



The California School-Based Health Alliance’s vision for school-based health centers:

- A. SBHCs deliver enhanced access** by bringing health care directly to where students and families are and conducting active school-based outreach to connect students with care.
- B. SBHCs strengthen prevention and population health** by connecting clinical care with public health approaches such as group and classroom education, school wide screenings and prevention programs, creation of healthier environments, or efforts to address the social determinants of health.
- C. SBHCs offer intensive support for the highest need students** by being present on a daily basis to manage chronic disease, address behavioral health issues, deal with crises, and help students and families access resources.
- D. SBHCs have a shared mission with the school to improve academic achievement** by working together to address absenteeism, school climate, classroom behavior, and performance.
- E. SBHCs are committed to functioning as part of an integrated health care system** by communicating and coordinating care with other providers, partners, and payers.

To see how your SBHC is doing, please do a quick self-assessment using our Best Practices Checklist at www.schoolhealthcenters.org/sbhc-best-practices-checklist/. Based on your response, we will send you resources that will help you strengthen your SBHC.

Complete this checklist online and receive resources tailored to your needs:
www.schoolhealthcenters.org/sbhc-best-practices-checklist/



Best Practices Implementation Checklist

1= not really happening, 2 = in process, sporadic, depends on funding, 3 = well-established, consistent

A. SBHCs deliver enhanced access by bringing health care directly to where students and families are and conducting active school-based outreach to connect students with care.

1. There is someone in the health center (even if not a medical provider) every day that school is open.	1	2	3
2. Clinical services (medical, mental health or dental) are provided at the SBHC at least 16 hours a week.	1	2	3
3. The SBHC does not wait for patients to walk through the door but rather reaches out proactively to students by conducting mass screenings, establishing a clear process for school staff to make referrals, or following up on referrals by calling students out of class or contacting their families (when appropriate).	1	2	3
4. The SBHC accepts drop-ins/walk-ins.	1	2	3
5. There are no physical barriers that prevent students from accessing the SBHC (e.g., locked gates) or school policies that limit access (e.g., refusing to release students from class).	1	2	3
6. If serving teens, the SBHC maintains a teen-friendly environment by ensuring confidentiality, having a separate entrance/waiting area, having teen-only hours, and hiring staff interested in working with teens and/or training staff to work effectively with teens.	1	2	3
7. If serving children and/or parents, the SBHC hires staff members that understand the culture of parents in the school community and can speak their language.	1	2	3
8. The SBHC conducts active outreach in the school or community to inform students and families about the services available (including, when relevant, services that minors can access without parent consent.)	1	2	3

B. SBHCs strengthen prevention and population health by connecting clinical care with public health **approaches** such as group and classroom education, school wide screenings and prevention programs, creation of healthier environments, or efforts to address the social determinants of health.

9. The SBHC regularly runs group programs for students on health and mental health (e.g., nutrition education, trauma support groups, asthma education, fitness, health careers).	1	2	3
10. The SBHC regularly delivers health education in the classroom, conducts schoolwide health campaigns or events, or has presentations or events to educate parents and family members.	1	2	3
11. The SBHC participates in efforts to establish a healthier environment in the school or community (e.g., school food policies, water availability, space for physical activity)	1	2	3

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C. SBHCs offer intensive support for the highest need students by being present on a daily basis to manage chronic disease, address behavioral health issues, deal with crises, and help students and families access resources.

12. The SBHC provides medical case management for all students as needed, such as monitoring or follow up for chronic disease, hospitalizations, injuries, acute illnesses, or medication administration. (Note: this function may be performed through coordination with a school nurse.)	1	2	3
13. The SBHC provides enabling or collateral services to help students access services (e.g., meeting with teachers, setting up appointments, assisting with insurance enrollment, explaining medical issues or health benefits)	1	2	3
14. The SBHC offers behavioral health services and psychosocial case management for students with emotional, social, or mental health issues.	1	2	3

D. SBHCs have a shared mission with the school to improve academic achievement by working together to address absenteeism, school climate, and classroom behavior and performance.

15. SBHC staff and school administrators meet regularly to discuss policies and procedures.	1	2	3
16. The SBHC and school staff work together to address the needs of students who are struggling with attendance, behavior, or academic performance issues.	1	2	3
17. The SBHC helps students develop leadership skills and have opportunities for student career pathway development.	1	2	3
18. The SBHC and school staff work together on activities and programs that promote positive climate and school safety.	1	2	3
19. The SBHC supports teachers' health and wellness (e.g., support groups, stress management, workplace wellness).	1	2	3

E. SBHCs are committed to functioning as part of an integrated health care system by communicating and **coordinating** care with other providers, partners and payers.

20. When serving patients who have an assigned primary care provider that is not the SBHC's sponsoring organization (for example patients of Kaiser or private doctors), the SBHC shares information about non-confidential services and coordinates care when needed.	1	2	3
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