School-Based Health Centers 101
Starting a SBHC: Key Steps in Planning
Workshop Objectives

- How to build collaborations between school district and other agencies
- How to create planning committees to start SBHC start up project
- Layout the planning process
- Develop a needs assessment for the service area
- Create and establish MOUS between agencies
- Understand minor consent/confidentiality practices in a SBHC
Pair and Share

Introduce yourself to your neighbor and share:

• What stage of SBHC development are you in... Thinking? Planning? Already doing this work?
• What do you need help with?
• What are you hoping to learn today?
California School-Based Health Alliance

The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health and academic success of children and youth by advancing health services in schools.

Our work is based on two basic concepts:

• Health care should be accessible and where kids are
• Schools should have the services needed to ensure that poor health is not a barrier to learning.
California’s 243 School-Based Health Centers

There are 243 school-based health centers in California. Listed below are the number in each county.

- Alameda = 27
- Contra Costa = 8
- Del Norte = 1
- Fresno = 11
- Humboldt = 1
- Lake = 1
- Los Angeles = 78
- Marin = 2
- Monterey = 3
- Orange = 8
- Riverside = 6
- Sacramento = 3
- San Bernardino = 7
- San Diego = 16
- San Francisco = 22
- San Joaquin = 7
- San Luis Obispo = 2
- San Mateo = 2
- Santa Barbara = 1
- Santa Clara = 13
- Santa Cruz = 6
- Shasta = 1
- Solano = 3
- Sonoma = 4
- Stanislaus = 4
- Tulare = 4
- Ventura = 2
What Is a School-Based Health Center?

- **Delivers primary medical care** - basic medical services like any doctor’s office or clinic - *in collaboration with a school and school nurse/s*

- **Located on campus** or near a school site

- **May also provide** mental health services, dental care, after school programs, clubs, nutrition programs, parent groups, etc.

- **Works on school-wide issues** like health education

- **Serves students** and sometimes siblings, family members, and the community
What Makes School-Based Health Centers Effective?

- Integration into the health care system
- Enhanced access to health care
- Stronger prevention & population health
- Support for school’s mission to improve academic achievement
- Intensive support for the highest need students
<table>
<thead>
<tr>
<th>Service</th>
<th>% of Centers</th>
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<tbody>
<tr>
<td>Medical Services</td>
<td>87%</td>
</tr>
<tr>
<td>Health Education</td>
<td>61%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>64%</td>
</tr>
<tr>
<td>Reproductive Health – Screening &amp; Education</td>
<td>70%</td>
</tr>
<tr>
<td>Reproductive Health – Clinical Care</td>
<td>55%</td>
</tr>
<tr>
<td>Nutrition &amp; Fitness Programs</td>
<td>33%</td>
</tr>
<tr>
<td>Dental Services – Prevention</td>
<td>42%</td>
</tr>
<tr>
<td>Dental Services – Treatment</td>
<td>23%</td>
</tr>
<tr>
<td>Youth Engagement Programs</td>
<td>38%</td>
</tr>
</tbody>
</table>
Who Runs School-Based Health Centers?

- School districts
- Federally Qualified Health Centers
- Other community health centers
- County health departments
- Mental health providers
- Community-Based organizations
- Hospitals
How Is School-Based Health Care Financed?

Space and utilities are typically contributed by the school

Third-party reimbursement:
- Child Health and Disability Program
- Family PACT
- Medi-Cal

Public and private grants
Considerations for Developing Sustainable School-Based Health Care Programs

School-based health centers *usually* serve all students at a school even if they are:

- Uninsured
- Enrolled in a managed care plan that does not reimburse the school health center.

Reimbursement rates do not cover actual costs.

A significant portion of staff time is spent conducting education, outreach, and case management that is not generally reimbursable.
Key Steps in Planning

Salina Mendoza, M.S.
Program Manager, Central Valley
California School-Based Health Alliance
Key Steps

• Forming a planning committee
• Discuss why SBHC is needed
• Determine services that are needed (Needs Assessment)
• Determine Best Model
Key Steps

• Who will the SBHC serve (population)
• Develop Staff Model
• Funding Plan
• Coordination between agencies- MOUs
Establish a Planning Committee: Composition

• Local health department
• Community clinic
• Community/teaching hospital
• Mental health, substance abuse, and social service agencies
• Private physicians
• University faculty
• Elected officials

• Business and community leaders
• Faith community
• School superintendent, board, or designee
• School faculty and administration
• Students
• Parents
• Outline committees key tasks, meeting schedule, and facilitator

• Develops clear, concrete, achievable goals.

• Understand and respect each member for their different role and responsibility.

• Establish and maintain clear expectations and agreements (LOA/MOU)

• Seek approval from decision-making bodies
Needs Assessment

An accurate appraisal of the current situation (strengths, concerns, and general conditions) of a community’s population.

A collection of secondary and first-hand information and data from a wide range of relevant sources and audiences.
Needs Assessment

Better understand the community in which you will be working

Become aware of and document needs

Locate hidden strengths or underutilized resources that could be developed

Develop SBHC that align with community interests

Garner greater support, “give voice” to community members, and involve more people in subsequent action
Existing data sources to examine?

- CHKS Survey
- Free and reduced price lunch rates, Medi-Cal, uninsured
- County public health indicators
- Attendance and dropout rates
- Referrals/suspensions
- Test scores
Design SBHC Model

Design

• Model
• Services
• Staffing
• Hours of Operation
• Parent, Student, and School staff involvement
• Community, partner engagement

• Fences
• Security
Funding

• In-kind contributions of patterns/collaborators

• Joint use funds

• Service-specific grants: mental health, substance abuse, community schools, etc
  • (CHSA Website)

• New Access point grants: new comprehensive community health centers serving new community/population, may be school-linked
  • Annual RFPs
Youth Engagement

• Peer Health Educators
• Peer Health Coaching
• Youth Advocacy
• Research Teams (CBPR)
• Youth Advisory Boards/Teams
Referral Processes

- Nurses – SBHC
- Teachers – Nurse/SBHC
- Admin & School Staff – Nurse/SBHC
- Appointments during class time (best practices)

SBHCs Programs

- Health
- Mental Health
- Dental
- Programs
Youth Engagement vs. Tokenization

Roger Hart's Ladder of Young People's Participation

Rung 1: Young people are manipulated*

Rung 2: Young people are decoration*

Rung 3: Young people tokenized*

Rung 4: Young people assigned and informed

Rung 5: Young people consulted and informed

Rung 6: Adult-initiated, shared decisions with young people

Rung 7: Young people lead & initiate action

Rung 8: Young people & adults share decision-making

Note: Hart explains that the last three rungs are non-participation

Minor Consent & Confidentiality

HIPAA / FERPA
   - Release of Information

Clinic/ SBHC Policies
   - Appointments
Structure:

• Schedule admin quarterly meetings
• Coordination of Services Team (COST) team meetings (Triage referral process and case management)
• Schedule activity with partner- collaborate and have fun (staff changes)

Best Practices

Student Access:

• Create plan on how a student would access services from class.
• Is it physically accessible?
• Do all teachers know when to excuse?
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.

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.

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.

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

SBHCs are committed to functioning as part of an integrated health care system by communicating and coordinating care with other providers, partners, and payers.
SBHC Principles
Questions & Answers
Break (15 minutes)
CSHA Resources - Toolkits
CSHC Resources

From Vision to Reality: How to Build a School Health Center from the Ground Up

HIPAA or FERPA? A Primer on School Health Information Sharing in California

Guidelines for California’s School Health Centers

Third Party Billing: A Manual for California’s School Health Centers

Ready Set Success! How to Maximize the Impact of School Health Centers on Student Achievement
Vision to Reality: How to Build a School Health Center from the Ground Up

Chapter 1: Overview
Chapter 2: Community Planning
Chapter 3: Youth Engagement
Chapter 4: SBHC Structure and Staffing
Chapter 5: Funding
Chapter 6: Licensing and Regulations
Chapter 7: Operations
Chapter 8: Facilities
Chapter 9: Evaluation and Data Collection

Get Help!
Partner With the CA Alliance on Your SBHC

• Tour a school-based health center
• Learn about potential partnerships
• Get help in selecting a school-based health model that best fits your needs
• Receive guidance on creating a school-based health center project planning committee
• Access our start-up toolkit and other helpful resources
SBHC Partnerships are Complicated

“Sometimes I think the collaborative process would work better without you.”
Innovative Partnerships
School Based Health Models

Nichole Mosqueda,
Director of Programs & Development
Camarena Health
Camarena Health

- Largest primary care provider in Madera County
- 27,269 patients and over 127,000 patient encounters
- Services include: Family Practice, Pediatrics, Women’s Health, OB/GYN, Dental, Behavioral Health, Insurance Enrollment, Health Education & Nutrition Education

Madera County

- Population in Madera County, 152,389
- Madera, Oakhurst, Chowchilla,
- Economy is supported by Agriculture, Health Care and Advance Manufacturing and Technology
2015 Patient Encounters
Medical  81,820
Dental   31,203
Mental Health  2,325
Enabling Services  11,688
Total Encounters  127,036

Age Groups Served
0-5      3,229
6-17     6,177
18-29    4,894
30-64    11,014
65 and up  1,955
Camarena Health serving communities of Madera County for 35 years with locations in Madera, Chowchilla, and Oakhurst.
Key Practices for Effective Collaboration

- Assessing the Environment
- Creating Clarity
- Building Trust
- Sharing Power and Influence
- Reflection
Like many community based health care providers, Camarena Health has strongly supported schools with health care related outreach:

- Participating in school health fairs
- Outreach activities at school events to parents and students
- Support school sites with student physicals and immunizations needs
- Presentations to students on health related topics
School Based Health Approaches

What else could we do to ensure that students and their families have access to care? How could we make sure that every school district in the county could say “We are working with Camarena Health!”

- Meet with School District Superintendents & Staff on a regular basis
  - School Nurses, Assistant Superintendents, Career Technical Education Staff, College & Career Readiness Programs, Principals, Food Service Directors, Family Resources Directors, Community Development Administrators.
- Career Technical Education, Work Experience, ROP Programs
- School Wellness Committees and policy support
- Family Resource Centers-Insurance Enrollment
- School Administrators and Teacher Training
- CPR Training, ESL Parent Training, Parent PAC Meetings, Adult/Migrant Education, Health Educator Presentations
School Based Task Forces & Advisory Groups

Why participate? Commitment to serving the community. Having a voice. Seen as the expert for health care in the community. Creating opportunities for stronger delivery models.

- Superintendent's Cabinet
- District Administrators Wellness Policy Committee
- Madera COMPACT-County Office of Education business and education partnerships
- Career Technical Education Advisory Task Force
- Fresno Business Incubator Taskforce- Health Care, Career Technical Education
- ROP Advisory
- School Based Health Alliance Regional Task Force
- Regional Health Care Workforce Initiatives-State Center Community College District
- Workforce Investment Board-Board Appointment
Career Technical Education (CTE)

Why should primary care organizations care about Career Technical Education? How is this a part of a School Based Health Model?

• CTE in schools is developing our future health care workforce
• Health care workforce shortages in primary care
• Health care is a primary goal of most CTE programs throughout the state

Career Technical Education (CTE) provides students with the academic and technical skills, knowledge and training necessary to succeed in future careers and to become lifelong learners.
Madera County-Career Technical Education Support

**Madera Compact:** Business and Education partnership to develop programs for students to be college and career ready in either Agriculture, Health Care or Advance Manufacturing and Technology professions.

**Advisory Groups for CTE Programs at School Districts:** Partnership with District Offices to develop more current and appropriate health career pathway programs for students.

**Teacher Trainings:** 65 district administrators participated in a two hour training and guided tours of the health center about careers in health care.
75 Middle School Math and Science (STEM) teachers participated in a week long boot-camp which included a presentation by Camarena Health staff and tours of the health center.
Workforce Development

• What could we do to enhance and support our work with the schools in Madera County?

• What can our role be in developing a stronger workforce here in Central Valley?

• How can we be a part of developing people who are passionate about caring for Madera County?
The A.T. Still University Department of Physician Assistant Studies provides a *learning-centered education* that develops exemplary physician assistants who deliver *whole person healthcare* with an emphasis on *underserved populations.*
Innovation & Success
Outcome 1: School Based Health Center Sites

2 School Based Health Centers to be completed in 2016 and 2019
Madera South High School Campus
New High School Campus.

With a goal of the CTE and Health Care Pathway programs being able to be integrated into the School Based Health Centers Delivery Model.
Outcome 1: School Based Health Center Sites

- Enhanced access to health care
- Stronger prevention and population health
- Intensive support for the highest need students
- Support for the school’s mission to improve academic achievement
- Collaborate with School District Administration and School Site Staff to provide integrated care.
- Partner closely with school nurse and district health services staff to develop appropriate delivery models
- Support for health care workforce & ROP pathway programs
Outcome 2: Stronger primary care focused Career Pathways Programs

Proposed MUSD Career Pathways

New High School
- Health Career Academy
  - Patient Care
  - Mental and Behavioral Health
  - Public and Community Health
- Additional Career Pathway Opportunities
  - Residential and Commercial Construction
  - Transportation

Madera High
- Engineering and Technology Career Academy
  - Engineering Technology
  - Product Innovation and Design
  - Networking
  - Software and Systems Development
  - Machining and Forming Technologies

Madera South
- Agriculture Career Academy
  - Agri-science
  - Animal Science
  - Plant Science
  - Ornamental Horticulture
  - Agriculture Mechanics
  - Power Mechanics

MUSD Career Pathways Offered Districtwide
- Arts, Media, and Entertainment – Game Design and Integration, Performing Arts, Theatre Technology, Design, Visual, and Media Art
- Building Trades and Construction – Mechanical Systems, Installation, and Repair
- Public Services – Public Safety and Emergency Response
- Hospitality, Tourism, and Recreation – Food Service and Hospitality
- Education and Child Development – Childhood Development and Education
- Entrepreneurship and Innovation – Marketing and Entrepreneurship
Outcome 3: Growing our Own

Camarena Heath’s able to support local students who are from our communities, with opportunity into A.T. Still University's Physician Assistant Program.

For over 20 years Camarena Health has provided student scholarships to high school students pursuing higher education focused in a health care profession.
Lastly, seen by school and community partners as the expert for high quality school based health care models in Madera County.
Key Stakeholders

Where do you start?

Who are your partners?

What do you already know?
Madera Unified School District

Caitlin Pendley, RN
Health Services Coordinator
Madera Unified School District
School District Demographics

- Central Valley
- 20,000 students
- 13 FTE Credentialed School Nurses
- Office Visits
Madera South High School
Madera South School Based Health Center
MSHS Campus

- 3,000 + students
- 50 + students a day
- Campus Needs
  1. Injuries
  2. Behavioral Health
  3. Special Education
Future Collaborations
Future High School

BUILDING N
ADMIN + ACADEMIC 1
FIRST FLOOR PLAN

1. ENTRANCE
2. RECEPTIONIST
3. MAIL ROOM
4. ATTENDANCE
5. STORAGE
6. OFFICE
7. PARENT RESOURCE
8. CONFERENCE
9. CUSTODIAL
10. TOILET
11. WORK ROOM
12. BREAK ROOM
13. BUSINESS OFFICE
14. VP OFFICE
15. PRINCIPAL
16. WAITING
17. SECURITY OFFICE
18. INTERVIEW ROOM
19. SRO OFFICE
20. SECURITY VIDEO
21. SRC
22. NURSE OFFICE
23. HEALTH CLERK
24. NURSES EXAM
25. INFIRMARY
26. DENTAL SUITE
27. UTILITY
28. DENTAL SUPPLIES
29. TREATMENT
30. EXAM
31. EQUIPMENT ROOM
32. LAB/SUPPLY
33. NURSE STATION
34. CTE NURSING LAB
The following graphic describes some of the relationships that may exist between the school and the SBHC:

** These staff members (in grey) are employed by the school district and are critical to integration of services between the school and SBHC.
School Nurse

Role:
• Care Coordinator
• Triage
• Liaison
• Champion
• Staff Educator

It is essential that the school nurse is part of your planning process from the beginning!
SBHCs Thrive on Partnerships

- The best SBHCs are a result of a strong link between the school district and clinic provider. Other beneficial partners can include:
  - Community-based organizations
  - Municipalities
  - County public health departments
  - Mental health providers
- SBHCs work best when well integrated into the school environment
MOU Lessons Learned

1. Operating Hours
2. Services
3. Staffing
4. Population Served
5. Site Location/Security
6. Consent
7. Payment
8. Documentation/E.H.R
9. Meetings
10. Program Evaluation
11. School-Community Engagement
Next Steps

**Activity**

Name three steps you will take to continue planning

Name three potential partners to engage in the process
Questions & Answers
What You Can Do Now

Contact:
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Learn more and see resources at www.schoolhealthcenters.org