

Starting a School-Based Health & Wellness Center: For Health Partners



Presenters



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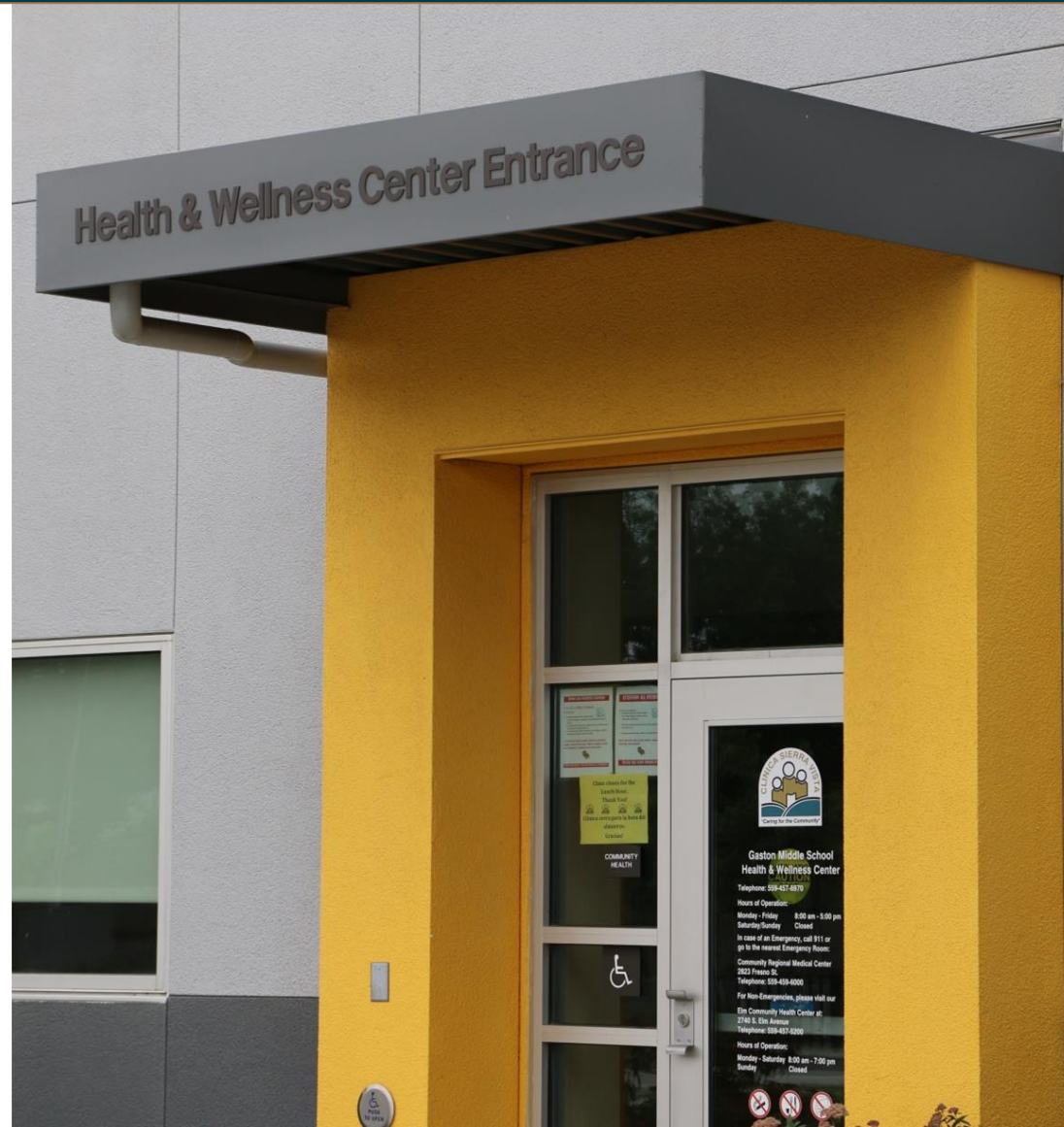


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Putting Health Care in Schools

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

Learn more:
schoolhealthcenters.org



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- Conference registration discount
- Tools & resources
- Technical assistance

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WORKSHOP OBJECTIVES

Provide attendees with tools to:

- Launch the first steps in SBHC planning process
- Build collaborations between school districts, health providers and other community agencies
- Maximize SBHC financing
- Utilize best practices in SBHC-School integration



WHO IS IN THE ROOM?

- FQ Partners
- CBO Partners
- Behavioral Health Providers
- School Counselors
- School Administrators
- District Representatives
- Others?

Today's Agenda

- Overview of SBHCs
- Key Steps in Planning
- Facilities Financing
- Billing for Sustainability
- Partnerships
- Best Practices
- The Story of Northeast Valley Health SBHCs
- Resources and Next Steps

WHAT IS A SCHOOL-BASED HEALTH CENTER?

A student-focused health center or clinic:

- Located **on or near** a K-12 school campus
- Organized through school, community, and health provider **relationships**
- That provides age-appropriate, **clinical** health care services



SBHCs **may provide** primary medical care, behavioral health services, health ed **or** dental care onsite or through mobile or telehealth

SBHCs & Wellness Centers

Wellness Centers

Calming Rooms

Welcoming, safe drop-in spaces without any clinical services, staffed by some caring adult

Mental Health only

Calming rooms plus some on-site clinical behavioral health services, provided by school-employed staff and/or co-located CBOs

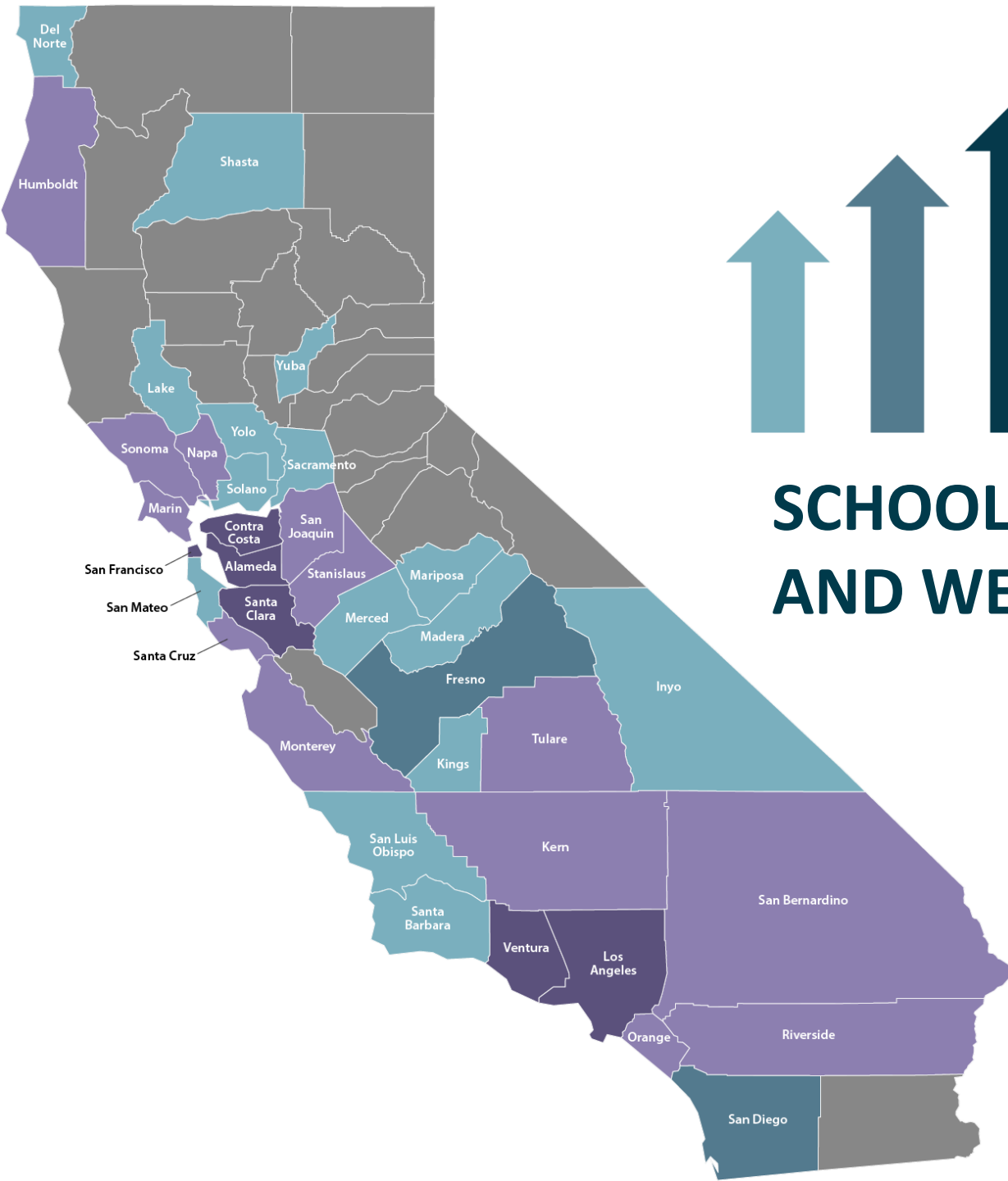
Mental Health+

Centers with mostly clinical behavioral health plus some other services, like a school nurse and/or sexual/repro health

Comprehensive

Clinics with full-scope of health services, including physical medical care, behavioral health, and oral health

School-based health centers!



↑ ↑ ↑ 346

SCHOOL-BASED HEALTH AND WELLNESS CENTERS

WHAT SERVICES ARE PROVIDED?

Mental Health 77%

Medical 67%

Youth Engagement 62%

Dental Prevention 49%

Reproductive Health 48%

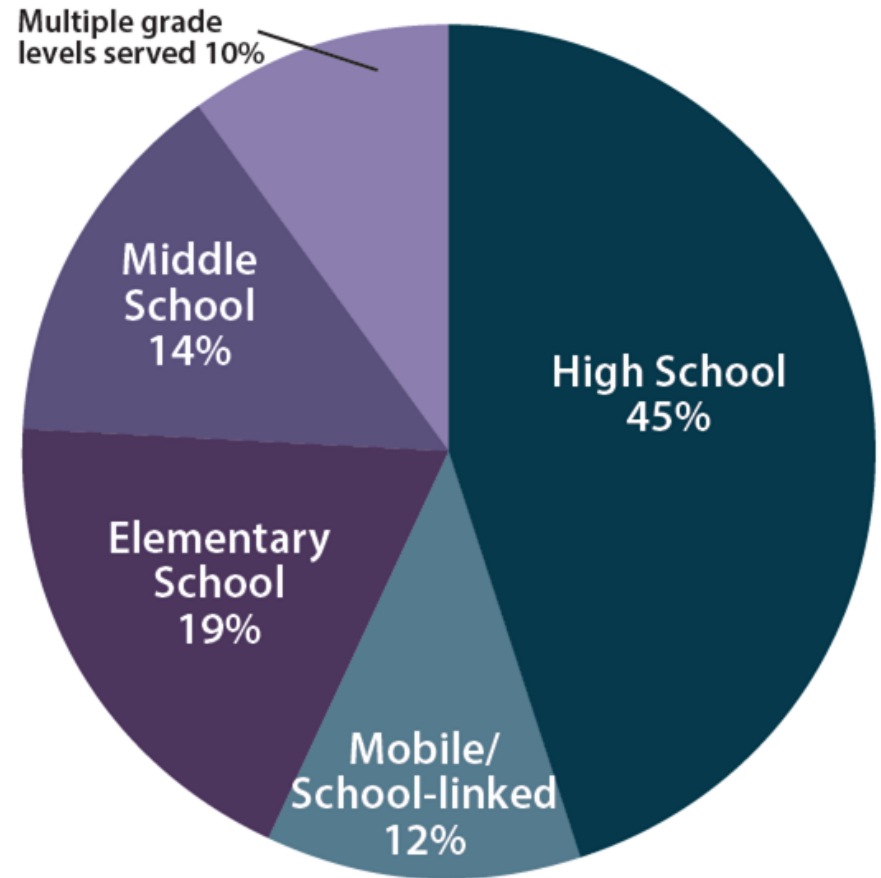
Dental Treatment 29%



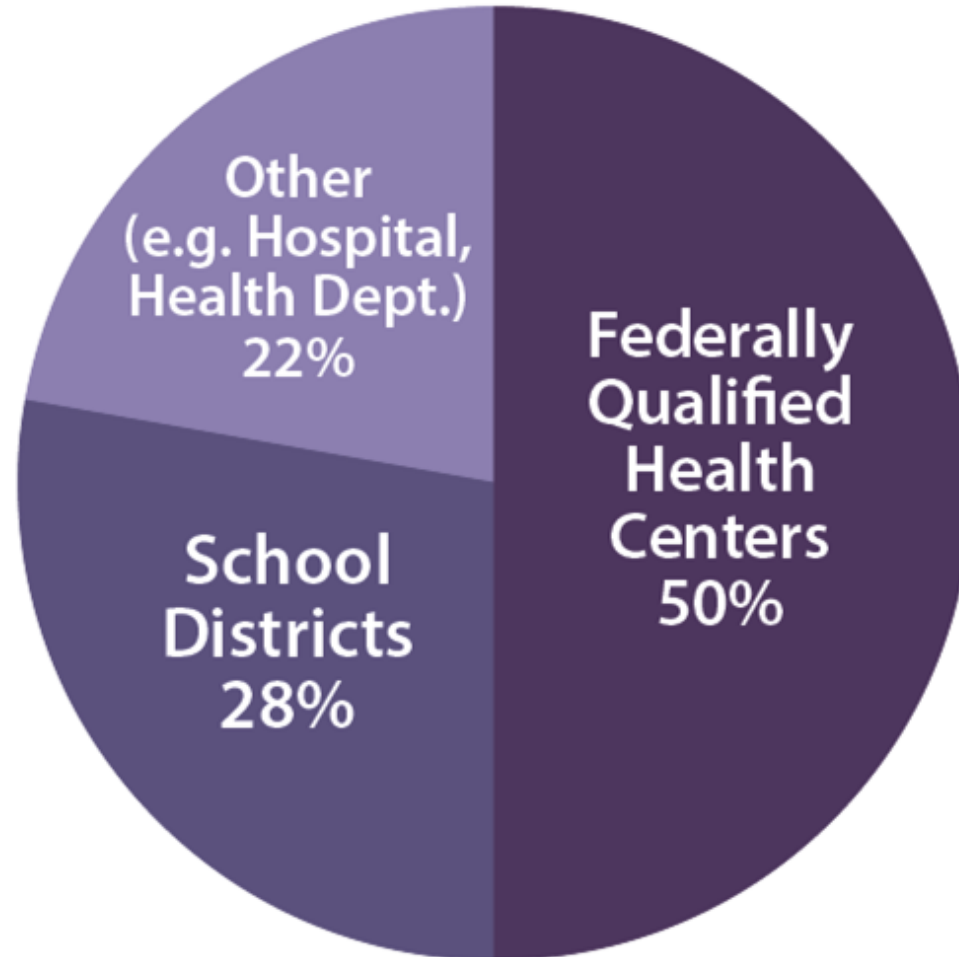
WHO IS SERVED?



53% of SBHCs serve broader community



WHO RUNS SCHOOL-BASED HEALTH CENTERS?





WHAT MAKES SCHOOL-BASED HEALTH CENTERS EFFECTIVE?

**Enhanced
access to health
care**

**Stronger
prevention &
population
health**

**Intensive
support for the
highest need
students**

**Support for
school's mission
to improve
academic
achievement**

**Integration into
the health care
system**

KEY STEPS IN PLANNING

- Create integrated planning process (with youth & family input)
- Discuss why SBHC is needed (Conduct Needs Assessment, gather data)
- Determine Best Model



KEY QUESTIONS

- Who will the SBHC serve?
- Services & Staffing Model
- Facilities
- Funding Plan
- Coordination between agencies

NEEDS ASSESSMENT: EXISTING DATA SOURCES

CHKS survey

Free and reduced price lunch rates, Medi-Cal, uninsured rates

County public health indicators

Attendance, dropout rates & School Discipline rates

STUDENT HEALTH INDEX

The **first statewide comprehensive analysis** to identify the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving **student health and education equity**.

Data Included

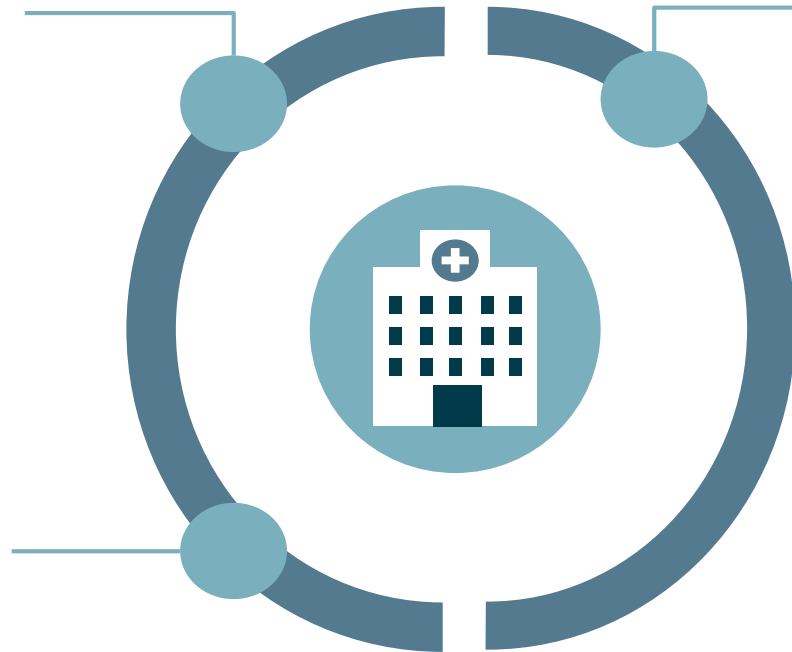
Census Tract

Health and Health Care Indicators

- Diabetes
- Asthma ED admissions
- Teen birth
- Health Professional Shortage Areas

Socioeconomic Indicators

- Poverty among < 18
- Uninsured among < 19
- Healthy Places Index

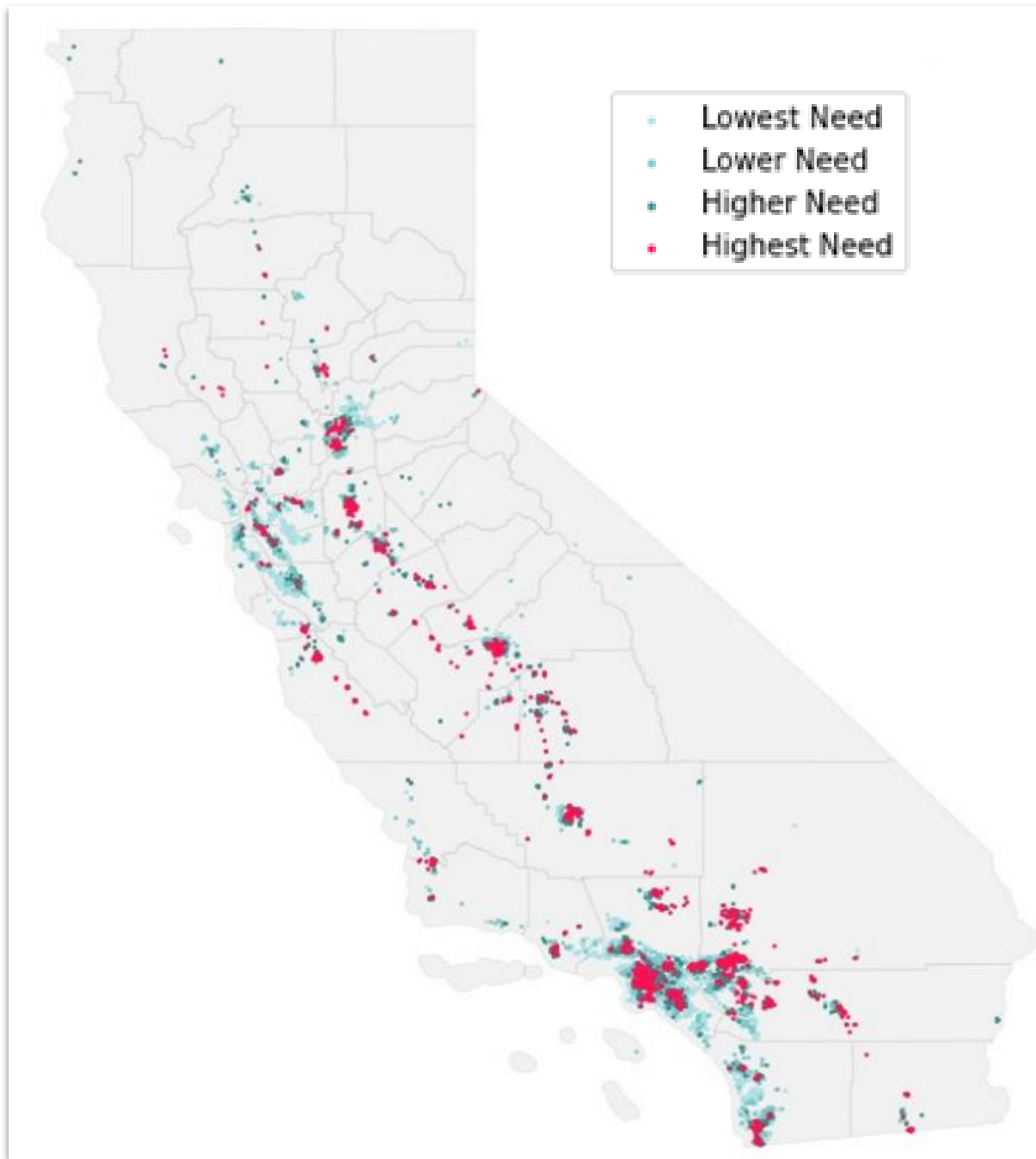
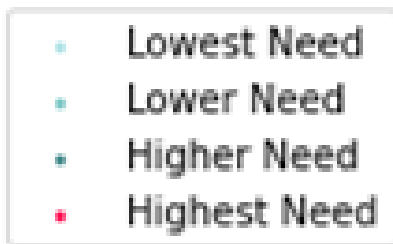


School-Level

School Indicators

- Percent FRPL
- Percent English Learners
- Percent Chronically Absent
- Percent homeless
- Suspension rate

The Student Health Index shows where to invest in SBHCs for the greatest impact on student health and learning.



HOW ARE FACILITIES FINANCED?

While some facilities require substantial investment, some are more affordable. Services can be housed in:

- converted classrooms
- on-site portables
- mobile vans

Facility funding options:

- school modernization or construction grants
- local bond measures
- federal & foundation grants
- joint-use agreements between cities and districts



How Health Partner-Run SBHCs Are Financed



- **Reimbursement** through Medi-Cal, health plans, Family PACT, Child Health and Disability Prevention Program (CHDP), and contracts for mental health services
- **School district contributions** and in-kind support of space, nurses, utilities, and custodial services
- **Sponsoring agency contributions** or subsidies
- **Government and private grants**

Opportunities to Leverage New State Funding for SBHCs - Children & Youth Behavioral Health Initiative

Student Behavioral Health Incentive Program

- \$400 million
- Incentive program through health plans

Behavioral Health Infrastructure Grants

- \$310 million
- capital projects to address child and youth BH infrastructure

School-Linked Behavioral Health Partnerships

Evidenced Based and Community-Defined Practices Grants

- competitive grants

All Payor Fee Schedule for School-Based BH

Wellness Coaches - new MediCal provider class

Opportunities to Leverage New State Funding for SBHCs - CDE

CDE - Community Schools Partnership Program

- \$2.6 billion
- to start and expand community Schools

CDE - School Health Demonstration Project Technical Assistance

- \$5 million
- TA for School Health Billing maximization



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

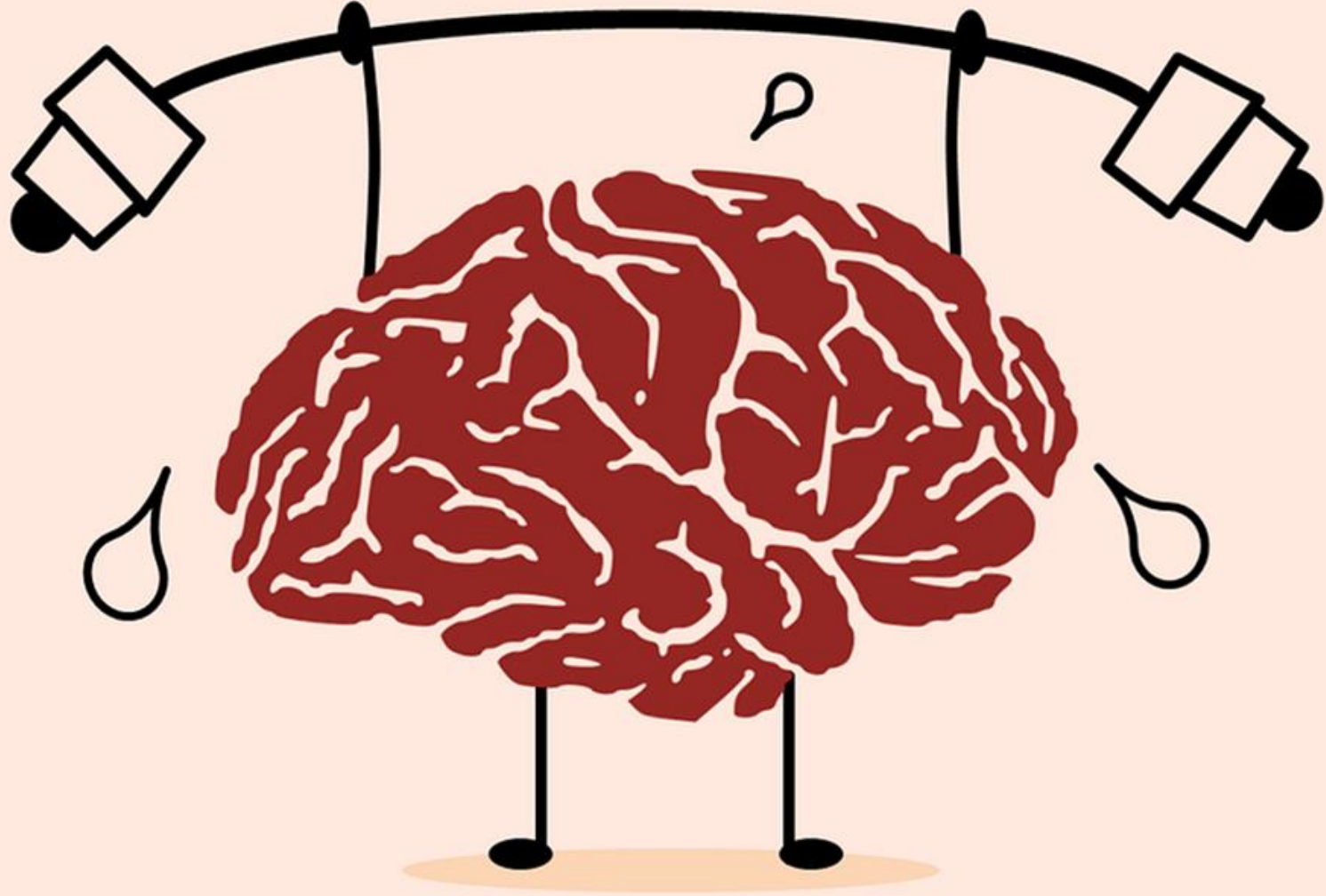
- Enrolled in a insurance that does not reimburse the school health center

- *And do not charge students or families of students*

Reimbursement rates do not often cover all "soft" costs:

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

BRAIN BREAK!





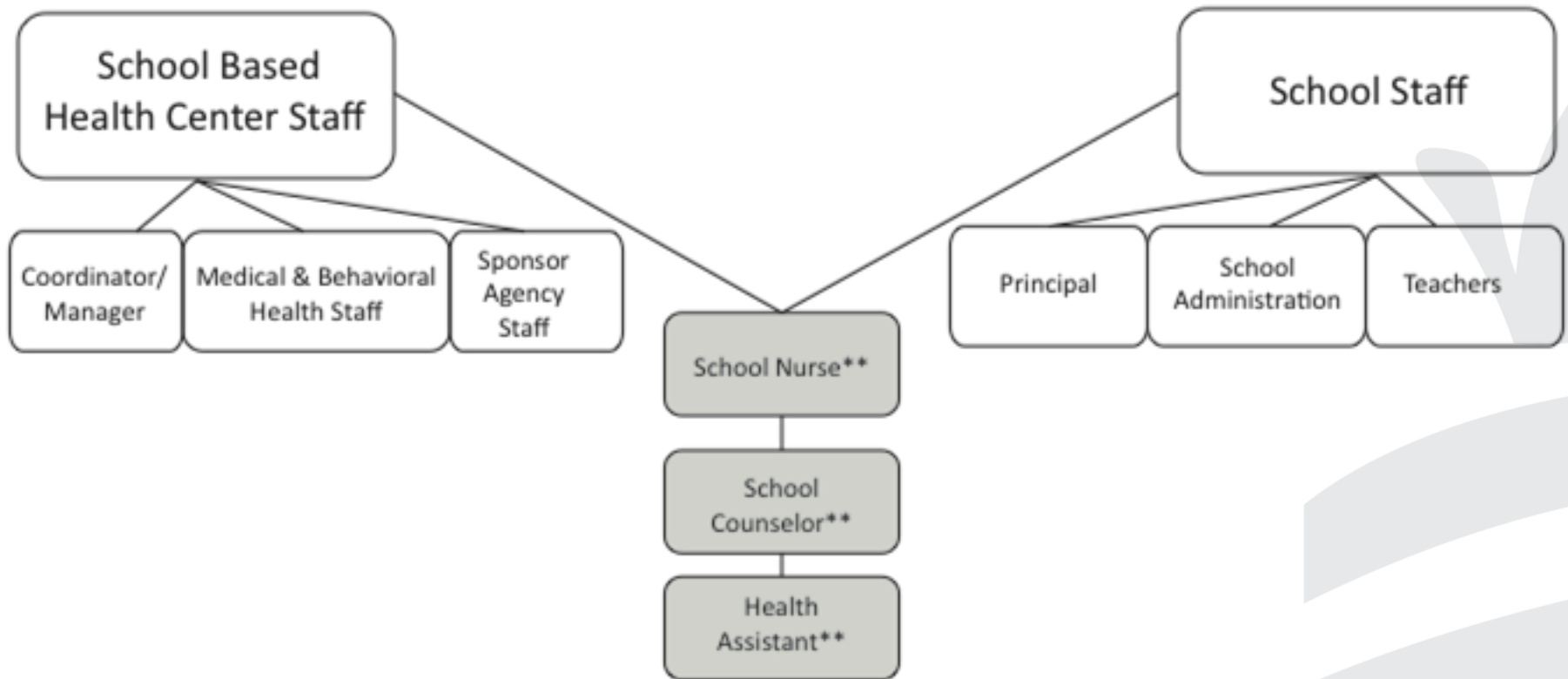
SBHCS THRIVE ON PARTNERSHIPS

- The best SBHCS are a result of a strong link between the school district and health partner. 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

School Community Buy-In is Key!



Some 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 very helpful if the school nurse is part of your planning process from the beginning



Best Practices in Coordination

Communication:

- Have a strong MOU!
- Monthly partner meeting
- Weekly Coordination of Services Team (COST) meetings
- Annual (or more often) teacher/staff outreach: PD with data plus teacher wellness

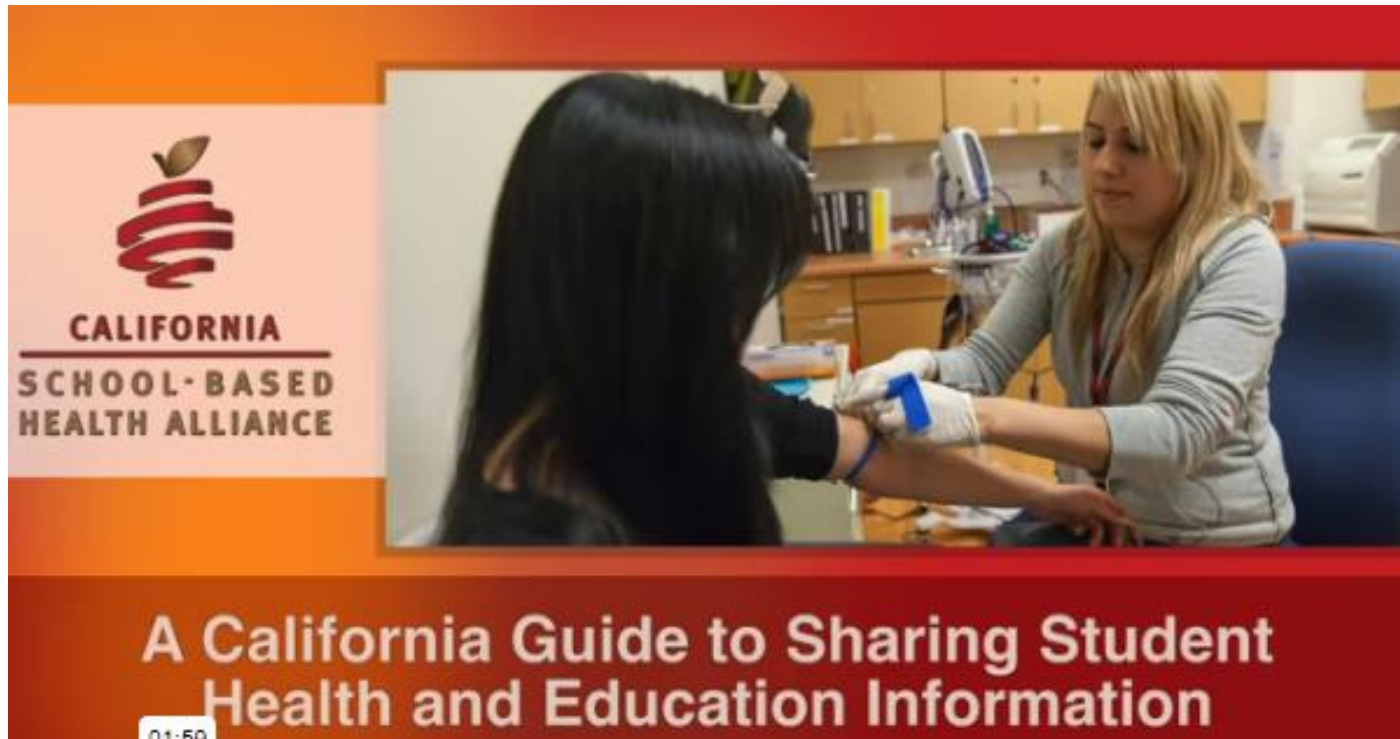
Student Access:

- Get consents at registration!
- Plan on how students access services
- Physically accessible?
- Teachers know how/when/why to excuse
- Pass system – there and back!
- Maintains confidentiality

Plus Tb tests for teachers/staff

Consent & Confidentiality

HIPAA / FERPA Development of SBHC Policies





More Than Health Care - It's Public Health!

SBHCs can sometimes see 90%+ of the student body

Ongoing & Mass Screening for medical home,
insurance, vaccines, legal needs, etc.

Campaigns of STI testing of student body

Holiday Food, Clothing & School Supply Giveaways

Health Fairs & Wellness Campaigns

Staff Wellness Activities

PBIS & COST Support

School-wide Surveys

PD For Staff & Teachers

Youth Leadership



Youth Engagement Models

Peer Health Educators

Youth Advocacy Projects

Research Teams (CBPR)

Youth Advisory Boards

Peer 2 Peer Mental Health Supports

Health Career Pipeline Projects



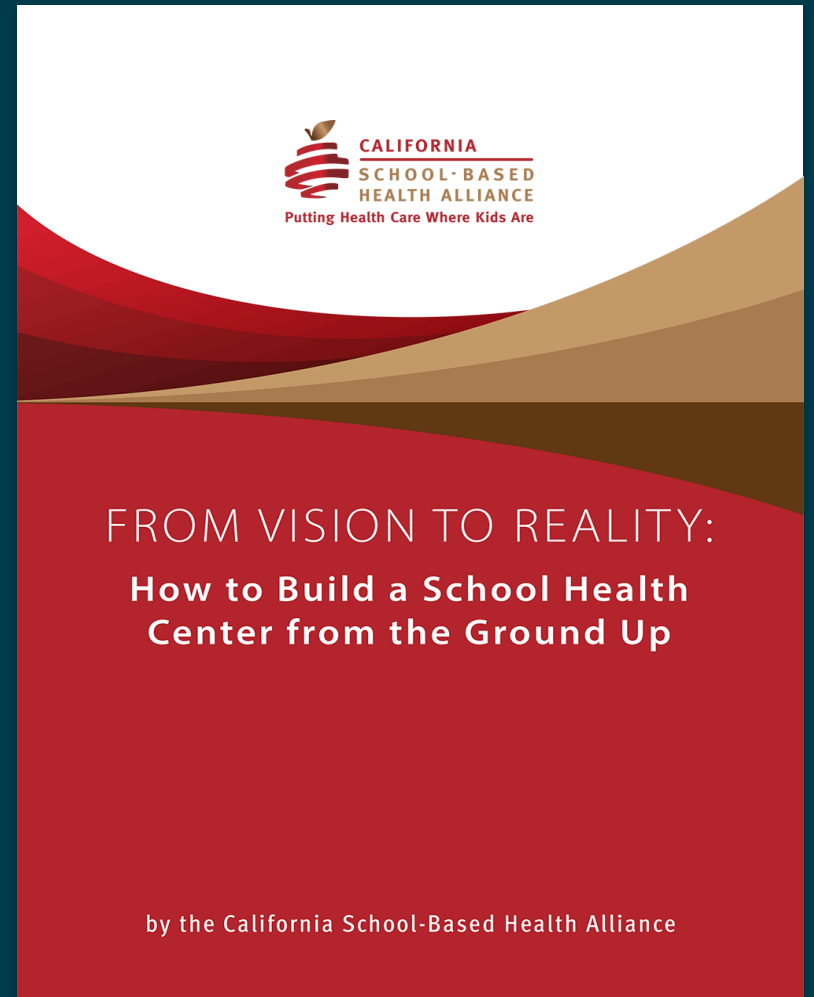


PARTNER WITH CSHA



- 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

Download Vision to Reality





Northeast Valley Health Corporation
a california *health*⁺ center

CA School Based Health Alliance
4/17/2023

**Considerations for FQHCs Operating
SBHCs**

Presented by

Theresa “Missy” Nitescu, MS, RDN, CHSP
Chief Operations Officer

Overview of NEVHC School Based HC Operations

3 LAUSD school sites

Sun Valley Health Center (SV Middle School)

Maclay Wellness Center (Maclay Middle School)

San Fernando Teen Health Center (SF High)

1 College based (Los Angeles Community College District)

LA Mission College (ASB student fees funding)



Overview of NEVHC School Based HC Operations

Sun Valley Health Center - 12,250 sq ft

Services: pediatrics, adult/internal med /chronic disease, dental, WIC, podiatry, OB/GYN/FP, health education.

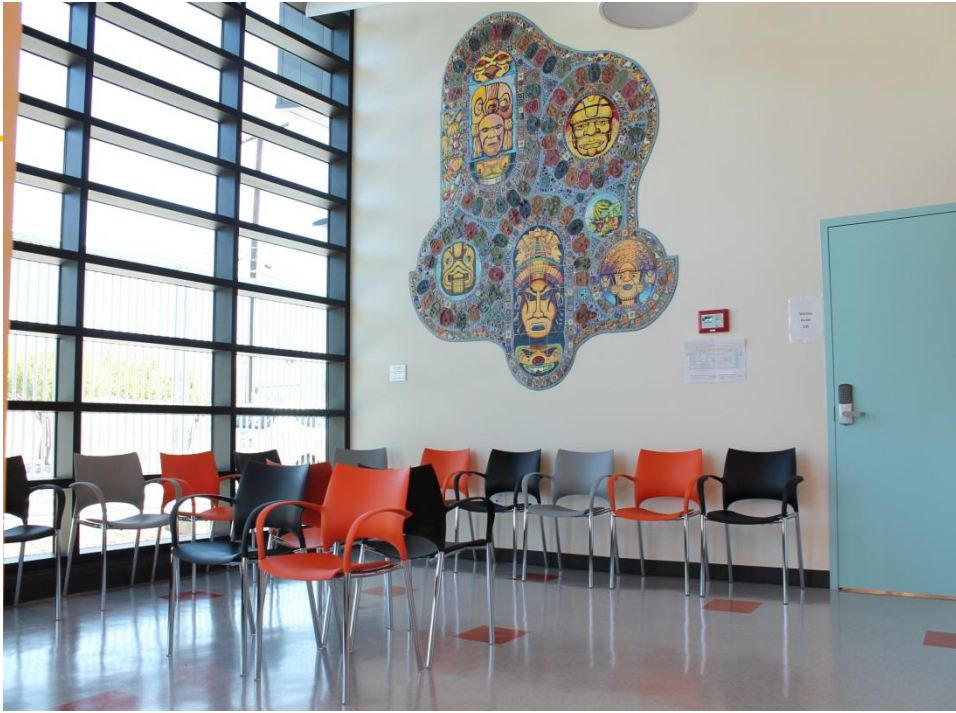
- Separated from school by gate.
- Fully licensed w/CDPH with own PPS rate.
- Operated under Joint Use Agreement—LAUSD, County DHS. (County owns clinic; LAUSD owns land).
- 2022: 36,576 visits/yr.
- Medically underserved area with high need



Overview of NEVHC School Based HC Operations

Maclay Wellness Center

- Originally opened in 2001 as small clinic <2000 sq. LAUSD rebuilt as shared space (LAUSD BH and NEVHC)
 - Facilities infrastructure funding to build 10,000 sq feet clinic space.
 - New site opened Dec, 2020. On campus, has own gates off of residential street
 - **Services:** pediatrics, adult/internal med, limited BH, chronic disease management, health education, dental
 - Operated as an intermittent clinic with CDPH
- 2022: 11,854 visits/year.



Overview of NEVHC School Based HC Operations

San Fernando Teen Health Center

- Oldest SBHC in area originally opened in 1987 with a Robert Wood Johnson grant. Operated directly on campus originally —very tiny and limited space.
- 2015, Joint Use Agreement, LA County DHS and LAUSD built a 10,000 sq ft health center on HS campus, NEVHC as operating partner.

Services: pediatrics, family planning, BH (by NEVHC), health education, dental.

- Agreement w/UCLA adolescent medicine as resident training site; MD is contracted by NEVHC thru UCLA. Site is intermittent clinic under SV license (CDPH).

2022 : 5867 visits

Considerations for FQHCs Operating SBHCs

Space Use:

- Clearly delineate roles of each partner. Include external property and groundskeeping
- Issues re: “behind the school gates”
 - i) school closures, serving non-students
 - ii) security burden on school vs. health center
- Clear agreements with school on how students can access SBHC

Considerations for FQHCs Operating SBHCs

Billing and Collections:

- School agreements—permit third party billing, collecting co-pays, sliding fee policies apply (HRSA)
- Clear guidelines for staff on handling out of network
- MediCal pts not assigned—bill plan/ then “wrap”
- Determine if SBHC will participate in managed care (MD FTE required).

Considerations for FQHCs Operating SBHCs

Sustainability/Finances:

- SBHCs operating <40 hrs. (CDPH intermittent)
Sustainability long term?
- Building & Sustaining caseload
 - replacing or retaining graduating students (attrition)
 - in-reach/outreach plan for new pts
 - continuity of care
- Budgeting for school closures, summer months, non-student days. Impact on staff?

Considerations for FQHCs Operating SBHCs

- School policies vs. FQHC policies (HR, operational, etc.)
- Sharing info--HIPAA vs. FERPA
- Reporting reqts/UDS vs. school reports
- Operating hours-align w/school hours ?
- Behind gate—limits hours, when/how/who can access clinic
- Coordination/integration of emergency drills, response
- FQHCs with special pops—ex. Teens- strategize to assure privacy

Design of SBHC-Working with District Partner

- Don't go small on space
- Shared space-agree on space use
- FQHC--separate phone, IT, data (HIPAA)
- Design--OSPHD (Title 24) vs. DSA?
- MEP & roof—who maintains?
- Common area costs?
- Signage

QUESTIONS???





RESOURCES

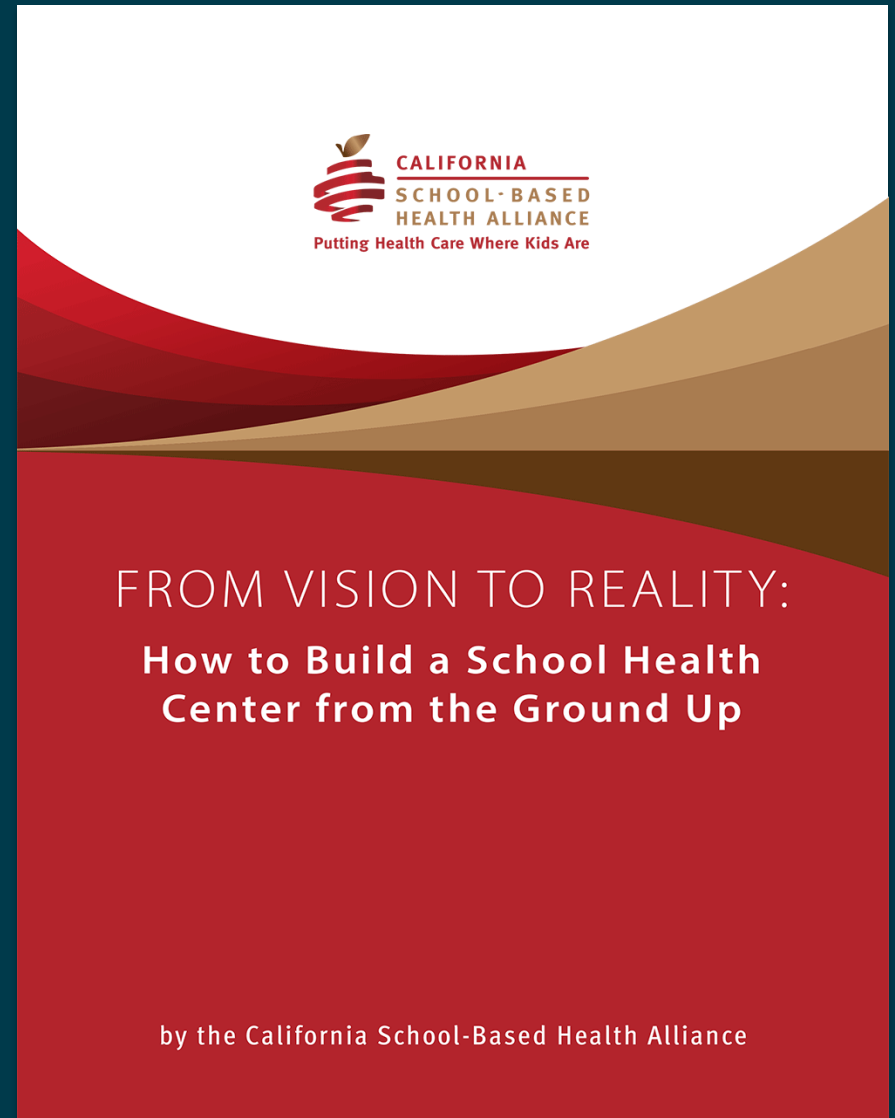
[Navigation the Promise of SBHCs - A Guide for Health Care Leaders](#)

[SBHCs Maximizing Third-Party Reimbursement](#)

[Sustaining & Growing Behavioral Health Service](#)

[Vision to Reality](#)

Download Vision to Reality



NEXT STEPS

- What new idea, knowledge or practice might you bring back to your organization?
- Who can help?
- What will success look like?



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Gracias

謝謝

Thank you

Cảm ơn

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