**California School-Based Health Alliance**

**Application for 2015-2016**

***Asthma Learning Collaborative***

**Application due on March 9, 2015 by 5:00 PM**

**Opportunity**

In order to build a better understanding of how school-based health centers (SBHCs) can improve the quality of care and quality of life for youth with asthma, California School-Based Health Alliance (CSHA), in partnership with California Breathing (the California Department of Public Health’s asthma program), Regional Asthma Management & Prevention (a project of the Public Health Institute), and The Los Angeles Trust for Children’s Health is organizing a group of SBHC staff to participate in a 16 month Asthma Learning Collaborative (ALC). The collaborative will provide SBHCs with expert-led training sessions, opportunities for collaboration with other SBHC providers, and tools and resources to better support the asthma management and prevention needs of students with asthma.

**Goals**

The long-term goal of the Asthma Learning Collaborative (ALC) will be to develop best practices necessary to create a statewide model for supporting students with asthma. Long-term outcomes include:

1) Reduction in the number of asthma related emergency department visits for children and adolescents.

2) Reduction in other indicators of asthma morbidity, such as number of hospital admissions, sick visits to primary care physicians for asthma, missed school days, symptom days, and improvement in quality of life indicators.

3) Reduction in exposure to environmental asthma triggers in the home and school.

CSHA, California Breathing, RAMP, and The L.A. Trust will provide tools and resources to SBHCs selected for the ALC to: evaluate current practices in asthma education and management, identify environmental asthma triggers, implement best practices for clinical and environmental interventions, and collect and analyze data to measure improvement. Ongoing assistance will also be provided to help with school wide screenings, coordination of care with primary care providers outside of the SBHC, billing models, and quality improvement.

Additional training and resources will be delivered to medical providers to strengthen your SBHC’s work with students with asthma. These training topics will include guidelines for asthma support and treatment, culturally competent care and resources, and support for reducing asthma triggers in the home and at school.

As a result of participation in the ALC, SBHCs will develop comprehensive asthma management services that include:

1. School-wide asthma screenings
2. Assessments to identify environmental asthma triggers for patients with asthma
3. Guidelines-based care for people with asthma
4. Self-management education to students
5. Asthma action plans for patients to both control asthma and reduce exposure to environmental triggers
6. Asthma management education for parents
7. Telephone and/or in-person consultations with parents
8. Linkages to care for students with outside health care providers (physicians/clinics)

**The timeline for the ALC is April 15, 2015-August 31, 2016.**

# Eligibility/Selection Criteria

* Six SBHCs will be selected, two from Northern California, two from Central California, and two from Southern California.
* SBHCs must be serving student populations with high asthma prevalence. To access county asthma data, please visit <http://www.californiabreathing.org/asthma-data/county-asthma-profiles>, and refer to Active Asthma Prevalence for children between 5 – 17 years of age. Also, please clearly describe the population with which you plan to work, with particular focus on students with poorly controlled asthma.
* SBHC should have some experience with, and interest in expanding asthma interventions.
* SBHC should be able to partner with their school administrators to implement school wide projects including assessments, student screenings, or changes to school policy.
* Federally Qualified Health Centers are preferred.
* Priority will be given to SBHCs that are members of the California School-Based Health Alliance.

**Program Expectations:**

The ALC represents a comprehensive approach to addressing asthma, combining clinical improvements with strategies to address environmental triggers. Selected sites will be expected to dedicate approximately 80% of grant activities towards implementation of clinical quality improvements and 20% to support environmental trigger reduction. Tools and resources will be provided to ALC participants to ensure achievement of program deliverables.

**Clinical Improvement Deliverables:**

* Provide comprehensive asthma diagnosis, clinical care, and self-management skills for students with asthma.
* Implement clinical workflow systems and care coordination mechanisms to provide comprehensive care and maximize student health benefits.
* Implement communication systems between SBHC staff, students with asthma, and their parents.
* Provide culturally appropriate asthma resources for students with asthma and their families.
* Collect, track, and report on the following data elements:
	+ Total student enrollment (per school) served by SBHC (including race and SES)
	+ Basic patient demographics (gender, race, age)
	+ Number of SBHC patients with asthma with a PCP
	+ Number of patients with asthma who were linked to a PCP through the SBHC
	+ Number of patients for whom, 1) asthma treatment/education was initiated, and 2) treatment/education was completed
	+ Asthma control assessment pre/post (% poorly controlled/well controlled pre/post)
	+ Percent of patients with asthma using long-term controller medications pre/post
	+ Frequency of episodes using rescue meds pre/post
	+ Frequency of asthma emergencies (e.g. SBHC visits, ER visits, hospitalization, etc.)
	+ Number of students receiving asthma self-management education (pre/post knowledge)

**Environmental Intervention Deliverables:**

* Conduct assessment to determine the extent to which students with asthma served by the SBHC are exposed to environmental asthma triggers in their schools and homes at the beginning and the end of the ALC. The trigger assessment instrument will be provided by RAMP/ CSHA.
* Develop an action plan and implement one new intervention to reduce exposure to environmental asthma triggers.

**Participation Requirements:**

* Identify two SBHC staff members to participate in the ALC, including one clinician (NP, PA, or MD). These staff member should:
	+ Be employed year-round (or be willing to work through the summer), and dedicate at least 50% of their work to an SBHC.
	+ Serve in one of the following capacities:
		- Directing a multi-site SBHC department
		- Managing a SBHC site
		- A clinical provider
		- Another position that has the capacity to lead project related activities
* Commit to attending all required meetings/trainings including:
	+ Kick-off webinar on April 15, 2015 from 3:00 - 5:00 pm
	+ In person trainings at the California School-Based Health Alliance Conference taking place April 30-May 1, 2015
	+ 2 additional in-person trainings, dates TBD
	+ 5-6 webinars over the 16 month period, dates TBD
* Participate in program evaluation to include participant surveys and interviews
* Demonstrate enthusiasm for the initiative

**SBHC Sponsor Agency Expectations:**

* Approve all leave and travel associated with the ALC for both participants
* Approve all project related work described above
* Provide any support (IT assistance, administrative support, leadership direction, etc.) associated with the ALC

**Payment:**

To offset costs associated with the ALC, **selected sites will receive a stipend of $21,500** (approximately 80% of which will support clinical quality improvements and 20% of which will support environmental trigger reduction).

A tentative payment schedule is reflected below:

April 2015--$5,000

October 2015--$6,750

February 2016--$4,000

May 2016--$1,750 upon completion of deliverables related to environmental interventions

August 2016--$4,000 upon completion of clinical improvements

The ALC is a coordinated effort between California School-Based Health Alliance, in partnership with California Breathing (the California Department of Public Health’s asthma program), Regional Asthma Management & Prevention (a project of the Public Health Institute), and The Los Angeles Trust for Children’s Health. Funding has been made available with grants from the Centers for Disease Control and Prevention’s National Asthma Control Program and the US Environmental Protection Agency. **Funding and fidelity to the Asthma Learning Collaborative scope of work as listed above, is contingent upon continued authorization and approval from all federal and state agencies.**

**For more information contact:**

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Project Director

California School-Based Health Alliance

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**Application due on March 9, 2015 by 5:00 PM**

**Please submit applications to** **jtaizan@schoolhealthcenters.org**

 **California School-Based Health Alliance Asthma Learning Collaborative**

**A. About the SBHC**

|  |  |
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| Name of SBHC: |  |
| Date SBHC established: |  |
| SBHC Address: |  |
| Name of School: |  |
| School where SBHC is based is (**BOLD** all that apply): | Elementary school Middle schoolHigh school  |
| Enrollment at host school (#): |  |
| # SBHC patients: *(This # should include all unique patients within a 1-year period)* |  |
| SBHC operating hours: |  |

**B. About the SBHC sponsoring agency**

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| --- | --- |
| Agency: |  |
| Type of organization (**BOLD** only one): | Community health centerFQHCSchool districtHospital | Non-profit organizationOther: |
| Chief Executive Officer: |  | Email |  |
| Chief Medical Officer: |  | Email |  |

**C. About the participants (two participants are required, including one medical provider)**

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| Participant Name: |  |
| Title: |  |
| Years at SBHC: |  |
| Please describe your role at the SBHC in a few sentences: |  |
| Contact Email: |  |
| Contact Phone #: |  |

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| --- | --- |
| Participant Name: |  |
| Title: |  |
| Years at SBHC: |  |
| Please describe your role at the SBHC in a few sentences: |  |
| Contact Email: |  |
| Contact Phone #: |  |

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| **Please describe your SBHC’s capacity (both systems and staffing) to gather and report on the required data elements (see page 2 of RFP). Please describe current EHR and EMP systems, as well as other data gathering tools used by your SBHC to track patient health information. *Please limit your answer to 200 words or less*** |
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| **Please describe how asthma impacts the students at your school. In your response please include asthma prevalence for your school, district, and/or geographic area, as well as environmental triggers at your school or community that may contribute to the problem. *Please limit your answer to 500 words or less*** |
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| **Please describe your SBHC’s current work with students who have asthma including screening, diagnosis, asthma management through clinical services or education, environmental interventions, school wide or community interventions, and any other unique models. *Please limit your answer to 300 words or less*** |
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| 1. **Please describe the SBHCs relationship with school and/or district staff and administration, including school nurses (e.g. how well do you work together? Are communication structures in place?).**
2. **How integrated is the SBHC into the school (e.g. does the SBHC host campus wide events, participate in a wellness committee, train teachers, etc.)?**

 ***Please limit your answer to 400 words or less*** |
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| **Are processes in place to communicate with the primary care providers of unassigned patients that the SBHC serves or may serve? If so, please describe. If not, please describe the possibility of establishing these processes. *Please limit your answer to 300 words or less*** |
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| 1. **Why are you interested in the Asthma Learning Collaborative?**
2. **What goals do you hope to achieve, or improvements do you hope to implement?**
3. **Please clearly describe the population with which you plan to work, with particular focus on students with poorly controlled asthma*.***

***Please limit your answer to 400 words or less*** |
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