



# Get on Track to Open a Financially Sustainable SBHC

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## About 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*, and
- Schools should have the services needed to ensure that poor health is not a barrier to learning



## About La Clínica

La Clínica is one of the largest community health centers in California. Since its beginnings in 1971, La Clínica has grown into a sophisticated provider of primary health care and other services with 40 locations spread across Alameda, Contra Costa, and Solano Counties. In 2013, La Clínica served over 91,000 patients and provided 427,867 patient visits.

### Our Mission

The mission of La Clínica is to improve the quality of life of the diverse communities we serve by providing culturally appropriate, high quality, and accessible health care for all.



**La Clínica**

School-Based Health Centers

### **SBHC Department Mission**

"To improve students' health, well-being, and success in school by increasing access to high-quality health care services, reducing barriers to learning, and supporting families and communities by providing basic medical care, behavioral health services and health education in a respectful, youth-centered environment."

## Workshop Objectives

By the end of this workshop we hope you will:

- Understand best practices for partnering with schools/districts to increase access to students.
- Learn new strategies to increase patient registration
- Have new planning tools to support your SBHC
- Create a draft plan to improve one area of your work

## Introductions/Get to Know You

- Introduce yourself
- Where is your site in regards to sustainability?
- What challenges do you face?



# How to Build a Sustainable SBHC

- Building relationships
- Getting into the school/community
- Being data driven
- Using a QI framework



How integrated are you?






# Building Strong Partnerships

- Strong partnerships are key!
- Need to become critical partner/part of the school and district.
- Need to move towards true inclusion between SBHC and school/district



# Building Strong Partnerships

## Basic steps:

- Establish monthly meetings with your principal and the district
  - Train school staff on all of your services and how to refer students
  - Provide regular updates to staff
  - Host staff appreciation/support days
  - Reach out to parents and inform them of your services
  - Schedule annual presentations to your school board
- 



# CASE STUDY: Logan SBHC



## Exclusion

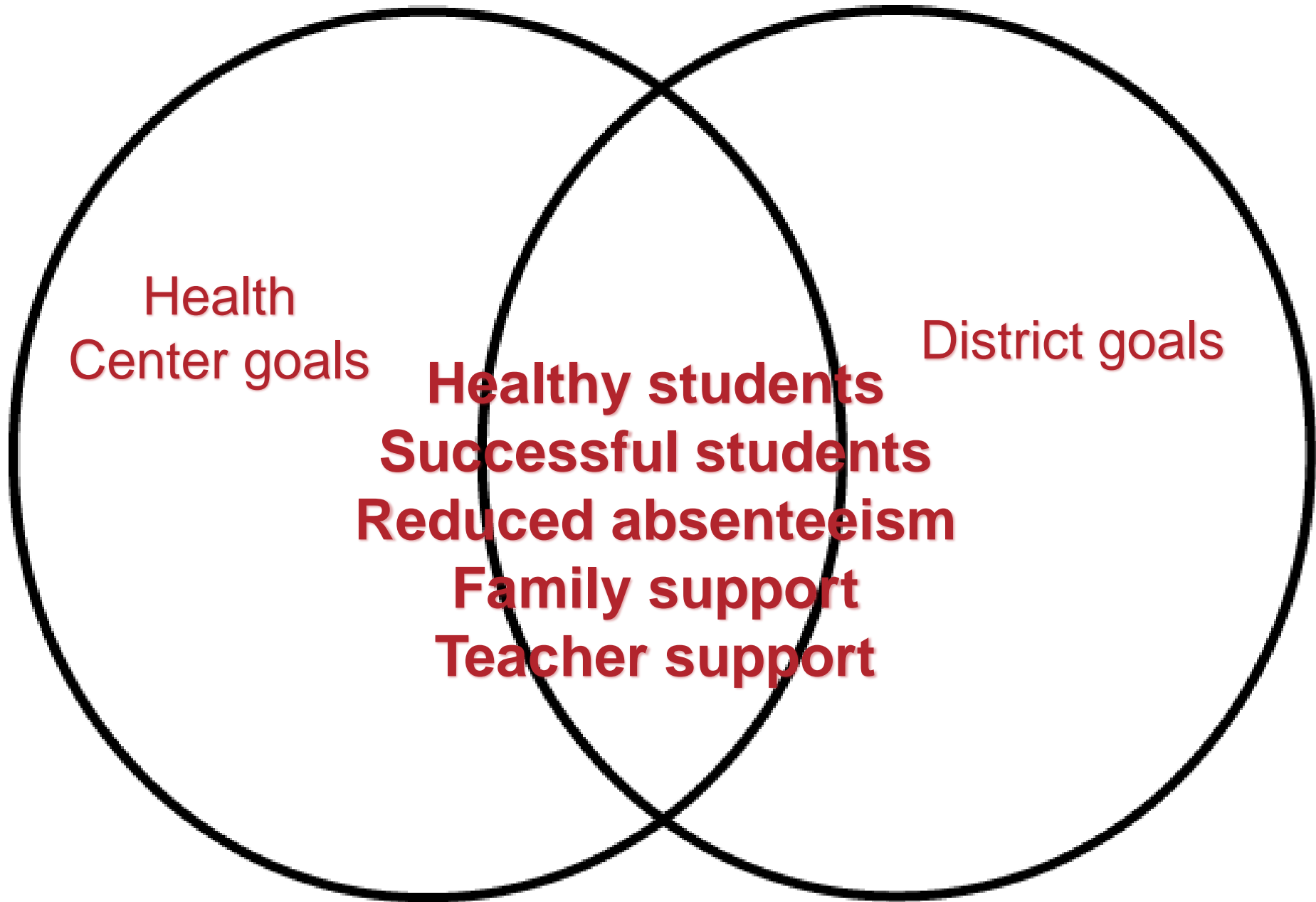
- Local CHC had some health services
- Ran youth programs
- Not truly welcome

## Integration

- SBHC established out of community need
- Hosted health fairs & classroom presentations
- Operated independently of school

## Inclusion

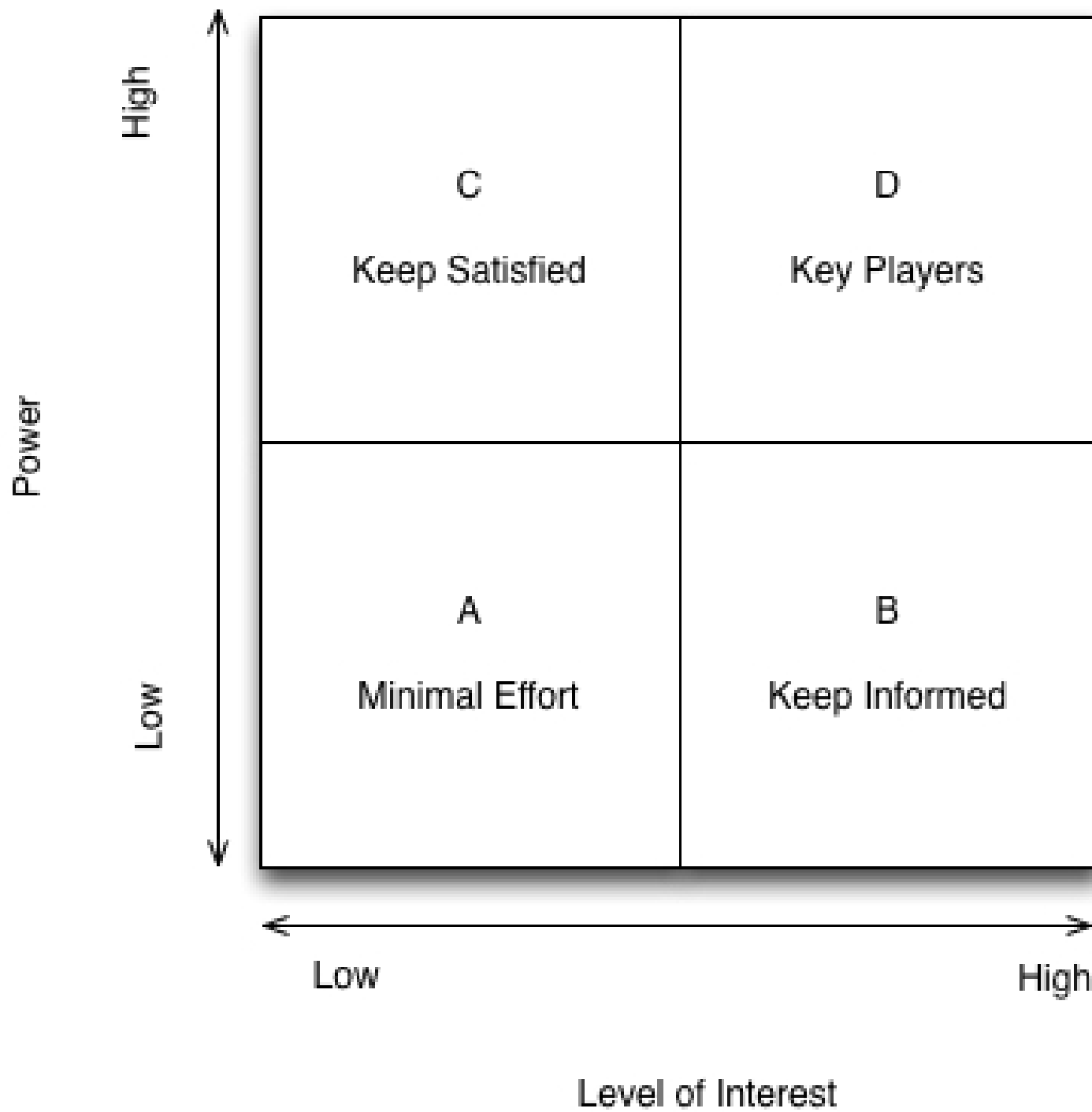
- SBHC asked to update sex ed curriculum
- SBHC helped with school & district policies
- Shared universal referral system
- Sought joint funding



Health  
Center goals

District goals

**Healthy students**  
**Successful students**  
**Reduced absenteeism**  
**Family support**  
**Teacher support**



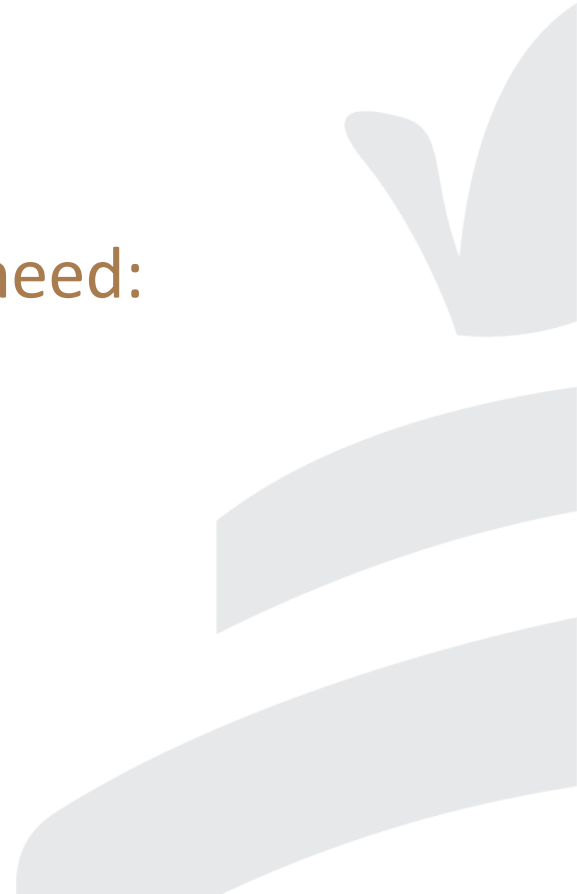
# Things to Consider

This is a commitment and the return is not immediate

You may need to make concessions

Like any healthy relationship, you will need:

- Transparency
- Accountability
- Trust



# Get Into the School/Community

## Step 1: Know your population

- Who is in need of support/regular services?
- How can you engage youth/families?
- What are the main health issues?
- Where are the gaps in services?



### CASE STUDY: San Fernando SBHC

**Who**—athletes/coaches

**How**—Held focus groups with students/athletes/coaches.

**What**—needed physicals, but also high cases of obesity/diabetes

**Where**—major issues with primary care, but also lack of space for physical activity

# Get Into the School/Community



## Step 2: The basics of visibility

- Back to school registration
- Classroom presentations
- Health fairs
- School events—sports games, assemblies, performances, etc.

### TIPS:

Don't just reach out, register!

Reduce process/paperwork

Use an easy way to screen/determine need

See if your health educators can cover class sessions/modules

Engage family members—check blood pressure, provide first aid kits, etc

Use incentives—pens, buttons, stickers, etc.



# Get Into the School/Community

## Step 3: Be innovative and think big

- Grade level registration/screening drives
- Host special events with registration/services
- Dental screening/immunization drives
- Coordinate a parent engagement group
- Host special events inside the clinic and invite partners

### **TIPS:**

Don't do it alone! Find volunteers, e.g. college students, interns, or your students/parents

Have admin/teacher buy-in

Document—pictures, narrative, etc.

Make it fun!





## CASE STUDY: Tiger Clinic

### 9<sup>th</sup> Grade Registration/Screening Drive:

- Annual 2-day event that targets every 9<sup>th</sup> grade student
- Reaches at least 130 students each year
- Each student receives a brief (at least 15 min) individual visit with a provider (FNP, health educator, MH clinician). Screening includes:
  - Overview/confidentiality/mandated reporting
  - HEADSS assessment
  - Sexual health screen

# CASE STUDY: Tiger Clinic

## Groundwork

- Classroom outreach
- Review services/minor consent/confidentiality
- Complete all forms

Admin time:  
Enter registration,  
activate FPACT, screen  
for student need, etc.

## Big Day

- Call students to HC in groups
- Create a welcoming space
- Students complete survey
- “Normalize” clinic
- Provider meets with students for 15 min

## Follow-up

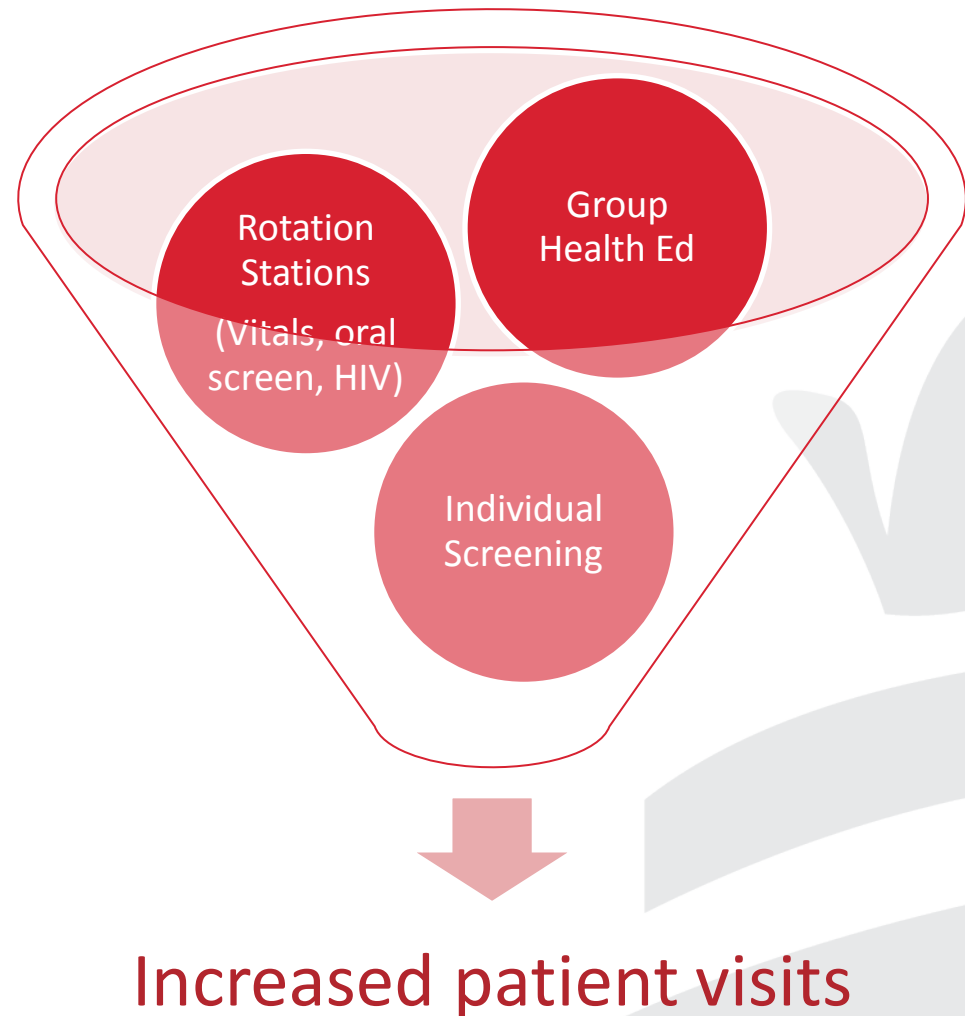
- Identify additional needs for patients
- Schedule follow-up appointments
- Thank teachers/admin
- Report back on data

Admin time:  
review billing,  
enter notes,  
communicate

# CASE STUDY: Roosevelt SBHC

## 8<sup>th</sup> Grade “Check Yourself” Wellness Screen

- Students reached through 8th Grade History classes (five 50 minutes periods x ½ class at a time = 10 periods of screenings)
- 157 students screened over 2 days
- FPACT and MediCal billing



Questions/Comments/Reflections?



# Being Data Driven: Story of La Clínica

## 2005

- Four sites
- Small SBHC staff
- No Behavioral Health Providers
- Operating in deficit
- Mostly FPACT clinics

## 2010

- ↑ attention to productivity and accountability
- Started tracking visit numbers, using EPM well
- Formalized billing infrastructure
- Tracking revenue and expenses
- Trained staff to be eligibility experts

# 2015

- 8 sites
- Growth in staff
- Number of patients served has tripled in 5 years
  - Integrated behavioral health at all 8 sites
- More robust payer mix (FPACT, minor consent Medi-Cal and managed care MC)
  - Annual budget of nearly \$5 million





# La Clinica's Data Driven Process

1. Project visits and staffing needs
2. Draft projected budget (includes visits/revenue)
3. Review and adjust regularly
4. Communicate with staff/be transparent



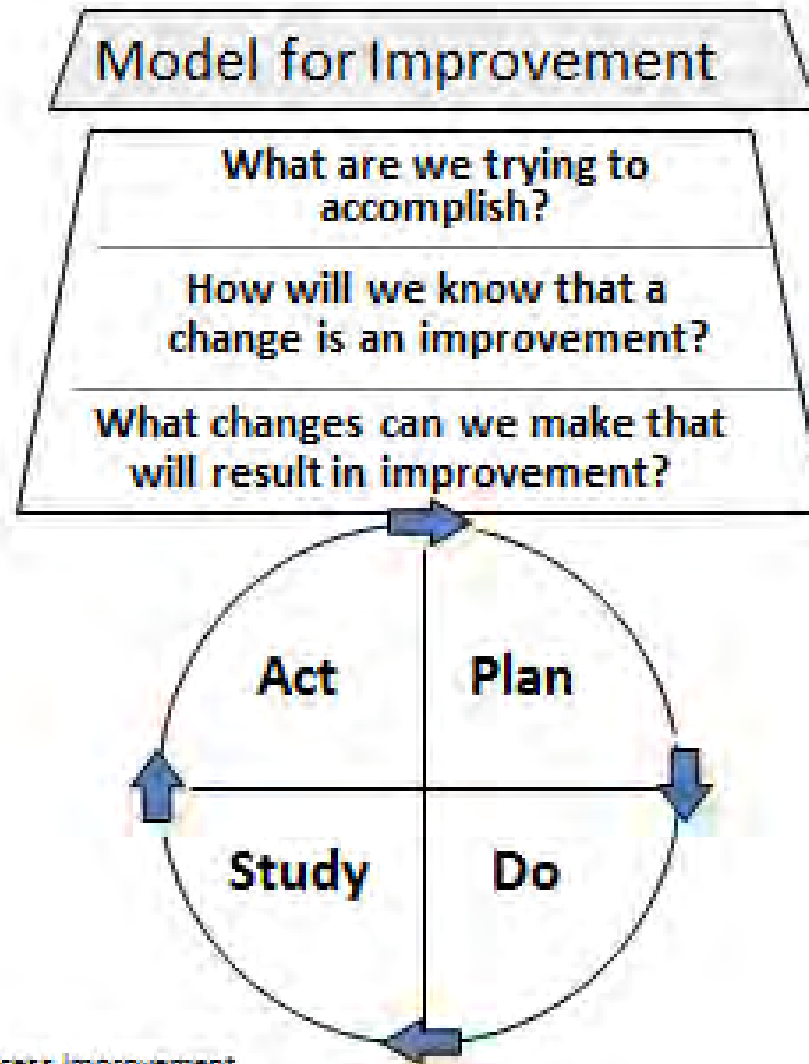
Questions/Comments/Reflections?



# Quality Improvement Framework

- Based on the idea that every system is designed to give the results that it gets.
- For different results, you have to change the system.





**MEASURE**

From *Associates in Process Improvement*.

# Improvement Process

Create your aim statement:

- Make it SMART

Clearly state what change looks like:

- Identify supporting measures
- Know where/how to find the data

Identify where you will test change:

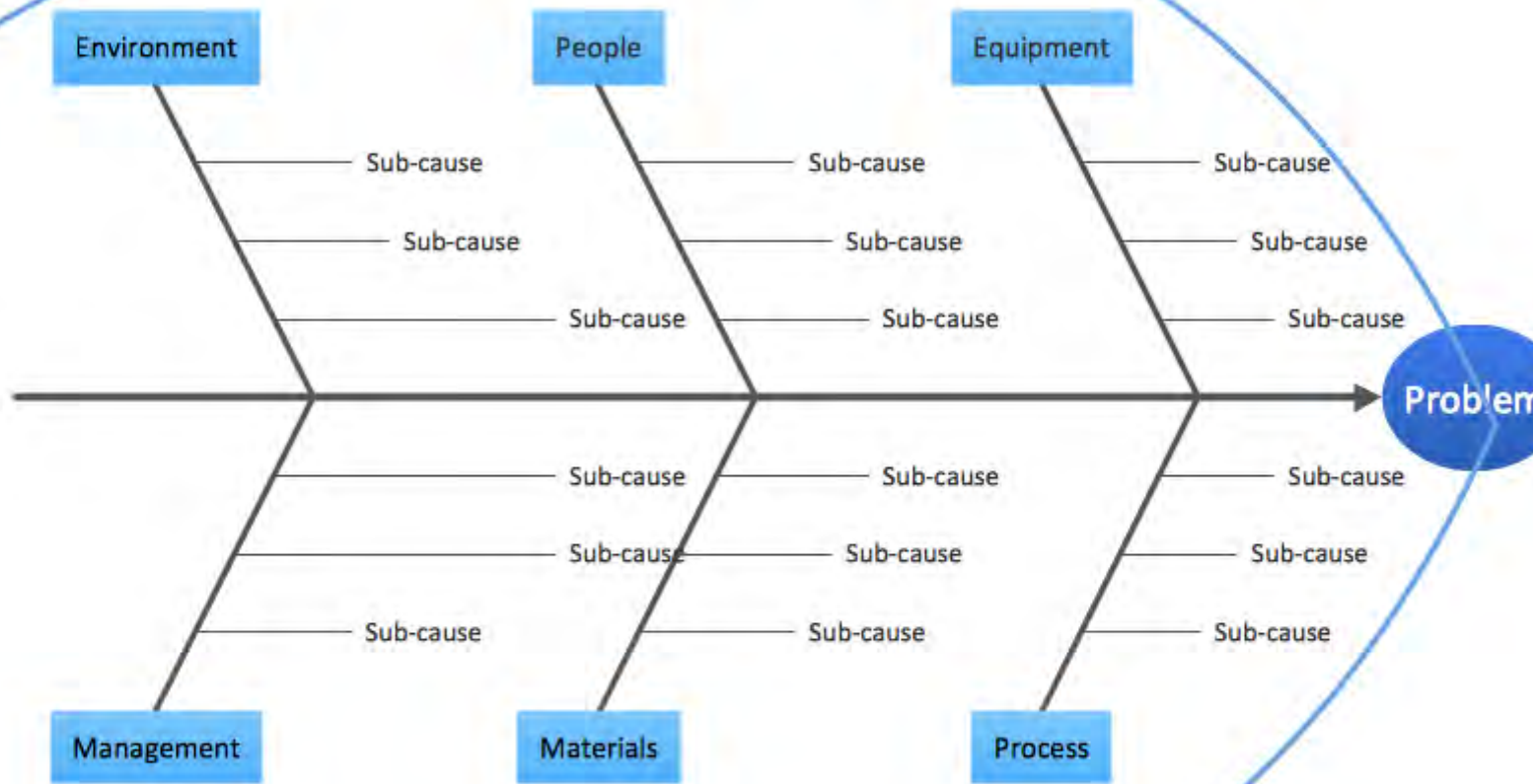
- Fishbone or Driver diagram

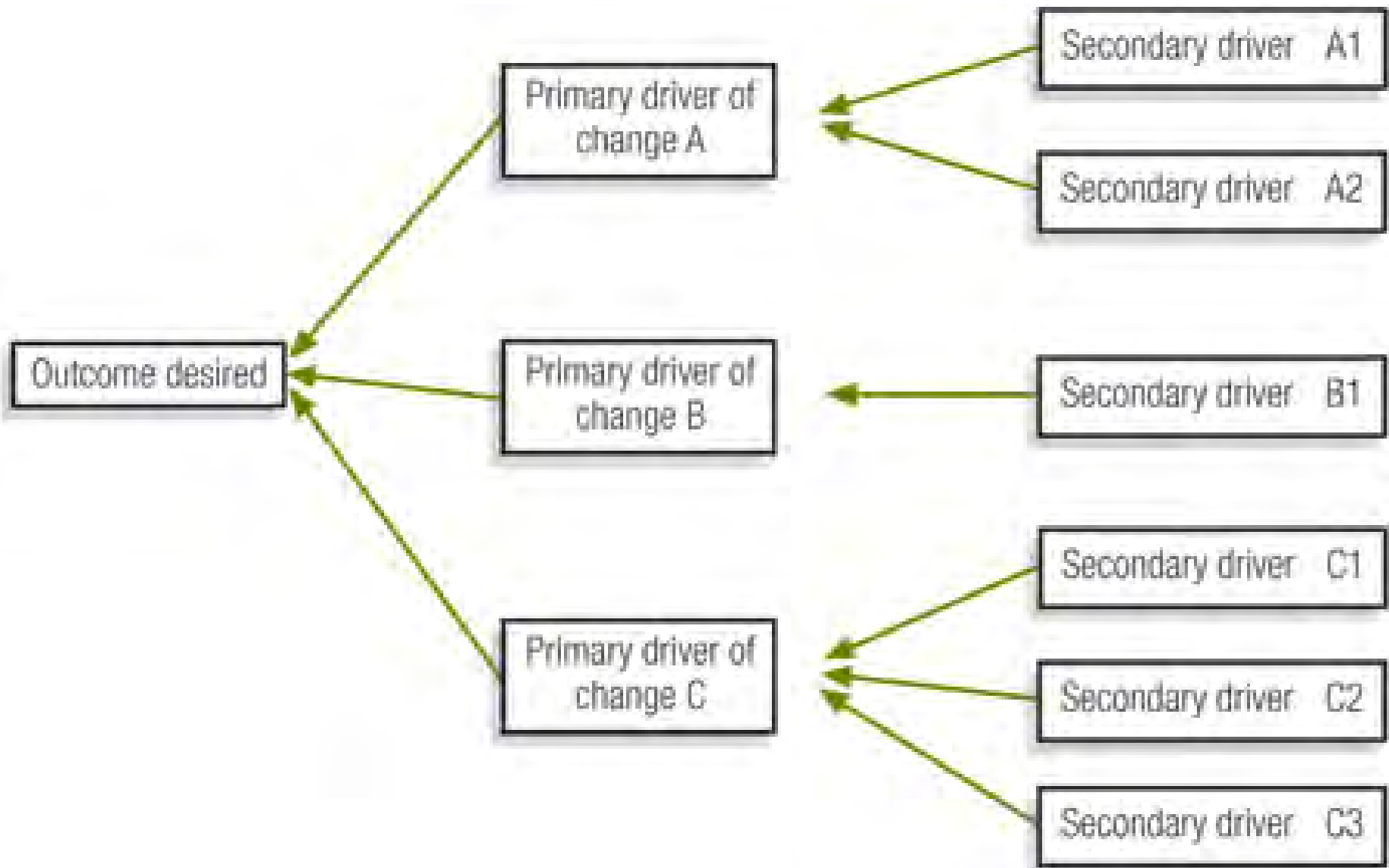
Implement rapid PDSA cycles



# Turning Goals into aims

Goal	Aim statements
1) To improve access to STI info to teens	1) To provide counseling and testing to 95% of teens presenting for services by December 31, 2015
2) To do a better job of recruiting youth to conduct peer education	2) To increase by 50% the number of peer educators who are officially affiliated with our clinic by December 31, 2015
3) To increase the number of our nutrition visits	3) To Increase the number of encounters with a documented nutrition education session from 100 to 300 per month by December 31, 2015







## 1. Plan

- Objective
- Questions and predictions (why)
- Plan to carry out cycle (who, what, where, when)
- Plan for data collection

## 2. Do

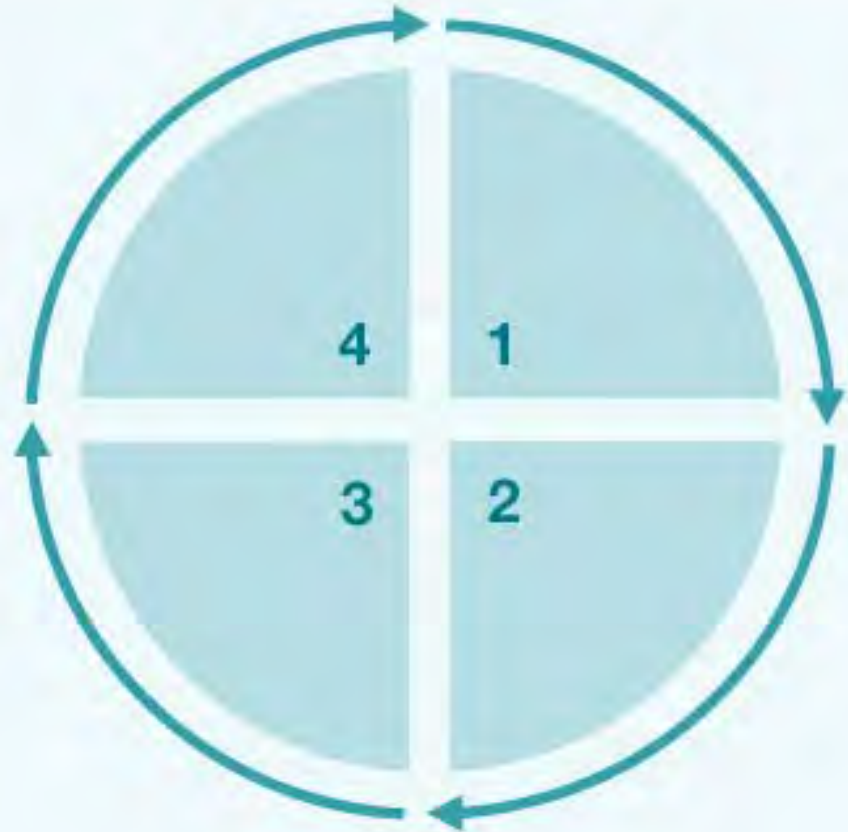
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

## 3. Study

- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

## 4. Act

- What changes to be made?
- Next cycle?



Questions/Comments/Reflections?



## Questions

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## Questions or Support

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