Starting a School-Based Health & Wellness Center: For Health Partners
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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
Become a member, get exclusive benefits

- Conference registration discount
- Tools & resources
- Technical assistance

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/reproductive health

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

School-based health centers!
SCHOOL-BASED HEALTH AND WELLNESS CENTERS

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## WHAT SERVICES ARE PROVIDED?

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>77%</td>
</tr>
<tr>
<td>Medical</td>
<td>67%</td>
</tr>
<tr>
<td>Youth Engagement</td>
<td>62%</td>
</tr>
<tr>
<td>Dental Prevention</td>
<td>49%</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>48%</td>
</tr>
<tr>
<td>Dental Treatment</td>
<td>29%</td>
</tr>
</tbody>
</table>
WHO IS SERVED?

53% of SBHCs serve broader community

- High School: 45%
- Elementary School: 19%
- Mobile/School-linked: 12%
- Multiple grade levels served: 10%
- Middle School: 14%
WHO RUNS SCHOOL-BASED HEALTH CENTERS?

- Federally Qualified Health Centers: 50%
- School Districts: 28%
- Other (e.g. Hospital, Health Dept.): 22%
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*
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

A California Guide to Sharing Student Health and Education Information
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

FROM VISION TO REALITY:
How to Build a School Health Center from the Ground Up

by the California School-Based Health Alliance
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

“Caring for our community’s health since 1973”
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

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NEXT STEPS

• What new idea, knowledge or practice might you bring back to your organization?

• Who can help?

• What will success look like?