received at the SBHC? (Mark all that apply)

☐ Care when they were sick

☐ Counseling for emotional issues

☐ Care for serious health problems

☐ Care for injuries received at school

☐ Head-to-toe physical exam

☐ Care for injuries not received at school

☐ Sports exam

☐ Dental services

☐ Other _____

10. Thinking about the services your child has received at the SBHC, how would you rate the following?

The people there are good with kids

☐ Not So Good

☐ Good

☐ Very Good

The appointments are convenient

☐ Not So Good

☐ Good

☐ Very Good

I did not have to leave work

☐ Not So Good

☐ Good

☐ Very Good

The staff talk to me about my child's illness

☐ Not So Good

☐ Good

☐ Very Good

My child did not miss much school

☐ Not So Good

☐ Good

☐ Very Good

11. If health care services were not available at the SBHC, would you be able to get health care for your child? (Mark all that apply)

☐ Yes, it would be easy to get other care

☐ No, I could not afford to get the care my child would need

☐ Yes, my child would get care, but it would be harder to get

☐ No, I would have trouble with transportation

☐ Yes, but I would have to take my child to an emergency room

☐ No, my child does not have a regular doctor

☐ No, I don't think I could get the care this child needs

☐ No, it is hard for me to get an appointment with my child's regular doctor

☐ No, I would have trouble getting time off work

☐ I don't know

12. What services would you like to see your SBHC provide more of? (Mark all that apply)

☐ Counseling

☐ Dental care

☐ Support Groups

☐ Health education

☐ Drug and alcohol counseling

☐ Other _____

Please write any additional comments below:

**Please return this form to the SBHC as soon as possible.
Thank you for completing our survey!**

Student Satisfaction Survey Sample #1 (High School)

Grade level _____ **Date** _____ **Gender** _____

Is this your first visit to the health center this year?

☐ Yes ☐ No

If no, how many times have you visited the health center?

☐ 0-1 ☐ 2-5 ☐ >5

It is very important to us to know how you feel about the services you received today. Your answers to the following questions help us know how we are doing and how to improve our services.

During my visit....

1.The clinic staff was courteous and friendly to me.

☐ Yes ☐ No ☐ Don't Know

Comments_____

2. The health care provider answered all of my questions.

☐ Yes ☐ No ☐ Don't Know

Comments_____

3. My privacy was respected.

☐ Yes ☐ No ☐ Don't Know

Comments_____

Continued on next page

4. I waited too long to be seen by the health care provider.

☐ Yes ☐ No ☐ Don't Know

Comments_____

5. Did you receive medication or a prescription?

☐ Yes ☐ No ☐ Don't Know

If you responded yes to question #5, please answer question #6.

6. The health care provider explained to me why I needed the medicine and how to take it, using words I understood.

☐ Yes ☐ No ☐ Don't Know

Comments_____

7. Would you recommend the health center to your friends?

☐ Yes ☐ No ☐ Don't Know

Comments_____

8. Could you have gone somewhere else in your community to receive the same type of service provided here at the school health center?

☐ Yes ☐ No ☐ Don't Know

9. Why do you like to come to the health center at your school? (Check all that apply)

☐ I like its location

☐ I don't have insurance

☐ I don't want people to know about my medical care

☐ Its free (no cost to me)

☐ I trust the staff

☐ Other _____

Continued on next page

10. What other information or services would you like available in the health center?

Thank you for completing the questionnaire!

Appendix D: Sample Memorandum of Understanding

I. INTENT

This Memorandum of Understanding (MOU) is hereby entered into by and between the Alameda Unified School District, a California public school district (hereafter "the District") and Xanthos, Inc., a California non-profit corporation whose principal office is located at 2325 Clement Avenue, Alameda, CA 94501 (hereafter "Xanthos"). The MOU sets forth the terms and conditions by which Xanthos will provide medical, mental health, health education and other support services to the students of Encinal, Alameda, Island and BASE schools at the Alameda High School and Encinal High School site based health centers.

II. AREAS OF AUTHORITY

a. School District: Has responsibility to provide and maintain site

b. XXX Corporation Shall

- i. act as Employer of Record for all on-site, Tri-High School-Based Health Center staff at each school site;
- ii. provide fiscal services, including processing payroll, tax payments, workers' compensation for said employees; iii. make benefits available to its employees, including health and dental; provide all necessary financial accounting and reporting services for said employees;
- iv. obtain an annual independent audit as part of Xanthos' overall audit process;
- v. obtain and/provide and maintain all necessary equipment and services in connection with contracting, purchasing, computer and MIS needs;
- vi. provide all necessary development services (including grant writing and solicitation of individual giving);
- vii. provide all budget services necessary to each site-based Health Center;
- viii. prepare and provide all necessary and/or legally required reports to funders;
- ix. provide overall management and leadership of site-based staff; and
- x. assure and supervise the day-to day operations of each site-based program.

III. TERM

This MOU shall be XXX date to XXX date. This MOU may be extended by the mutual written agreement of both parties

IV. INDEMNIFICATION

Xanthos agrees to indemnify, to defend at its sole expense, to save and hold harmless AUSD, its officers, agents and employees from any and all liability in addition to any and all losses, claims, actions, lawsuits, damages, judgments of any kind whatsoever arising out of negligent acts, omissions, or intentional misconduct of Xanthos or Xanthos, employees, agents, subcontractors or volunteers in performance of services rendered pursuant to this agreement.

AUSD agrees to indemnify, to defend at its sole expense, to save and hold harmless, Xanthos, its officers, agents, and employees from any and all liability in addition to any and all losses, claims, actions, lawsuits, damages, judgments of any kind whatsoever arising out of negligent acts, omissions or intentional misconduct of AUSD or AUSD employees, agents, subcontractors or volunteers in performance of services rendered pursuant to this agreement.

V. INSURANCE

Xanthos shall maintain in force, at all times during the term of this agreement commercial liability and automobile liability attached hereto and made a part of this Agreement. Xanthos shall provide Worker's Compensation insurance at Xanthos' own cost and expense, and neither Xanthos, nor its carrier shall be entitled to recover from AUSD any costs, settlements, or expenses of Worker's Compensation claims arising out of this Agreement.

VI. RESPONSIBILITIES OF LEAD AGENCY

a. In its capacity as the lead agency for the XXX School district, XX will provide the following services

- i. Mental Health Clinicians provide individual and group counseling, crisis intervention, and substance abuse counseling for students. Consultations, information, and referrals in reference to students are provided to school staff and faculty. An onsite Mental Health Clinician will provide counseling services a minimum of five days a week at Encinal and Alameda High, two mornings a week at Island High, and one morning a week at BASE High school. Services will only be rendered during the hours of operation of the school-based health center site.
- ii. Health Education Services: A part-time health educator provides classroom presentations, workshops, and individual health education on a variety of health topics to students.
- iii. Medical Services: Provide a minimum of 2 clinics per week (clinic is defined as 4 hours, except when school is closed for holiday, staff development, or snow days) Services to be provided include: treatment of minor illnesses and injuries, and, family planning, hearing and vision screening, management of chronic illnesses, screening and treatment of sexually transmitted diseases, select immunizations.

VI. RESPONSIBILITIES OF THE SCHOOL DISTRICT

- 1. **Space:** The district will allocate sufficient space to the SBHC to satisfy the Bureau of Primary Care space regulations for school-based health centers, maintain confidentiality of clients who obtain health services through private exam rooms and counseling offices, and secure confidentiality of patient records through a locked safe/space.
- 2. **Facilities:** AUSD will maintain the school-based health centers in a manner acceptable to Xanthos and the designated Program Director. Prior to the beginning of each school year, the Program Director will conduct a walk-

through inspection of the facility to determine its readiness for school based health center operations. The walk-through will include inspection of: facility cleanliness, safety and accessibility; paint; safety; furniture; and AUSD equipment. The Clinic Supervisor will identify any problems in writing, and AUSD will attempt to remedy these problems within a reasonable period of time not to exceed 2 weeks.

3. **Equipment:** All equipment provided by AUSD will be maintained by the district directly or through maintenance agreements with outside vendors. This includes but is not limited to:
 - Door locks, keys, other equipment related to access to schools and clinics
 - Telephones
 - T1 Lines
 - Plumbing
 - Climate control (heat/air conditioning)
 - Electrical/wiring
4. **Telecommunications:** AUSD will provide and fund a minimum of seven (7) independent telephone lines for the exclusive use of the Encinal High school-based health center site and six (6) independent telephone lines for the exclusive use of the Alameda High school-based health center site. If the school is unable to meet this need (for confidential telephone, facsimile and Internet access), AUSD will permit the Xanthos MIS department to install additional telephone lines for the school-based health center. Any computers, whether provided by AUSD or Xanthos, will be networked and Internet-ready during regularly scheduled school operations.
5. **Communication:** AUSD will identify one (1) liaison at the school district level and one (1) liaison at the school site.
6. **Contracts/Accountability:** The following grid will be filled out by the school and/or school district within the first 4 weeks of the school year beginning. This list will be updated as appropriate to maintain easy access to key functions and personnel.
7. **Health Clerk:** School-based health center staff will work collaboratively with the Health Clerk to provide immunizations to students, identified by the Health Clerk, who need immunizations to enroll in school.
8. **Access to Information:** School-based health center staff will be given easy access to student information (such as class schedules) needed for its functioning. Specifically, staff will be able to access the school's 91 most current student emergency and contact information through emergency cards and/or the school's SASI system.
9. **Access to AUSD Staff:** AUSD representatives will respond to requests from Tri-High School Health Services in a manner consistent to the AUSD process of response to school staff.
10. **Keys:** AUSD will provide at least eight (8) sets of keys to SBHC personnel, each of which set will include access to the school, the SBHC and any other relevant

areas (e.g., gates, locked areas within school/health center) to allow access after hours and during school breaks.

11. **Custodial:** AUSD will maintain the cleanliness of the SBHC in accordance with OSHA standards for medical facilities. On a daily or as-needed basis determined by SBHC staff, AUSD will refill soap dispensers, paper towels and toilet paper. More comprehensive cleaning will occur on at least a biweekly basis or as needed to ensure these standards are met. In the event that the district/school is unable to fulfill this obligation, AUSD will cover costs borne by Tri-High School Health Services to purchase outside custodial services. AUSD will then provide the cleaning crew contractors with necessary tools (e.g., keys, alarm codes) to access the SBHC after school hours.
12. **Safety:** AUSD will ensure that each school-based health center meets state safety and fire codes.
13. **Policies and Procedures:** AUSD and school staff will inform SBHC staff, verbally or in writing of appropriate procedures in the following situations upon request: a. Student sick or injured; no medical personnel onsite; parent/guardian not reachable. b. Emergency procedures, including fire, earthquake, violence or threat of violence on campus. Tri-High will be informed within a reasonable amount of time of a request to modify facility (e.g., erect wall, remove furniture).
14. **Storage:** Adequate storage will be provided for office and medical supplies, biohazardous waste disposal, and student medical records. This space will be locked and inaccessible to school staff to ensure safety and protect patient confidentiality.
15. **Student Access:** School liaison will ensure that students who have been given an approved pass are allowed to leave class or other school activities to use the school-based health center.
16. **Confidentiality:** AUSD will respect the client's right to confidentiality in accordance with the Board of Behavioral Science and the American Psychological Association ethics.

VIII. BILLING AND COLLECTIONS

1. Xanthos and its subcontractor will attempt to bill and collect for services provided through appropriate third party payers (i.e. Medi-Cal, Family PACT, CHDP, etc.) All revenues generated by school-based health center staff will be retained by Xanthos to cover costs incurred by the school-based health center.

Fundraising: AUSD and Xanthos are committed to sustaining the onsite school-based clinics at Alameda and Encinal High and mental health services/health education at all of Alameda's public high schools. As in past, if 38 funds in the AUSD budget become available for allocation, AUSD may provide funding to supplement Tri High's services. AUSD and Xanthos agree to coordinate and inform each other of any fundraising and grant writing efforts on behalf of the health center or associated programs.

Communication: AUSD and Xanthos will promote and maintain a strong and positive collaboration through open and clear verbal and written communication. The Tri-High Program Director and other school-based health center staff will have access to students, faculty and staff for SBHC outreach activities. Alameda, Encinal, and Island High Schools will include Tri-High's parent consent forms with new student registration mailing and other mailings as appropriate. Meetings between the TriHigh Program Director and AUSD will include the two-way identification of problem areas and a commitment to shared problem solving and accountability.

The undersigned agree to the terms and conditions of this agreement:

_____ AUSD Superintendent

_____ Xanthos, Inc. Executive Director

MOU Between ANY Public Health Commission and ANY Public Schools regarding ANY School Health Center

This Memorandum of Agreement is designed to formalize the continuing relationship between the through the ANY Public Schools, and the ANY Public Health Commission, regarding the operation of a school health center. The parties agree to collaborate on the implementation and operation of the School Based Health Center ("SBHC") at ANY Public School. PS and PHC agree that the SBHC will occupy space rent-free at in the Health Suite Room, where space has been renovated for the SBHC. This space will be used to provide comprehensive school-based health services to the students who are enrolled in the SBHC.

Terms of Agreement

1. Public School and agree to provide the following at no cost to the Public Health Commission:
 - Space at in Health Suite Room as renovated and presently defined as shared reception area, one examination room, shared bathroom, shared clean and dirty areas, office, and storage. In addition, when possible and at the discretion of the Headmaster, the will provide space for additional counselors and/or health educators as arranged with the Headmaster.
 - All utilities.
 - Security services: *i.e. services of school safety officers as needed.*
 - Routine maintenance and repairs (e.g. light bulbs, windows, ceiling tiles, towels, toilet paper).
 - Rubbish removal (Non-hazardous waste).
 - Telephone line
 - Two telephone extensions.
 - Custodial services
 - Annual alpha list of students and their class schedules, updated as necessary.
 - Immunization information on students enrolled in the SBHC
2. PHC will provide the following at no cost to PS or :
 - Comprehensive school-based health center services as defined in the consent form and in compliance with PS policies.
 - Health care equipment and supplies for use in the SBHC.
 - Proper maintenance and disposal of hazardous waste.
 - One direct phone line.
 - Computer equipment and maintenance of same.
 - 39 -Appropriate staffing for the SBHC (with training and licensing as warranted)
 - Medical supervision of staff.
 - All billing responsibilities.
 - Medical malpractice insurance for all appropriate staff.
3. PHC agrees to allow the PS to list the names of the SBHC and the PHC in catalogs, brochures and correspondence as the entities operating the ANY School Based Health Center, subject to the prior approval by PHC for such use.

4. PS agrees to allow PHC to list the name of the in catalogs, brochures and correspondence as the host and collaborating agency for the SBHC, subject to prior approval by PS for such use.
5. PHC agrees that it has complete responsibility over the operation of the SBHC at .
6. PHC agrees to serve patients under age eighteen (18) with parental consent or, alternatively, with self-consent in accordance with Vermont Emancipated Minor laws. Patients eighteen (18) and over may sign their own consent forms.
7. PHC agrees that it will, to the extent permitted by law, protect the confidentiality of any and all information received from students who seek services at the school-based health center unless disclosure is necessary for the health and safety of the student and/or other persons.
8. The SBHC and PS staff will work cooperatively.
9. Either the PHC or PS may terminate this Agreement for any reason or without reason upon at least ninety (90) days written notice to the other party. However, if an academic semester has commenced or is within sixty (60) days of commencing, such notice of termination shall not be effective until completion of said semester. Either party may also terminate this Agreement at any time if the other party defaults in any of its material obligations hereunder, but only is such default shall have continued for a period of ten (10) days after the receipt of a written notice thereof from the other party. Further, PHC may terminate its obligations immediately and without liability, in the absence, withdrawal or termination of availability of funds from the Grantor or other external Funding Source, if any, or authorization from the Funding Source to expend grant moneys for the purposes described in this Agreement. Nothing in this paragraph shall be construed to limit or alter PHC's responsibility to transition PS students to continuing and appropriate health services, upon termination of the PHC's obligations under this Agreement.
10. This Agreement constitutes the entire understanding and Agreement between BPHC and BPS with regard to all matters herein. This Agreement supersedes in the entirety any and all previous agreements, whether written or oral, between the parties.
11. This Agreement may be amended only in writing signed by all the parties hereto.
12. All notices and other communications required or desired to be given shall be given personally, or sent by telefax, registered or certified mail, postage prepaid, return receipt requested to the persons at the addresses set forth below. Notices will be deemed received (a) on the date delivered, if delivered personally; (b) when sent by telefax (if confirmation notice is sent by registered or certified mail on the same day; or (c) three (3) business days after posting, if sent by registered or certified mail:

Public Health Commision: Public Health Programs	Public Schools Superintendent of Schools
Public Health Commission	Public Schools
Sreet Address, City, State, Zip	Street Address City, State, Zip

The parties shall rely upon the addresses set forth above unless notified in writing of a change.

13. This Agreement shall be governed by the laws of the Commonwealth of Massachusetts.

14. Nothing herein shall create or be deemed to create any relationship of agency, joint venture or partnership between PHC and PS. Neither party shall have the power to bind or obligate the other in any manner except as expressly provided in this Agreement.

15. The parties' attention is called to General Laws c.268A (the Conflict of Interest Law). No party shall act in collusion with any other party, person or entity to circumvent such law.

16. Neither party shall be liable to the other or be deemed to be in breach of the Agreement for any failure or delay in rendering performance arising out of causes beyond its reasonable control and without its fault or negligence. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes or 40 unusually severe weather.

17. If any provision of this Agreement is declared or found to be illegal, unenforceable, or void, then both parties shall be relieved of all obligations under that provision. The remainder of the Agreement shall be enforced to the fullest extent permissible by law.

18. Any waiver, expressed or implied, by either party of any rights, terms or conditions of the Agreement shall not operate to waive such rights, terms or conditions or any other rights, terms, or conditions beyond the specific instance of waiver. The Parties hereby cause this instrument to be executed by their duly authorized officers. 96

_____ Executive Director, Public Health Commission
_____ Date

_____ Superintendent of Public Schools
_____ Date

_____ Headmaster
_____ Date

Appendix E:

Checklist for Starting a School-Based Health Center

- ☐ Identify stakeholders that would be supporters of a SBHC.
- ☐ Develop a community advisory committee.
- ☐ Educate the committee about SBHCs.
- ☐ Visit operational SBHCs in your area.
- ☐ Conduct a needs assessment of the population you wish to serve.
- ☐ Identify a licensed health care provider willing to operate the SBHC.
- ☐ Identify the school where the SBHC will be located. Identify specific space within the school. Make sure there is plumbing for hand-washing sink, patient bathroom(s), laboratory space.
- ☐ Will there need to be remodeling? If so:
 - Obtain architectural drawings
 - Obtain formal approval from the school district
 - Obtain contractor
 - Obtain funding
- ☐ Create a business plan for operating the SBHC.
 - What is the mission of the SBHC?
 - Who will be the legal owner/operator of the SBHC?
 - Who will carry the necessary liability/malpractice insurance?
 - Who will be responsible for financial sustainability (grant writing, budgeting, accounting, preparation of tax forms, payroll, financial policies, billing and collection of patient accounts)?
 - Who will be eligible to receive services?
 - What will be the hours of operation?
 - What services will be offered?
 - Laboratory – CLIA waiver?
 - Pharmaceuticals – Other Outlet Pharmacy license?
 - Disposal of hazardous waste?
 - How will the facility be staffed?

Who will supply phones, internet, housekeeping, maintenance, security?

- ☐ Develop an MOU between the school district and the medical sponsor which delineates the responsibilities of each party, and how the school-based health center will be governed.
- ☐ Develop MOUs between the medical sponsor and partner agencies that will provide services in the SBHC (such as community mental health agency, local health department, etc)
- ☐ Develop an annual parent consent form that is HIPAA compliant and promotes the integration of physical, mental and dental care by allowing the appropriate sharing of medical records. How will the consent forms be operationalized?
- ☐ Develop administrative policies and procedures (child abuse reporting, confidentiality, appointments v. walk-ins, after hours coverage, medical record-keeping, etc)
- ☐ Develop financial policies and procedures in compliance with Medicaid, CHP+, and other state and federal laws. If cash is to be collected from patients and kept in the clinic, policies to insure security of the cash and personnel are required.
- ☐ Develop clinical protocols in compliance with PA and NP licensure and certification.
- ☐ Develop referral protocols between the SBHC and the school nurse and school psychologist, as well as between the SBHC and outside agencies.
- ☐ Develop and implement a plan for outreach and enrollment in Medicaid and CHP+.
- ☐ Develop a marketing plan.
- ☐ Develop and implement a quality assurance plan.
- ☐ Order furniture, medical equipment, medical supplies, office equipment and office supplies.
- ☐ Hire or designate a provider with prescriptive authority and experience in child and adolescent primary care.
- ☐ Have a Grand Opening!

Appendix F: Sample Consent Forms

XXXX School Health Clinic Consent Form

Must be completed and signed by a parent/guardian before a student can receive non-emergency medical care at the XXX Health Clinic.

I understand that I am being asked to allow my child/children to receive medical care at the Barre City Elementary and Middle School Health Clinic (Health Clinic).

I authorize my child/children to receive medical care under the following circumstances:

_____ Whenever my child/children requires medical care.

_____ Only when I have provided oral or written permission (except in an emergency).

_____ Only when I am present (except in an emergency).

I understand that the Health Clinic is operated by XXXXX and its employees and contractors and not by the XXXX School District or the City of XXX. As a convenience to its students, the XXX School Board has simply agreed that the health clinic may be located in the school. We also understand XXXX's decisions related to the delivery of medical care to students are the responsibility of XXXXX and not of the principal, the school, or the School Board. I understand that the XXX employees who staff the health clinic will work closely with my child/children's primary care provider and XXX School District personnel, such as social workers, school nurses, counselors, teachers, and administrative personnel to ensure that my child/children's medical needs are met. I authorize the XXX employees to share relevant information about my child/children with School District personnel and other health care providers who are involved in the care/treatment of my child/children.

I understand that XXXX may bill Medicare, Medicaid, or other insurance providers for the medical care my child/children receive at the Health Clinic. I authorize/assign payments of authorized benefits directly to XXXX. 46

I understand that XXXX will protect the privacy of my child/children's health information to the extent required by federal and state law.

I understand that I may revoke this authorization at any time if I submit a written statement revoking the authorization and deliver it to the XXXX.

I acknowledge that I have received a copy of the XXXX Notice of Privacy Practices.

_____ Parent /guardian signature

_____ Date

XXX School-Based Health Centers – Registration Information

Name of parent/guardian _____

Social Security number of parent/guardian _____

Mailing Address: _____

Home phone number _____ Work phone number _____

Emergency Contact _____ Phone number _____

Child's name(s) _____

Date of birth _____

SS Number _____

Medicaid Number _____

Gender _____

MEDICAL INFORMATION: Please give as much detail as possible.

Allergies _____

If so to what? _____

Asthma _____

Seizure or Other disorder _____

Other medical Issues _____

Name of Primary Care Provider _____ Office Number _____

Date of last physical _____

Dentist _____ Date of last dental exam _____

Insurer _____ policy number _____

Please attach copy of insurance card.