CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE

Putting Health Care Where Kids Are

FROM VISION TO REALITY:

How to Build a School Health Center from the Ground Up

by the California School-Based Health Alliance

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Acknowledgements

The California School-Based Health Alliance (CSHA) is the statewide nonprofit organization helping to put more sustainable health care services in schools to improve the health and academic success of children and youth while reducing health and education disparities.

CSHA:

- Helps schools and communities start SBHCs
- Ensures high-quality SBHCs through education and training
- Advocates for public policies to support SBHCs
- Raises the visibility of SBHCs so they are valued by the public
- Supports youth engagement and healthy youth development

Learn more about our work and find additional resources for school-based health on our website: www.schoolhealthcenters.org.

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HEALTHY

CHAPTER
01 Overview

SCHOOL-BASED HEALTH AND WELLNESS CENTERS IN CALIFORNIA

There are currently over 300 school-based health centers (SBHCs) in California.

CSHA defines a "School-based health center" as a student-focused health center or clinic that meets all of the following conditions:

(A) Is located at or near a school or schools.

(B) Is organized through school, community, and health provider relationships.

(C) Provides age-appropriate, clinical health care services onsite by qualified health professionals; and states that aschool-based health center may provide primary medical care, behavioral health services, and/or dental care services onsite or through mobile health or telehealth.

Some of the main SBHC types or "models" are described further below.

SBHCs emerged in the U.S. during the late 1960s and have since experienced a significant rise. They originated in connection with the advent of Medicaid in 1965, which among other things highlighted the need for better health care for low-income children.

School-based health centers can be found throughout the state from Del Norte to San Diego counties, in urban, suburban, and rural settings, with the largest concentrations in Los Angeles and the San Francisco Bay Area, and the fastest growth in the Central Valley. The majority of communities served by California's SBHCs are low-income areas where young people and families face many barriers to good health. Three quarters of SBHCs serve schools where 70% or more of students qualify for free and reduced price meals (FRPM). Almost all SBHCs (97%) are in schools where a majority of students (>50%) are students of color.

BENEFITS OF SCHOOL HEALTH CENTERS

> Many of the benefits of SBHCs have been documented through research. Please see fact sheets on www.schoolhealthcenters.org or www.sbh4all.org for more detail and citations.

There is nothing more basic to a child's ability to succeed in school and in life than good health. Yet many children and youth in California do not get the health care they need, even when they have health insurance coverage. This inability to access care results in many children and youth coming to school every day suffering from conditions that seriously impact their ability to learn and succeed - conditions such as unmanaged asthma, dental cavities, and exposure to trauma. SBHCs help improve the lives of California's children because they place a breadth of essential services in exactly the right environment – our schools. SBHCs benefit children, youth, and families because they:

- **Create access.** SBHCs offer services in a safe, familiar location and charge little or nothing for their services. They put health care where young people are for the majority of their days. Students who have access to SBHCs are often more comfortable and less intimidated about seeking services. This is especially true for services that are preventive or carry a stigma - such as sexual health and mental health services - two of the services needed most by California adolescents.
- **Are cost-effective.** SBHCs provide preventive and primary care services that can help reduce the need for more costly interventions down the line. Students who use SBHCs decrease their use of emergency rooms and hospitals while increasing their use of primary care, reproductive health, mental health counseling, and substance use services.

- **Provide high quality care.** At SBHCs, services are delivered by providers who can follow up effectively and who tend to have a broad understanding of the environment in which students are living. Primary care can be integrated with behavioral health, education, and prevention programs to a greater extent than it can be in medical office settings.
- **Reach the state's most vulnerable children.** SBHCs are generally located in schools with greater proportions of low-income students, English Language Learners, and students of color. Youth in these groups are disproportionately impacted by poverty, structural racism, and environmental threats, and less likely to have access to protective health, mental health, and social services. Without these services, childhood risk factors are more likely to be translated into higher rates of heart disease, cancer, and other chronic illnesses in adulthood. Thus SBHCs contribute to the reduction of the state's most persistent health disparities.
- **Support student learning.** SBHCs support schools struggling to meet academic performance goals. They can influence academic achievement by improving mental health, diet, injuries, physical illness, self-esteem/ resilience, risky behaviors, and health care utilization. SBHCs increase the number of caring adults on a school campus and help increase school connectedness - a protective factor for a variety of poor health and education outcomes. Research shows a positive impact of SBHCs on school attendance, grade promotion, disciplinary problems, and graduation rates.
- **Support families.** SBHCs play an important role in helping families manage the physical and mental health care needs of their children. In addition to keeping parents in the workplace, they strengthen the connection between school and the family so that they can work together more effectively to meet a child's educational needs. Parent or guardian consent is required for students to enroll for health center services as required by California law, and many families take advantage of the opportunity to easily access health services for their children. Some SBHCs, particularly those located in elementary schools, offer services to the entire family. Others offer or link to parent support, resources, and/or education programs.

SCHOOL-BASED HEALTH CENTER MODELS

SBHCs encompass a wide variety of models. Some of the main categories are shown below:

- **school-based health centers** are located directly on school campuses, either within the main school building, often within one or more renovated classrooms, or in their own building on school grounds
- **school-linked health centers** are housed in a nearby location off-campus and closely linked to one or more schools through a formal or informal relationship
- **mobile vans** serve one or more school sites

New terms are often introduced to describe a variation on one of these models. For example, in recent years many California schools have opened **wellness centers**. These terms are often used interchangeably and to reflect different service models in different regions. Typically a "Wellness Center" is run by an LEA (local education agency) and has behavioral health as it's primary focus. We would consider this to be a School-Based Health Center as long as clinical services are being provided to students. Some "Wellness Centers" do not provide clinical services, but instead provide calming spaces for youth to de-escalate. We would not consider these SBHCs. This document focuses School-Based Health Centers that typically provide multi-disciplinary clinical services.

Some SBHCs serve only students of the associated school(s) while others are additionally available for siblings, other students, family members, school staff, and/or the wider community. In some cases these services are strictly circumscribed - e.g., only TB testing for teachers and staff. In other cases, the same wide scope of services is available for all those who walk through the doors.

Finally, it should be noted that the use of **telehealth** is changing the way school health services are delivered. During the COVID-19 pandemic, most SBHCs utilized telehealth to deliver health care services to their student clients, and many will continue this practice going forward. There is much opportunity to work with SBHCs, particularly in rural areas, to leverage telehealth to spread health care services to more students and schools that do not have their own SBHCs.

WHO OPERATES SBHCs?

Many different types of organizations run SBHCs in California. The most common are:

- Community Health Centers, including Federally Qualified Health Centers (FQHCs) (represents the majority of California and U.S. SBHCs)
- School districts or other Local Educational Agencies
- Community, district, County or Children's Hospitals
- City or County public health departments
- Other community-based organizations
- Private physician groups

Most SBHCs are actually collaborations that include a combination of the above organizations. This hybrid model is both more complex, and also more effective. Two examples are described on the right.

SERVICES AND STAFFING

The vast majority (86%) of California SBHCs provide primary medical care, 68% provide mental health services, 60% provide reproductive health services, and 36% provide dental care. More detailed information about these services, and SBHC staffing, is provided in Chapter 4.

SBHC COLLABORATIONS

The James Morehouse Project (JMP) at El Cerrito High School (ECHS) was started by a teacher in 1998. Twenty-three years later, the JMP is a beautiful and comprehensive SBHC that is an anchor of school culture and climate at ECHS. The Director is a school district employee; medical services are provided by Contra Costa Health Services; all other JMP staff are employed by their fiscal sponsor, the community mental health agency Bay Area Community Resources. Other community based partners come on site to lead groups, or partner with JMP staff and interns on youth development projects. All these collaborating partners work together closely to ensure center services feel seamless to youth. More info at: http://www.jamesmorehouseproject.org/

Shop 55 is a truly multi-disciplinary SBHC at Oakland High School. Operated by lead agency East Bay Asian Youth Center, it is a partnership between the school and local community agencies that provide medical services (Asian Health Services, a local FQHC), mental health, youth development, and academic support to Oakland High students. Shop 55 provides medical, mental, and dental health, youth development programming, and academic assistance to Oakland High students, using a tiered-intervention support strategy. They serve approximately 1,100 out of 1,500 Oakland High students in a school year and connect them to one or more of the services above. More info at: https://www.shop55.org

HOW SCHOOL-BASED HEALTH CENTERS ARE FINANCED

SBHCs are typically funded using a combination of third-party billing revenues, public and/or private grants, and in-kind support from local organizations. In general:

- Important sources of third-party reimbursement are Medi-Cal, Family PACT, and the Child Health and Disability Program (CHDP).
- Schools contribute financially or through in-kind support of space, utilities, and custodial services.
- Community agencies may contribute some in-kind services provided in an SBHC
- SBHCs obtain grant funding from private foundations, government and other sources. The type of comprehensive care available at many SBHCs would not be possible without enhanced funding from these sources.

Much more information about funding for SBHCs can be found in Chapter 5.

CORE COMPETENCIES AND GUIDING PRINCIPLES FOR SBHCs

CSHA has adapted this vision for school-based health centers:

A. **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.

B. **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.

C. **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.

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

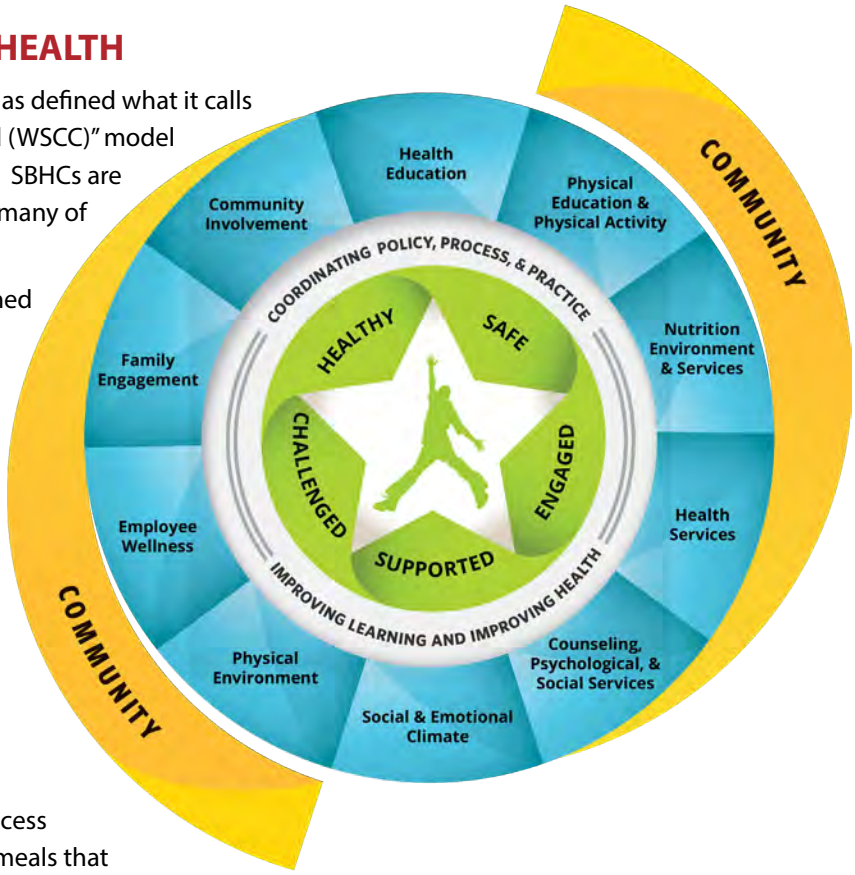
E. **SBHCs are committed to functioning as part of an integrated health care system** by communicating and coordinating care with other providers, partners, and payers.

SBHCs strive to uphold a trauma-informed, healing-centered approach to services. SBHCs incorporate trauma-informed interventions into their direct work with students, but can bring a trauma informed, healing-centered lens to organizational and school practices. See https://www.schoolhealthcenters.org/trauma-informed-sbhcs/ for CSHA guidance on implementing trauma-informed practices in SBHCs.

See https://www.schoolhealthcenters.org/sbhc-checklist/ or Appendix A for CSHA's Best Practices Checklist to help assess how effectively SBHCs are embracing these guiding principles.

CDC FRAMEWORK FOR SCHOOL HEALTH

The Centers for Disease Control and Prevention has defined what it calls a "Whole School, Whole Community, Whole Child (WSCC)" model consisting of 10 interactive components (below). SBHCs are uniquely positioned to play an important role in many of these components.



- **Health Education** – a curriculum designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors
- **Physical Education & Physical Activity** – a curriculum that promotes optimum physical, mental, emotional, and social development through activities that can be pursued throughout the life course
- **Health Services** – services provided for students to protect and promote health
- **Nutrition Environment & Services** – access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students and serve as a living laboratory for nutrition and health education

- **Counseling, Psychological, & Social Services** – services provided to improve students' mental, emotional, and social health
- **Physical Environment** – access to healthy physical and aesthetic surroundings and a psychosocial climate and culture that are positive and promote well-being
- **Employee Wellness** – opportunities for school staff to improve their health status and encouragement to pursue a healthy lifestyle
- **Family Engagement** – active engagement of parents, community resources and services to provide an integrated school, parent, and community approach for enhancing the health and well-being of students
- **Social and Emotional Climate** – contributing to a climate that can promote health, growth, and development by providing a safe and supportive learning environment
- **Community Involvement** – contributing to the community through service-learning opportunities and by sharing school facilities with community members like school-based health centers

COMMUNITY SCHOOLS

A community school is a school that utilizes a "whole child" approach to education. They integrate a focus on academics with health, social services, community development and community engagement. A robust community school will include the following four pillars:

- Integrated student supports,
- Family and community engagement,
- Collaborative leadership and practices for educators and administrators, and
- Extended learning time and opportunities.

SBHCs Are Aligned with Community Schools

California's school-based health center (SBHC) model is a strong complementary asset to the goals and vision for community schools in the state. SBHCs are a way for community schools to bring reliable, affordable, quality health care services to students and their families in an accessible and coordinated way.

- SBHCs address the five outlined student needs in the Community Schools Framework
- SBHCs create a site in a community school where school and community resources can be organized together and co-located
- SBHCs allow for the community school to provide wrap-around services and care to students to help close the achievement gap and break down physical and mental health barriers to learning
- Having support for basic needs allows students to participate fully in their education

For more information about SBHCs & Community Schools, see:
https://www.schoolhealthcenters.org/community-schools/

> ***Oakland's SBHCs are a foundational component of our full-service community schools strategy, a districtwide approach to serve the whole child and to address unacceptable disparities in education, health, and life outcomes for our students.***
>
> ***– Curtiss Sarikey, Chief of Staff, Oakland Unified School District***
>
> *See more at https://learningpolicyinstitute.org/blog/covid-oakland-school-based-health-centers*

CHAPTER 02

School-Based Health Center Planning

PLANNING AND RELATIONSHIP BUILDING

All SBHCs should provide services that respond to the needs of students, families, and the community. The first step in starting an SBHC is to bring together interested parties in your community. This action is essential for planning and assessing community interest and resources. The planning stage helps you identify community concerns about the health center before they become a sticking point. It allows you to draw on expertise from other individuals and groups so you do not have to re-evaluate key components (such as floor plans or health center services) after they are established. It will also allow you to involve important community decision makers who can help tell your story and become your "champions."

A well thought-out and effective community planning process can make the difference between a successful SBHC and one that closes its doors due to lack of community support or funding. This process should reflect the diverse racial, ethnic, religious, class, and cultural composition of the community and acknowledge community priorities. Community planning activities ideally involve a wide range of school and community members, and can include:

- Conducting a needs assessment;
- Selecting your sponsoring agency and other participating providers (see Chapter 4 for more information on sponsoring agencies);
- Deciding on services based on needs of community and existing available services;
- Identifying and recruiting community champions and launching outreach efforts.

WHO SHOULD BE INVOLVED

SCHOOL ADMINISTRATORS - If the health center will be located on school property, school administrators will be important decision-makers. In this case, the health center will effectively be a guest in the school, and its coordinator should communicate on a regular basis with the school administration, especially the principal. School administrators can also be instrumental in helping identify funding for the health center and will need to support and promote the center to students, families, and staff. They also are able to provide in-kind support for items such as the physical plant, phone and fax, utilities, and custodial services.

SCHOOL BOARD - If the health center will be based on school property, you will also need the approval of the school board. School boards typically pass a resolution in support of a school-based health center in order for the health center to open, and they may need to approve any changes to health center services. The school board will also need to approve any financial support from the school district and any major policies that impact the center.

SCHOOL STAFF - Many school staff – including teachers, school counselors and coaches – can benefit a great deal from school health services, and will be critical to the success of your site. Involve school staff during the planning process - everyone from secretaries to librarians to school psychologists – as they can be a great resource for determining what types of services students need most. They will also be influential in encouraging students to use the health center. Collaborate with school nurses, teachers, counselors, and administrators to identify ways the health center can support them in their work. They should also understand early on the role of the health center and its limitations. Explaining and pre-discussing policies around topics such as confidentiality/student information sharing, clinic access for students, and responding to crises can prevent future frustration and misunderstandings (see Chapter 7, Operations).

YOUTH - For middle and high school sites, youth are critical to the planning process because they will be the primary stakeholders! Involving youth in the planning process is essential to understanding the services they value, their priorities, concerns, etc. Youth who are involved in the planning process will also help generate a "buzz" regarding the health center so that there is interest from their peers once the center is established. Look for youth who volunteer at other wellness organizations, are members of youth groups actively engaged in wellness work, and/or belong to youth commissions within your community. Identify youth who represent the population you will be serving (some of these youth may not be involved in other groups). See Chapter 3: Youth Engagement, for effective strategies to involve youth in needs assessment and planning efforts.

PARENTS/CAREGIVERS AND FAMILIES - By engaging parents in the earliest planning efforts, the center can design services that work for families, ensure that parents will bring their children (or encourage their teens) to use the center, and develop strong advocates. Any objections or concerns parents may have about the health center are best addressed during the planning stage, and any problems or potential conflicts can be resolved together before impacting the future operation of the center. Finally, it is important to remember that many of the health decisions affecting youth occur within families. By involving parents, your health center may be able to have an important impact on healthy choices that are made at home. Additionally, if your health center will serve the broader community, beyond students, families may be your future patient base.

COMMUNITY LEADERS - Community leaders can assist you with fundraising efforts, building community support, telling your story, and can serve as an introduction to other key decision makers. These leaders can include business owners, civic clubs, local elected and appointed officials as well as state and federal legislators, media, religious leaders, or other influential people in your community. Look for leaders of community organizations, particularly other youth serving organizations, whose missions are compatible with yours.

HEALTH CARE PROFESSIONALS - It is important to communicate to health care professionals that it is not the intent of the school-based health center to take business away from local providers; in fact, referrals from the center can help increase their patient base. Involving health care professionals at the start of your planning efforts will help to build a good foundation for future communication and coordination with primary care and specialty providers.

PUBLIC HEALTH OFFICIALS - Public health departments can be great partners in helping you determine the types of services your health center should provide and potential partners in providing this care. In some cases, public health departments are willing to provide health care practitioners to work at the health center, thus offsetting the costs of providing the services. The SBHC can work with the local health department on public health measures such as immunizations, STD testing, enrollment in health insurance, or influenza surveillance.

COMMUNITY-BASED SERVICE PROVIDERS - In most communities there is a range of non-profit organizations that provide accessible, affordable health, mental health and social services to low-income families.

HANDLING QUESTIONS ABOUT SEXUAL AND REPRODUCTIVE HEALTH SERVICES:

Some community members, families, or school staff may feel concerned about the provision of sexual and reproductive health services to adolescents. This can prove to be a sticking point in the planning process. CSHA believes that school-based health centers should try to provide as comprehensive services as possible, and that adolescents are best served by having access to this type of service. An historically effective strategy for navigating this topic is to ground the discussion in the needs assessment data. Often, the communities that have the most resistance to sexual and reproductive health services are communities with the highest rates of teen pregnancy and STI rates. Drawing upon the data can be an effective tool to discuss the necessity of sexual and reproductive health services in a specific school or community. Another promising strategy is to engage youth leaders in advocating for these services. Finally, another potential strategy is reassuring parents and administrators that clinic staff will both discuss abstinence as an option and also promote parent-child communication. Providers work within their scope of services (to provide health care according to their training) legally and ethically, which for adolescents includes preventing unwanted pregnancies and STIs.

They are described in more detail in Chapter 4: Health Center Structure. Of particular interest will be those that provide medical and behavioral health services to the population in question.

OTHER COMMUNITY GROUPS - Groups such as the American Lung Association, Boys and Girls Clubs, and others may be involved in health education, promotion, prevention, or treatment within your community. They know the community and can help advocate and refer to your services. They can also help identify youth and other community leaders who are supportive of a school-based health center. There are also community groups that work on social or environmental issues, or that are organized around the issues of specific populations (e.g., Latino families, disability groups) that may have an interest in school health services. These groups can offer valuable perspectives for the community planning process.

CONDUCTING A NEEDS ASSESSMENT

A "needs assessment" is a process for gathering information to determine: 1) existing services and resources in the community, 2) gaps in services, needs, and priorities of the community, and 3) best methods for addressing those needs. Needs assessments can include a number of tools, including surveys, focus groups, interviews with community leaders, community meetings or other strategies you develop to gather relevant information. It is also important that your needs assessment gather information about the ways culture and history in your community influence views about health care and education. Common questions that needs assessments can answer are listed below.

WHAT YOU CAN LEARN FROM A NEEDS ASSESSMENT

- What are the biggest health problems and/or concerns for students and the community?
- How are these concerns different for different segments of students or community members, for example, based on gender, race, class, and ethnicity?
- In what ways do race and culture influence views about health and education in the community?
- What community and school health resources already exist?
- Which health facilities, programs and services are used most, by whom, and why?
- What are the barriers to care for students and families?
- How are services coordinated?
- Are different segments of the community satisfied with the current set of services?
- Given the needs and existing services, what are the gaps?
- How have previously implemented programs worked? For which segments of the community did they work well or not work well and why?
- Would the school-based health center model be best suited to meet student and community needs? Should other models be considered?
- What will it take to make the school-based health center effective in serving all of the different segments of the student body and community you hope to reach?
- What resources are available for a school-based health center and what additional resources do you need?
- Who are the key persons and agencies that need to be involved in program planning and implementation?

STRATEGIES FOR ANSWERING NEEDS ASSESSMENT QUESTIONS

There are many ways to answer the questions listed above. You will most likely need to use a few different strategies in order to answer all your questions. The strategies for collecting data for a needs assessment are the same as those you use for evaluation but with a different focus. These include collecting your own data through surveys, focus groups, public forums, or key informant interviews, as well as compiling data from existing sources such as statewide surveys, public health records, or school data. A description of each of these different types of data is included below.

CALIFORNIA STUDENT HEALTH INDEX

In 2021, the California School-Based Health Alliance created a free and publicly available resource that combines data sources to help individuals advocate and plan locally for new school-based health centers. The Student Health Index (https://www.schoolhealthcenters.org/student-health-index/) is 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. To make the Student Health Index more accessible, a dashboard was created to provide a public, interactive mapping tool that spans all large K-12 public schools in the state of California, and allows users to view, download, and explore school-level data on health, socioeconomic, and school demographics and outcomes. The Index and Dashboard can be a helpful resource as a part of or in conjunction with your needs assessment.

NEEDS ASSESSMENT DATA SOURCES

The California Department of Health Care Services, California Department of Public Health, California Department of Education, and local health departments collect and make available a wide variety of public health indicator data. The state departments as well as larger counties make these data available via searchable databases.

It is important to track down health and education data for your area to determine your school's health care needs. It will also prove helpful later when you start writing grant proposals. The following table provides some useful online resources. Local public health departments and even school districts may have access to regional and local data about student health outcomes and gaps in services. School level data may be available for information on health insurance, vaccination records, chronic health conditions, and vision and hearing screenings.

DATA SOURCE	WHAT IT CONTAINS	URL
California Department of Education	Data and statistics on enrollment, dropouts, student demographics, attendance, suspensions, etc.	www.cde.ca.gov/ds
California School Dashboard	California's accountability system that reports how districts, schools, and student groups are performing across state and local measures. Much of the data available above is organized in this dashboard.	www.caschooldashboard.org
California Health and Human Services Open Data Portal	Collection of non-confidential health and human services data from departments under HHS, like the Department of Health Care Services.	https://data.chhs.ca.gov/
California Health Interview Survey	Access to data from adolescent health telephone survey	www.chis.ucla.edu
California Healthy Kids Survey	Results of school administered survey since 1999	https://calschls.org/
Kidsdata	Collection of data from various other sources (including many of those mentioned here) that highlights children's health and well-being at different geographic levels (i.e. county, legislative districts, some cities and school districts).	www.kidsdata.org
UCSF Health Atlas	Data curated to capture various domains of social determinants of health, as well as relevant health outcomes.	https://healthatlas.ucsf.edu/

LONG-TERM COMMUNITY INVOLVEMENT

Conducting your needs assessment, and perhaps starting a youth advisory committee are all ways to get the community involved in your school-based health center. As mentioned previously, these activities are important to ensuring adequate support for a new health center. However, maintaining that community involvement long- term is essential to your school-based health center's ongoing success. Ideas for maintaining community involvement follow:

- Host an open house at the beginning of each school year so that students, parents, and community leaders are familiar with the school-based health center.
- Create a health email newsletter that lets students and parents know what is happening in the school-based health center. (Consider collaborating with an appropriate academic class to produce the publication once a quarter; the class then becomes another recruitment source for your advisory council.)
- Plan a luncheon twice a year with members of the health community.
- Train a cadre of youth to conduct outreach to youth-serving organizations in the community.
- Ask adult and youth stakeholders to help you organize booths or information tables at local community festivals, cultural holidays, or other events that parents, students, and potential supporters are likely to attend.
- Partner with community leaders and other organizations on community activities and events to maintain visibility and position the school-based health center as a recognized resource for meeting the needs of young people in your community.

CHAPTER 03

Youth Engagement

This chapter primarily applies to middle and high school programs. Although children can be an important voice in elementary school-based health center planning, the tactics would be significantly different than those suggested here.

WHY YOUTH ENGAGEMENT IS IMPORTANT

As the primary clients of school-based health centers, youth should be engaged in the needs assessment, planning, and implementation of school health services. Youth engagement can help ensure that the services provided are those of greatest need to youth, are developmentally and culturally appropriate, and are accessible to youth. Other advantages of youth engagement and positive youth development are described in more detail below.

The Search Institute has created a list of 40 developmental assets that help prevent young people from engaging in high-risk activities and help them become caring, responsible adults (see https://page.search-institute.org/40-developmental-assets).

According to the Search Institute:

- Youth involvement is expanding beyond community service to emphasize democratic citizenship that embraces both individual rights and responsibilities and group work for the common good.
- Adults in multiple settings and at varying levels have a primary role in creating opportunities for youth and supporting them in building their competencies as they simultaneously work for change.
- Youth participation in partnerships with adults can take varying forms and is shaped by the mission of the organization or initiative. Youth and adults can work collaboratively in a true partnership, or the initiative can be driven by one party or with support and input from the other.

HOW YOUTH BENEFIT FROM BEING ENGAGED

In order for youth involvement to be successful for both the center and the youth, it should engage them in meaningful decision-making. This type of involvement is called youth engagement and can occur at the clinic level and local, state, or national government levels.

In addition to youth engagement being valuable to the school-based health center, it can be powerful for the youth involved. Young people involved in decision-making grow developmentally and academically. Research shows that youth engagement builds skills such as leadership and public speaking, increases self-esteem, enhances identity development, and improves academic achievement. Youth develop skills that help them become healthy, confident, well-rounded community leaders. They become "experts," capable of influencing both their peers and adults as well as being a voice for positive change. Finally, youth who are involved in their school-based health center often develop positive, nurturing connections with caring adults – relationships that are invaluable to their development and help deepen their connection to school and work.

STRATEGIES FOR YOUTH ENGAGEMENT

There are generally three mechanisms for youth to become engaged with school-based health center development: **youth-led research, youth involvement in service delivery, and youth advocacy**. First, youth-led research may drive components of the initial needs assessment and/or ongoing evaluation efforts. Youth researchers may analyze findings and help determine what and how services should be provided by the school-based health center. Second, youth may develop and/or deliver services such as peer health education or mentoring. Third, youth may act as policy advocates for school-based health services locally or statewide. Youth advisory committees may engage in any or all of these three activities, in addition to their general advisory role. More details on each strategy and California-based examples of each are detailed below.

WHICH YOUTH TO ENGAGE?

Before launching youth engagement efforts, consider how you will recruit youth to participate. Often, adults will select youth who are already involved in school leadership activities. While these youth may have helpful experiences to contribute, they may not reflect the diversity of the student body.

In fact, **all** youth have strengths and the capacity to engage in school-based health center efforts, assuming appropriate support from adults. Prior to launching youth engagement activities, adults working on the school-based health center planning process should assess their own readiness to facilitate youth engagement. Issues to consider include what kind of youth engagement activities are most appropriate for the school community, whether the adults involved have experience facilitating youth-led activities, and what kind of training, support and resources adults and youth will need to ensure their success. Because well-meaning adults may unconsciously engage in behaviors that unwittingly disempower youth, they may need additional education and support to help them be effective in working with youth. Please see https://www.advocatesforyouth.org to take a deeper look at what youth-adult partnerships are and how to cultivate them. A great example of this partnership can be found at The Innovative Center for Community and Youth Development at the division of National 4-H Council https://4-h.org/about/leadership/national-4-h-council/. The council conducted one of the few existing studies on the effect of youth-adult partnerships. The study showed that "involving young people in decision making provides them with the essential opportunities and supports (i.e. challenge, relevancy, voice, cause-based action, skill-building, adult structure, and affirmation) that are consistently shown to help young people achieve mastery, compassion, and health". (Shepherd Z, *et al. Youth in Decision-Making: A Study on the Impacts of Youth on Adults and Organizations*. Madison, WI: National 4-H Council, 2000)

It is also important to define how youth will be engaged and for how long. Many youth will be more likely to complete activities or projects that are short-term rather than year-long. Clearly outline the expectations and agreements for both youth and adults involved in your effort in order to sustain youth interest and build into the project both intrinsic and extrinsic rewards (e.g., incentives). While financial incentives may be appreciated by youth, many will become involved for other reasons, such as completing community service requirements, forming new relationships, learning new skills, contributing to the school community, or garnering social recognition for leadership or peer mentoring.

Be sure to secure parent/guardian consent for school-based youth engagement activities or clubs. Consider including in the consent form a release to use photos of youth leaders for promotional or reporting materials. If youth activities involve trips off-site, you will also need to have students secure written parent/guardian permission using your local school district "field trip" forms.

YOUTH-LED RESEARCH

Before youth representatives (or any advocates) can be real participants in decision-making, they must do some research. For example, before suggesting that the school-based health center promote certain services, youth should ask other students what they think are the most urgent health care needs. When young people cannot explain the rationale for their recommendations, they run the risk of being disregarded or considered "puppets" of their adult advisors. However, when youth can independently describe survey results and recommendations, their credibility increases.

In this section we address three approaches to youth-led research: surveys, focus groups, and community interviews.

YOUTH SURVEYS – Collaborating with youth to develop a survey is a great way for adults and youth to work together. This partnership works best if the adults involved have some experience developing and analyzing surveys so that they can provide guidance on how to structure the questions in order to gather the information that the youth think is important. Generally, youth surveys are not highly scientific in terms of the sample of youth surveyed. Oftentimes, youth simply survey their peers. It is a convenience sample, not a random sample. One alternative is to ask the school if the surveys can be distributed in class. If permission can be negotiated with the school and the youth can survey a class that all students take (e.g., English), this can be a good way to get a more representative sample. Survey results can be analyzed using Excel or pen and paper tallies. Again, it is best to find an adult familiar with survey analysis to assist in the process.

YOUTH-LED FOCUS GROUPS – Focus groups are another way to gather information. Youth-led focus groups are small meetings led by youth moderators (with or without adults present) where people discuss a topic or topics. Focus groups are forums for discussion and conversation. They offer the opportunity to learn not only **what** people think about a certain issue, but also **why** they think that way. With relatively little training and practice, youth can moderate focus groups, giving them the power to collect feedback on a policy or a project idea without having to do a full survey. (For more information on focus groups, see Chapter 9.)

YOUTH INTERVIEWS OF COMMUNITY LEADERS – A final way for youth to do research is to identify key leaders in their school, city, or community. The leaders can be elected officials, local citizens, principals, or directors of community organizations. Youth representatives, with or without adults, can organize these meetings and conduct structured or informal "interviews" with the leaders. Often even the most inaccessible public official will respond very positively to being approached by a teen regarding local issues.

YOUTH-LED SERVICES

Another way to involve youth in the school-based health center is to develop peer-led programs such as peer health education and/or mentoring. These programs train students in both the health content, and the skills needed to participate. The health center oversees this training, provides the space and arranges the venues for youth to work with other students. It is important to note that adequate staff time must be devoted to these programs in order for them to succeed; ideally a minimum of one half- time staff person for each program, even if it only meets a few hours each week.

PEER EDUCATORS - Many SBHCs have successful peer education programs, where youth are trained on a specific health topic/s (reproductive/sexual health, mental health, substance use, traffic safety, nutrition, etc.) and use the knowledge they have learned to train their peers. They can facilitate health education workshops, or host events like health fairs to disseminate their key messages.

PEER MENTORS - The peer mentoring program model is when adult staff recruit and train older adolescents in a wide range of mental health concepts and tools to help them communicate, engage and support mentees using semi-structured processes. The program then partners them with younger adolescents for counseling, mentorship, and support, with appropriate professional supervision and support. This can be an effective way to reach youth who are unwilling to engage in traditional behavioral health counseling.

All of these programs also create a pipeline for youth to future health careers, something desperately needed in California and throughout the country.

> Promoting Health Awareness to Teens (PHAT) is the youth advisory board to the Logan Health Center in Union City. It meets once a week and serves as a forum for youth to give input on health center policies and functions. The group gives direct feedback to clinic staff. They develop "health tips" that air on the school video announcements. They also host workshops and health fairs. This group has represented the clinic and the school at community events that promote leadership, community involvement, and civic participation. PHAT has been involved in promoting a "Month of Respect Multiracial Unity and Respect Fair". The PHAT program develops leadership skills and gives youth visibility and voice in their school and community.

YOUTH ADVOCACY

Youth can also become key advocates for developing or sustaining their school-based health centers by engaging in local or state advocacy for school health services and programs. In many cases, youth can be more effective than adults in attracting and sustaining the attention of policymakers.

Youth-led **direct advocacy** occurs when young people attempt to affect policy themselves by holding a face-to-face meeting with a policymaker, calling their legislator, or speaking at a hearing. They may also develop issue papers to present at legislators' meetings, publish in a newspaper, or post on the internet to inform the public. Students in California have participated in direct advocacy for the passage of legislation promoting school-based health centers. In Oakland Unified School District, young people helped overturn that district's previous ban on dispensing contraception.

Youth-led **grassroots advocacy** occurs when young people organize others to take action. Youth can be very effective at leading petition drives or letter-writing campaigns, canvassing, distributing flyers, or organizing rallies.

> The **My Choice Project** at the Manual Arts High School Health Center in Los Angeles is a peer education project with a focus on pregnancy prevention. The program delivers information through clinic health education counseling, classroom presentations, lunchtime discussion groups, campus-wide events, community outreach and after-school activities. It ensures that students are aware of the clinic services and helps them access those services. Students become the voice of the clinic outreaching to the entire campus. In addition, the program builds knowledge and skills and provides leadership opportunities for youth.

YOUTH-LED MARKETING AND MEDIA CAMPAIGNS

Youth can be the most effective way to market your health center. They can also become the spokespersons for specific health initiatives. Let your youth help develop and implement a marketing plan for all types of media.

If possible, draw support from your local newspaper, TV station, teachers, graphic designers, webmasters, and others to guide the development of professional skills in this area.

YOUTH ADVISORY COMMITTEES

In addition to, or in lieu of, involving youth in your advisory council (see Chapter 2), you may consider establishing a separate youth advisory body. Such a group often consists of 6-10 youth who meet regularly and make recommendations to health center staff. Youth advisory committees are a great way to build youth leadership skills, get youth feedback, and help prepare youth to become future members of your wider advisory council. Two or three youth from the youth advisory committee can become representatives to the advisory council, serving as the liaisons between the youth and adult councils.

The success of a youth advisory committee depends greatly on the degree of support and mentoring provided by the school-based health center. Some school-based health centers may not have the staff, funding, or experience to support a youth advisory committee initially. In this circumstance, it is better to wait until the school-based health center has more resources than to launch a youth advisory committee prematurely without adequate staffing or support.

> At the Balboa Teen Health Clinic in San Francisco, the Youth Advisory Board (YAB) was created with the goal of educating other youth on their minor consent rights. The YAB conducted a needs assessment at seven high schools assessing students' knowledge regarding minor consent rights and their opinions on school health. The YAB then presented their findings to the school district's Board of Education, urging them to pass a resolution incorporating minor consent education into San Francisco's high school health education curriculum. As a result of this process, more youth became aware of the clinic and were referred by their peers for services. The youth presence made the clinic friendlier to youth and reinforced the perspective that youth were partners in the clinic with real responsibility, respect, and the power to make change.

SUSTAINING YOUTH ENGAGEMENT

Maintaining youth engagement is essential to your clinic's success. In general, youth participate because they:

- Have fun and feel good about doing the work!
- Make friends with other youth as they form new, supportive social networks
- Recognize social injustices or problems in their community
- Seek to promote youth voices, ideas and opinions to influence decision-making
- Want to emulate an important person in their life
- Are provided with short- and long-term incentives that are meaningful
- Were encouraged, supported, or saw parents or other significant adults model the importance of involvement.

In order to sustain youth engagement, school-based health centers need to ensure that the adults working with youth view them as assets. They need to provide guidance, mentorships, role models, and learning/professional development opportunities. Additionally, they need to build on creative youth-adult relationships or opportunities that support bringing youth and adults together as partners. Most importantly, the youth engagement program needs to facilitate team-building between youth participants and be fun. For more resources on youth engagement best practices, see https://www.schoolhealthcenters.org/youth-engagement.


BE HAPPY
USE KIND WORDS
NO FIGHTING
play hard
EAT HEALTHY
LOVE FREELY
respect your parents
SHARE
BE GRATEFUL

CHAPTER 04

Health Center Structure, Services, and Staffing

THE LEAD AGENCY

SBHCs need an operational, sponsoring, or "lead agency" to assume overall responsibility for the center. Major roles of the lead agency include:

- Assuming legal responsibility for the health center
- Ensuring and sustaining all appropriate licensure and certification; complying with appropriate laws and regulations (see Chapter 6)
- Hiring, training, and supervising core health center staff
- Orienting health center staff about school policies
- Conducting outreach and education with school staff, students, and families
- Ensuring regular communication between school and health center staff
- Establishing and facilitating a youth and/or adult advisory body
- Securing and maintaining funding for the SBHC
- Communicating with parents about the SBHC
- Ensuring adherence with all relevant HIPAA and FERPA requirements (see Chapter 7)
- Collecting data for program evaluation purposes
- Developing reports for school administration and the school board as appropriate
- Providing general liability, professional malpractice, worker's compensation, and other appropriate insurance coverage

It is important to select and involve a lead agency well before the health center is due to open. Every community is different with unique assets and needs and must determine which type of sponsoring agency will work best for it.

In California, the most common types of lead agencies are community health centers such as federally-qualified health centers, school districts, hospitals, and public health departments. These and other possible lead agencies are summarized below:

LEAD AGENCY	**Community Health Center (CHC) / Federally Qualified Health Center (FQHC)** *67% of SBHCs in California are operated by CHCs or FQHCs*
TYPICAL/MAIN FUNDING SOURCES	Medi-Cal reimbursement from state and managed care health plans
PROS	Enhanced Medi-Cal reimbursement rates Connection to local safety net Have clinical and quality improvement infrastructure Can provide most staffing needs In addition to primary care, most CHCs also provide behavioral health and dental services Health records are integrated and providers can collaborate seamlessly

CONS	Often need to ensure a high volume of clinical care provided in order to balance operating costs; such productivity requirements are actually regulated for CHCs although there are not yet parallel standards for SBHCs May not be experienced with school outreach or addressing educational interfaces May be challenging to operate on a school campus that places constraints on operations, hours, information sharing, etc. More likely to turn away students with private insurance like Kaiser and/or Medi-Cal managed care members assigned to another PCP
EXAMPLES	St. John's Well Child Center (Los Angeles) Camarena Health Center (Madera County)
TYPICAL SERVICE PORTFOLIO/FOCUS	Primary care Usually some behavioral health Often dental Less likely to offer youth development and other non-clinical programming

LEAD AGENCY	**Local Education Agency** (school district or county office of education) *27% of SBHCs in California are operated by school districts*
TYPICAL/MAIN FUNDING SOURCES	LEA Medi-Cal Billing Option Program (BOP) Local Control Funding Formula (LCFF) Child Health and Disability Prevention (CHDP) program
PROS	Communication between school staff and SBHC is facilitated Typically does not rely on a certain volume of reimbursement to support operating budget May have lower initial facility costs since scope of services are often more limited (i.e. renovating space for just behavioral health services or purchasing a mobile van vs. a comprehensive clinic)
CONS	Tend to be unidisciplinary - e.g., focused on medical or mental health exclusively May lack clinical infrastructure (e.g., supervising physicians) May be difficult to hire, support, and retain health staff Does not generate much reimbursement (i.e., does not maximize health care funding and therefore may utilize education dollars for services)
EXAMPLES	SBHCs operated by Newport-Mesa Unified School District and Vallejo Unified School District Wellness Centers operated by San Francisco Unified School District The James Morehouse Project at El Cerrito High School is led by a school employee although many partners contribute services Fresno County Office of Education mobile van & SBHCs
TYPICAL SERVICE PORTFOLIO/FOCUS	Often either focused on episodic primary care, comprehensive primary care, or mental health exclusively Less likely to offer comprehensive ongoing primary health care

LEAD AGENCY	**Hospital or University** *3% of SBHCs in California are operated by hospitals or academic medical centers*
TYPICAL/MAIN FUNDING SOURCES	Medi-Cal reimbursement (some hospitals have partial FQHC status and therefore may receive enhanced reimbursement)

PROS	Non-profit hospitals are required to invest in Community Benefits programs, which SBHCs can be a good fit for Can be affiliated with medical training programs
CONS	Are often focused on intensive, tertiary care more than prevention or early intervention Often have very high indirect cost rates
EXAMPLES	SBHCs operated by UCSF Benioff Children's Hospital Oakland, Children's Hospital Los Angeles and University of California Los Angeles Bronco Clinic in Bishop (Inyo County) run by Northern Inyo Healthcare District
TYPICAL SERVICE PORTFOLIO/FOCUS	Primary care Other services vary substantially

LEAD AGENCY	**Local Public Health Department** *3% of SBHCs in California are operated by city or county public health departments*
TYPICAL/MAIN FUNDING SOURCES	Federal, state, and local grants May have partial FQHC status, which extends enhanced Medi-Cal reimbursement
PROS	Strong prevention focus and public health infrastructure More inclined to serve an entire population Typically understand the community and its health needs Very comfortable with reproductive health and HIV/STI services
CONS	Does not leverage Medi-Cal reimbursement More difficult to make changes because of government process
EXAMPLES	Berkeley High School Health Center via City of Berkeley Public Health Department Balboa High School SBHC via County of San Francisco Department of Public Health Contra Costa County Health Care Services offers mobile/school-based services
TYPICAL SERVICE PORTFOLIO/FOCUS	Highly variable

LEAD AGENCY	**Other Community-Based Organizations (CBOs)** - e.g., youth development organizations, mental health organizations, local physician groups
TYPICAL/MAIN FUNDING SOURCES	Grant funding or general donations and fundraising
PROS	Often pull in services and strengths from other local organizations Non-medical organizations are often oriented toward stronger coordination, collaboration, school climate, staff wellness, and youth development activities
CONS	May lack medical credibility May struggle to sustain operations over many years Services may be siloed from each other and uncoordinated (i.e. one organization provides medical care, a different organization provides behavioral health)
EXAMPLES	Shop 55 at Oakland High School is run by the East Bay Asian Youth Center Frick Middle School in Oakland is run by East Bay Agency for Children
TYPICAL SERVICE PORTFOLIO/FOCUS	Highly variable

The best SBHCs involve strong collaborative partnerships, since no SBHC can provide all the health services students need and will therefore need to have relationships. Some SBHCs are more complex than others - hybrid organizations where one lead agency provides administration, coordination, and outreach while others provide each of several key services. This approach leverages the strengths of local partners and the resources they can bring to the SBHC.

During the planning process, partners should be identified that can complement the core services and expand youth-serving programs. For example:

- a lead agency that is a community health center might contract with a mental health organization to provide comprehensive long-term therapy and case management to students and their families, with the mental health organization billing Medi-Cal for some student services and the two entities jointly fundraising to support non-reimbursable activities
- a school district lead agency might establish an agreement with a local hospital to provide primary care, funded through Medi-Cal and CHDP reimbursement with additional in-kind support from the hospital's community benefit funds
- any lead agency might form an agreement with a local CBO where that agency provides after-school mindfulness classes to students and workshops for parents, funded through that agency's own grant funding

Collaborative arrangements also introduce complexity and may come more naturally to some organizations than others. Conflicts can arise regarding space sharing, information sharing, funding, communication with school staff, and technical needs. Processes for client consent may be more complicated and more protocols will be needed to ensure each organization meets its legal and regulatory obligations while staying true to the mission and intent of the SBHC.
The lead agency should facilitate clear expectations- and level-setting early on, ensuring shared understanding regarding overarching health center policies in a wide variety of areas, including use of waiting rooms, drop-ins, safety, security, crisis protocols, and client confidentiality. We suggest spelling out all agreements in written documents, whether legally binding or not, to reduce friction and set clear expectations for all parties.

Partnerships can be challenged in particular when there is a crisis on campus. It is important to plan ahead of time what school and clinic staff will do:

- if a student needs to be hospitalized for a behavioral health emergency such as acute suicidality
- if a provider needs to make a CPS report
- if a student is under the influence
- if there is a medical emergency when there is and is not a medical provider on campus
- if a parent comes to the school angry about the confidential services their student has received at the clinic

When drafting these protocols, it can be helpful to remember that school and health care personnel have different skill sets, different values, and different laws governing their behavior and remember that everyone ultimately has the same goal: healthy children that are ready to learn.

See Appendix B for sample protocols.

SERVICES AND STAFFING

The following table is a high level overview of the range of services provided by California SBHCs and the personnel that most often provide them.

SERVICE TYPE	COMMON SERVICES	TYPICAL STAFFING
Medical	Primary care for injuries and illness Well-child care, physical exams and sports physicals - these include screening for a range of physical, emotional and social issues Sexual and reproductive health services (family planning, contraception, gynecological exams, Pap testing, testing and treatment for sexually-transmitted infections, pregnancy testing, and counseling) Hearing and vision screening Management of asthma and other chronic conditions Immunizations Laboratory tests for TB, strep throat and other conditions Over-the-counter medications and prescriptions Referrals and coordination of outside services such as X-rays and specialty care Basic and emergency first aid	Nurse Practitioners (usually family practice or pediatric) Physician Assistants Physicians (usually pediatrics or family practice) Medical Assistants[1] Residents or other medical trainees[2]
Mental / Behavioral Health	Screening for trauma, mental illness and social determinants of health Crisis intervention, assistance with hospitalization as needed Individual, group, and family therapy Alcohol and substance use counseling and education Mental health awareness and outreach, including suicide prevention Consultation with students, family members, and teachers regarding student difficulties Case management and linkages to resources such as housing, food, and employment assistance Training for school staff on trauma-informed practices, self-care, wellness, and how to recognize signs of distress Psychological assessments Support groups (e.g., for acculturation or stress reduction) Prescribe and monitor psychotropic medications (less common)	Licensed Clinical Social Workers Licensed Clinical Psychologists Licensed Marriage and Family Therapists Non-licensed mental health practitioners with appropriate clinical supervision and oversight (includes interns and practicum students) Behavioral health navigators and case managers Peer counselors Psychiatric Nurse Practitioners **As with medical providers, each of these practitioners will have a slightly different scope of practice and is ethically obligated to operate only within this scope and their skills and training

[1] In California, Medical Assistants are not required to be licensed, certified, or registered, although most complete an accredited Medical Assisting program which takes between 4-24 months plus technical on-the-job training. Voluntary certification is offered by the American Association of Medical Assistants and the California Medical Assistants Association. Some lead agencies or malpractice carriers may require that Medical Assistants be certified.

[2] Some SBHCs have successfully incorporated medical trainees in a variety of ways. Trainees can offer increased diversity of providers and in the long-term expose more professionals to the SBHC model and especially adolescent care. Training programs come with stringent requirements, however, and may slow down the flow of patients for supervising providers. Students and families from underserved communities may also be sensitive to the notion that their provider is a trainee. New SBHCs should evaluate these advantages and drawbacks.

SERVICE TYPE	COMMON SERVICES	TYPICAL STAFFING
Dental	Oral health screenings and education Fluoride varnish Sealants Dental cleanings Referrals to offsite treatment and specialty services Basic restorative services X-rays	Dentists Registered dental hygienists[3] Dental assistants
Health Education	Classroom education on topics such as tobacco and substance use prevention, nutrition, physical activity, pregnancy, HIV and STI prevention, behavioral health stigma, trauma, dental care, etc. Individual education and counseling on topics such as family planning and birth control methods, asthma management, etc. Health promotion events such as health fairs, schoolwide campaigns, and social media	Clinical and community health educators Nutritionists or Registered Dietitians Americorps members, peer educators or "promotoras"
Vision	Vision screening Eye exams Prescriptions for glasses Frames and glasses	Optometrists Optometry /medical assistants
Youth Development	Peer health education Youth advisory boards Peer mentorship programs Health career internships	A variety of staff and peers

[3] In California, many of the oral health services provided in SBHCs can be delivered by dental hygienists without a dentist present. Registered dental hygienists (RDHs) can provide dental education in the clinic or the classroom, clean and polish teeth, and apply fluoride and sealants. They can also take dental x-rays with a dentist's supervision, although the dentist does not have to be present. RDHs can provide oral health assessments and refer to dentists for a comprehensive examination and must rely on dentists to make a diagnosis and treatment plan. RDHs are also considered billable providers under Medi-Cal when working in FQHC and other settings.

ADMINISTRATIVE PERSONNEL

In addition to the service providers listed above, most SBHCs will need someone to manage the administrative aspects of their operations. This includes some kind of Manager or Coordinator - other titles include Supervisor, Director, or Administrator - and some kind of front office receptionist or clerk. These positions can be combined in some cases and are often seen as the "external face" of the health center.

SBHC MANAGER

The individual in this role typically works for the lead agency. Their job responsibilities typically include:

- Defining and maintaining operational procedures (within parameters established by the lead agency)
- Preparing and overseeing SBHC budget
- Supervising and/or coordinating work of staff hired or contracted to work in the health center
- Preparing grant proposals and other fundraising activities
- Conducting or organizing outreach and marketing efforts
- Maintaining a positive and functional working relationship with the school and community
- Ensuring that health center services are delivered in culturally- and age-appropriate ways
- Coordinating health promotion activities such as classroom education, schoolwide campaigns and health fairs or other events
- Coordinating program evaluation and quality assurance/ improvement activities.

Ideally this position will work close to full-time even if the SBHC is not open full-time.

There is no specific set of qualifications required to be an SBHC manager. Some centers require a Bachelor's or Master's degree in Public Health; some prefer that a licensed medical or mental health professional hold the title. The key skills needed are strong interpersonal communication skills, organization, and commitment. For new SBHCs, the manager may be the first hire and able to introduce the SBHC to the school and community as they hire staff and prepare for opening day.

SBHC RECEPTIONIST

This is a critical role. The receptionist (or front desk person) is the first person with whom most visitors interact, and for both school staff and students, a friendly, respectful, and approachable person is needed. Typical roles include opening the health center, scheduling appointments, answering the phone, greeting visitors and patients, registering new patients, and collecting and entering data. In addition, many receptionists act as billers for their health centers, processing patient encounter information to generate insurance claims. Some receptionists are also medical or dental assistants.

Please see Appendix C for Sample job descriptions.

SCHOOL NURSES

School nurses are critical leaders in school health, and their role is often familiar to students and trusted by families and schools. School nurses are typically employed by the school district, but they should function in partnership with SBHC staff. School nurses may perform the following services:

- Conduct immunization programs
- Assess and evaluate the health and developmental status of students (e.g., provide mandated health screenings for vision, hearing, etc.)
- Design and implement health maintenance plans for students with special health care needs (e.g., students with Type I diabetes)
- Refer students and parents or guardians to other resources
- Make recommendations regarding students' individualized Education Programs (IEP)
- Provide training and serve as a medical resource for teachers and administrators
- Develop and/or implement health education curricula
- Counsel and assist students and parents in health-related and school adjustment services

> At Roosevelt Middle School in Oakland, the school nurse is based in the SBHC run by a local FQHC. She assesses the needs of dozens of young teens who drop into the health center each day. The SBHC's nurse practitioner is able to focus her time on scheduled appointments and medically complex needs. This role definition allows the health center to generate more third party reimbursement and uses each practitioner at their highest level of skill. SBHCs without a school nurse may find that much of their medical provider time goes to treating routine complaints such as headaches, stomach aches, minor scrapes, and menstrual cramps.

Not all school nurses provide all these services on a regular basis. In California, the ratio of school nurse-to-students is 1:2,410, one of the highest in the country, and most school nurses serve multiple schools or even an entire district.

SBHCs do not replace school nurses. Instead, they complement services being provided by placing additional resources in or near schools. If your school community has a school nurse, it will be important to build a strong partnership with them during the SBHC planning process. Both the national School-Based Health Alliance and the National Association of School Nurses support this collaborative relationship. For their joint position statement, see https://www.sbh4all.org/wp-content/uploads/2021/05/SBHA_JOINT_STATEMENT_FINAL_F.pdf

A school that has both a school nurse and health center will find that through collaboration both are able to do their work more effectively.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Adventist Health
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CHAPTER 05

School-Based Health Center Funding

School-based health centers (SBHCs) have grown across California, from a handful in the late 1980s to over 300 in 2022. Despite this growth, sustainable funding remains a challenge. SBHCs currently obtain a patchwork of funding from: local, state, and federal sources; in-kind support from schools and lead agencies; private donations; and insurance payments.

SBHCs run by community clinics, hospitals, and other licensed health care providers can bill and be reimbursed by public and private health insurance programs for many of the services they provide. This can help support and expand SBHC operations, ensuring that scarce education funding need not be used to underwrite most costs.

In California, many SBHCs rely on "third-party reimbursement," meaning a health insurance plan or other program or entity that pays for services, rather than the person directly receiving the services. The primary source(s) of third-party reimbursement depend heavily on the type of health care provider/ lead agency and service providers involved.

OVERVIEW OF REIMBURSEMENT PROGRAMS AND OPTIONS

Reimbursement options depend on the services provided, lead agency, and student eligibility. The table below outlines, in general, which types of lead agencies can participate in which kinds of third-party reimbursement.

PROGRAM	COMMUNITY HEALTH CENTERS	HOSPITALS	PUBLIC HEALTH DEPARTMENTS	SCHOOL DISTRICTS	MENTAL HEALTH CBOs
Medi-Cal Managed Care	✓	✓	Rarely		
Minor Consent Medi-Cal	✓	✓	Depends		✓
Medi-Cal Specialty Mental Health Services	✓ In some cases	✓ In some cases		✓ In some cases	✓
Denti-Cal	✓	✓			
LEA Medi-Cal Billing Option (LEA BOP)				✓	
School-Based Medi-Cal Administrative Activities			✓ LGA MAA[5]	✓ LEA MAA	
Presumptive Eligibility Medi-Cal for Pregnant Women (PE4PW)	✓	✓	✓		
Family PACT	✓	✓	✓		
Child Health and Disability Prevention Program (CHDP)	✓ Comprehensive Care Providers	✓ Comprehensive Care Providers	✓ Depends on health department	✓ Health Assessment Only Providers	
Private Insurance	✓	✓	Rarely		Rarely

[5] Local Governmental Agencies (LGAs) also have access to Medi-Cal Administrative Activities (MAA) that could hypothetically be used in an SBHC setting, but CSHA is not aware of any California SBHCs leveraging LGA MAA reimbursement.

MEDI-CAL

Medi-Cal is the bread and butter for many SBHCs - the primary source of health insurance coverage and therefore reimbursement for SBHC services. Medi-Cal is California's Medicaid health insurance program. Using a combination of federal and state funding, it covers a variety of medical services for children and adults with limited income and resources. **About half of children in California are covered by Medi-Cal**.

There are many different Medi-Cal aid codes depending on the individual's eligibility and program. Most low-income children and youth qualify for "full-scope" Medi-Cal with a comprehensive benefits package that includes physical health, mental health, dental and vision services.

The California Department of Health Care Services (DHCS) administers the Medi-Cal program, and determines program eligibility, benefits, provider payment and beneficiary cost-sharing levels. DHCS works closely with the federal Centers for Medicare and Medicaid Services (CMS), which provides regulatory oversight, and each of California's 58 counties also plays a key role in implementing the Medi-Cal program. Counties are responsible for conducting eligibility determination, enrollment and recertification within specified eligibility rules.

There are several ways to apply for Medi-Cal including by phone, in person at a local county social services office, at hospitals and clinics where county eligibility workers are located, and/or with assistance from Certified Application Assistants (CAAs) working in community organizations. Some of the Medi-Cal programs described below have simplified, expedited and/or presumptive eligibility processes that are well suited for SBHC settings.

Medi-Cal providers must be licensed and accredited according to the specific laws and regulations that apply to their service type. Application criteria include having an established place of business and proof of liability insurance coverage and professional liability insurance coverage. Providers must complete an application packet specific to their provider type. Provider application packages are available at https://files.medi-cal.ca.gov/pubsdoco/prov_enroll.aspx.

The following are the types of Medi-Cal coverage most frequently utilized by California SBHCs.

MEDI-CAL MANAGED CARE

Most children who qualify for comprehensive, "full scope" Medi-Cal coverage through their families are enrolled in managed care plans. As of December 2021, children under age 19 qualify for Medi-Cal if the family's household income is less than 266% of the Federal Poverty Level (FPL) - about $61,260 for a family of three and $86,371 for a family of five.[6]

Managed care plans differ by county and include commercial plans like Anthem Blue Cross as well as "Local Initiatives" such as LA Care or the Partnership HealthPlan of California. Some counties operate a single health system for their Medi-Cal population while others offer multiple managed care plans. A list of Medi-Cal managed care plans by county can be found at https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

Medi-Cal managed care plans contract for health care services through established providers and networks of care. SBHCs that want to join this network must enter contracts with the health plan(s) in their county and this includes credentialing individual medical and mental health clinicians.

Primary Care: All Medi-Cal managed care beneficiaries select or are assigned to a Primary Care Provider (PCP) which can be a private physician or physician group, community health center, county health clinic, Kaiser Permanente, or other arrangement. Primary care providers are generally paid a capitated monthly amount per member per month. Although some SBHCs act as official managed care PCPs, many are not able to provide the continuity during the week or the year required to fulfill this role, even if they are the primary place that young people receive medical care. FQHCs typically act as Medi-Cal managed care PCPs for hundreds or thousands of Medi-Cal members.

Even if an SBHC is not the PCP for a given student, they may be eligible for reimbursement. They can provide episodic primary care and be reimbursed through the CHDP program (see below), fee-for-service Medi-Cal, or by the health plan

[6] For more information about FPL see https://www.coveredca.com/pdfs/FPL-chart.pdf

directly through contractual agreement. And although it is more complicated with respect to referrals and billing, SBHCs run by FQHCs can receive their full Medi-Cal PPS reimbursement rate when they provide care to Medi-Cal beneficiaries that are assigned to other clinics or providers.
(See letter from DHCS at https://drive.google.com/file/d/1AVnCeQuZY3PBy_pX04dxe9Umai6eaQB1/view?usp=sharing)

Note: If Kaiser Permanente is the managed care plan the student is enrolled in, providers should not expect any direct reimbursement from the plan.

Mental Health: Medi-Cal managed care plans are responsible for contracting with a network of mental health providers that can provide evaluation, testing, and outpatient non-specialty mental health services. Some of these health plans contract with an intermediary mental health plan such as Beacon Health Options to credential providers and adjudicate/pay claims. Appropriately trained and licensed mental health providers working in an SBHC may be eligible to join these networks *even if the medical providers are not part of the primary care network*.

As with primary care services, SBHCs can be reimbursed for care provided by covered providers *even if the patient is assigned to another PCP*.

More information is available in CSHA's Behavioral Health Sustainability Guide:
https://www.schoolhealthcenters.org/sustaining-behavioral-health.

MINOR CONSENT MEDI-CAL

In California, individuals under 21 years old may apply for a special confidential program called Minor Consent Medi-Cal without parent or guardian consent or knowledge. The program covers family planning, sexual assault, pregnancy-related services, outpatient mental health and substance abuse services.

Minors of any age can qualify for pregnancy and pregnancy-related services, family planning services and sexual assault services. Minors ages 12 to 20 can qualify for these services as well as STI treatment, drug and alcohol abuse treatment and counseling, and outpatient mental health treatment and counseling.

To qualify for these services, a minor must be unmarried and considered living in the home of a parent or guardian; foster youth and other minors under the care of public agencies are not eligible. The program allows the minor to qualify based on only the minor's income and property and NOT that of the parent or guardian; thus, most adolescents qualify. (Proof of income may be required for any income the minor has.) Clients must be California residents. They do not need to be citizens, nor have proof of documentation or provide a Social Security number. They can be eligible even if they have full scope Medi-Cal or private insurance if other criteria are met.

MINOR CONSENT MEDI-CAL MENTAL HEALTH SERVICES

Minors are only eligible for outpatient mental health treatment and counseling through the program if a mental health professional: attests that the minor is mature enough to participate intelligently in the mental health treatment or counseling AND that the minor is either: (a) In danger of causing serious physical or mental harm to themselves or others without mental health treatment or counseling; OR (b) An alleged victim of incest or child abuse. This is documented in a written statement from the mental health professional which states that the child needs mental health treatment or counseling, the estimated length of time treatment will be needed, and that the minor meets these criteria shown above.

Minor Consent Medi-Cal recipients do not have full-scope Medi-Cal benefits and instead have access to a narrow scope of services with the specific scope dependent on the aid code assigned.

Applications for Minor Consent Medi-Cal must be processed by eligibility workers working for County Social Service Agencies. Many SBHCs have relationships with these workers to help complete applications or expedite the process. Since the COVID pandemic, most counties have accepted applications and returned eligibility information via phone or email; this flexibility is expected to become permanent. In general, Minor Consent Medi-Cal eligibility is issued on a month-to-month basis with applications for ongoing coverage submitted monthly. Currently no coverage is being terminated during the COVID pandemic and the state is considering permanent changes to the coverage period (e.g., to 6 or 12 months).

For more information SBHCs should contact their local Social Services Agency or see if their local clinic consortium is able to help at https://www.cpca.org/CPCA/About/Membership/Regional_Associations_of_California_RAC/CPCA/About/Regional_Associations_of_California__RAC_.aspx?hkey=3fa4bb68-d085-4bd1-98a0-752271cfec78.

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES

In California, specialty mental health services are "carved out" of the broader Medi-Cal program, meaning that specialty mental health services for children and adults are provided through county mental health plans instead of through managed care health plans with the rest of the Medi-Cal benefits. Often county specialty mental health services for children may be referred to as "EPSDT services" but EPSDT (which stands for "Early and Periodic Screening, Diagnosis and Treatment") refers to the comprehensive health services available to children and youth enrolled in Medi-Cal, not just specialty mental health services.

"Specialty mental health services" include:

- rehabilitative mental health services (including mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential treatment services, and psychiatric health facility services);
- psychiatric inpatient hospital services;
- targeted case management;
- psychiatric and psychologist services;
- EPSDT supplemental specialty mental health services; and
- psychiatric nursing facility services.

Medi-Cal children and youth are eligible for all medically necessary specialty mental health services if either of the following criteria are met:

1. The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma[7]

OR

2. The beneficiary meets both of the following requirements:
    a. The beneficiary has a significant impairment or a reasonable probability of significant deterioration or of not progressing developmentally AND
    b. The condition is a diagnosed or suspected mental health disorder or a result of significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

When a Medi-Cal beneficiary age 21 or younger meets medical necessity and these access criteria, the county mental health plan is responsible for providing, or arranging for the provision of, specialty mental health services. These services can be provided directly by county-employed staff or counties may contract with community-based organizations.

County mental health plans vary significantly in how they deliver specialty mental health services. The options available for schools and SBHCs to work with their counties to deliver specialty mental health services depends, in large part, on the county's overall system of care, priorities, and how school-based strategies align.

- **School-based health centers or community providers** - Many counties contract for the delivery of specialty mental health services through community providers. These providers can be community mental and behavioral health agencies, individual practitioners, healthcare providers like federally qualified health centers, and/or school-based health centers.

[7] Per DHCS guidance, "experience of trauma" is evidenced by a high-risk score using an approved trauma-screening tool, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

- **School district providers** – In some cases, the school district or county office of education can contract directly with the county mental health plan to become a contracted provider of specialty mental health services. However this arrangement is not common as provider qualifications and billing requirements can be significant barriers.
- **County providers** – In counties where the majority of specialty mental health services are provided "in house," i.e. by county-employed mental health professionals, schools can develop arrangements with the county to have permanent or periodic county-employed clinicians provide assessment and treatment services on the school campus.

DENTI-CAL

An increasing number of SBHCs offer some dental prevention or treatment services onsite. Dental services are often a significant area of need in low-income communities.

All children covered by full-scope Medi-Cal (i.e., those with family incomes less than 266% of federal poverty) also have coverage for dental services. Covered benefits are comprehensive and include cleaning, exams, x-rays, sealants, fluoride varnish and restorative treatments such as fillings.

Most pediatric dental providers are already enrolled in the Denti-Cal program; if not, they can enroll through the Dental Services Division of the Department of Health Care Services: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Enrollment_Outreach/. In Sacramento and Los Angeles Counties, some of these benefits are administered by Managed Dental Care Organizations.

For SBHCs operated by Community Health Centers and FQHCs, there is no enrollment in the Denti-Cal program. Instead, these services can be delivered and claimed using the same all-inclusive PPS rate that is used for eligible medical and behavioral health services. CHCs can also elect to include Registered Dental Hygienists in their Scope of Services by submitting a Change in Scope Request. For details see CPCA's toolkit: Increasing Access to Oral Health a Technical Assistance Guide for California Health Centers at https://drive.google.com/open?id=1neHVHDp0PNX8OYuOMZsr2T-U5xHzrYKL&authuser=aranger%40schoolhealthcenters.org&usp=drive_fs

One final note: Children who are signed up for the temporary CHDP Gateway Program described below also have full dental coverage for the period of time they are enrolled. If there are concerns that the family will not apply or qualify for permanent Medi-Cal benefits, this window of time can be very helpful in scheduling any needed dental prevention or care.

The California Advancing and Innovating Medi-Cal (CalAIM) went into effect on January 1, 2022 and includes additional dental benefits that are an extension of the Dental Transformation Initiative, a five-year pilot program to increase the use of preventive dental services and continuity of care for children.

CalAIM authorizes the Medi-Cal Dental Program to provide supplemental payments for select preventative services and continuity of care/establishing a dental home, as well as adds two new benefits; Caries Risk Assessment and Silver Diamine Fluoride for children and high-risk groups.

LEA MEDI-CAL BILLING OPTION (LEA BOP)

The LEA Medi-Cal Billing Option Program allows local education agencies (LEAs) to seek partial reimbursement for health and mental health assessments and services provided to Medi-Cal eligible students. Reimbursement rates vary but, generally, schools can receive up to 50% of the cost of services they provide to eligible students.

In 2014, the federal government reversed a longstanding policy that impeded the ability of school districts to be reimbursed for the school health services they provide to all Medi-Cal eligible students (called the "Free Care Rule"). Prior to this change, LEAs were limited to receiving reimbursement for health services to special education students only. In April 2020, the federal government approved a California state plan amendment allowing the state to implement the reimbursement for health services to all Medi-Cal eligible students, including general education students. To seek reimbursement through the LEA Medi-Cal Billing Option Program, LEAs must have an approved Provider Participation Agreement (PPA) with the Department of Health Care Services (DHCS).

More information about LEA BOP can be found on the Department of Health Care Services' website at https://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx.

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES

The School-Based Medi-Cal Administrative Activities program (SMAA) reimburses local education agencies (LEAs) for the federal share (50%) of certain activities such as outreach, enrollment and facilitating the Medi-Cal application process; and making referrals for enrolled students to Medi-Cal covered services.

To participate in the SMAA program, LEAs must contract with the Department of Health Care Services through their Local Educational Consortium (LEC) or Local Governmental Agency (LGA) (for example a participating county or city health department). SMAA also reimburses these entities for arranging non-emergency/non-medical transportation and program infrastructure like program planning, policy development, and SMAA claims coordination. Many school districts use this program only in relation to their LEA Billing Option Program and for administration related to special education services, but SMAA can be used more universally to cover Medi-Cal outreach and enrollment among the student population as a whole.

More information about SMAA can be found on the DHCS website at https://www.dhcs.ca.gov/provgovpart/Pages/SMAA.aspx.

PRESUMPTIVE ELIGIBILITY MEDI-CAL FOR PREGNANT WOMEN (PE4PW)

The PE4PW program allows qualified providers to grant immediate, temporary Medi-Cal coverage to low-income, pregnant patients for prenatal care and prescription drugs for conditions related to pregnancy. The program also covers pregnancy termination.

The application process is straightforward and can be completed in a clinic setting with temporary eligibility beginning the same day. Patients can then formally apply for Medi-Cal at the County Department of Social Services or the clinic can extend the temporary Medi-Cal card for up to 2 months or more. Currently providers can utilize telephonic signatures for PE4PW applications, noting in the case file "COVID-19 protocol."

For information on the PE4PW program, please visit the sta\te's PE4PW Information Page.
https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx

FAMILY PACT

The Family PACT program was implemented in 1997 under the California Department of Public Health, Office of Family Planning. Individuals who reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Guideline, and have no other source of health care coverage for family planning services *or require confidentiality to receive family planning services* are eligible for the program. Because adolescents apply independently based on their own income, almost all qualify. No proof of documentation or social security number is required. Enrollment is completed at the point of service and takes only a few minutes with an immediate response from the program and eligibility good for one year.

The following services are reimbursable under the Family PACT program:

- Various birth control methods, including long-acting reversible contraceptives, emergency contraception, and sterilization
- Family planning counseling and education
- Sexually transmitted infection (STI) testing & treatment
- HIV testing
- Cervical cancer screening
- Limited fertility services

Although the program includes coverage for STI prevention, diagnosis and treatment, the primary diagnosis must be related to family planning or pregnancy prevention. **Family PACT does NOT cover prenatal care or abortion services for pregnant clients.**

All Family PACT reimbursement is on a fee-for-service basis and rates are generally lower than most FQHCs' PPS Medi-Cal rates. At the same time, Family PACT reimburses providers for some services that other payers do not, including family planning education and counseling provided by a Registered Nurse or non-licensed health care provider.[8] Because these types of encounters add complementary value to adolescent clinical services, SBHCs often utilize unlicensed health educators to provide more ample counseling sessions before and after clinical visits. Another covered benefit that some SBHCs utilize is an orientation to sexual and reproductive health services which can be provided in a group setting.

Immediate on-site enrollment is one key advantage of the Family PACT program. The enrollee must fill out a Client Eligibility Certification form, which includes his/her name, date of birth, self-declared income, demographic info, and phone number. The enrollee then receives a green plastic HAP (Health Access Program) card from the provider, which is good for one year. Enrollment forms are available online at: http://www.familypact.org/en/Providers/

To become a Family PACT provider, entities must:

- be a Medi-Cal provider in good standing
- attend a provider orientation and update session
- follow program policies, standards and administrative procedures
- directly or by referral provide a scope of Comprehensive Family Planning services consistent with Family PACT standards

For more information about benefits package, procedures, forms, or to apply to become a provider, please refer to https://familypact.org/.

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

CHDP is a health promotion and disease prevention program through which eligible children and youth receive preventive health assessments and can be referred for diagnosis and treatment. The CHDP program is operated at the local level by city and county health departments[9] who are responsible for provider enrollment, quality assurance and case management as needed, although most of these roles have now been transferred to Medi-Cal managed care plans as more and more low-income children have become eligible for Medi-Cal.

CHDP covers all low-income children/youth under age 19 with family incomes up to 200 percent of the federal income guidelines and without preventive health care coverage, regardless of immigration status. Through a process called CHDP Gateway, eligible children whose parent or guardian complete a simple application are immediately and temporarily enrolled into full scope, no-cost temporary Medi-Cal for the month of their CHDP health assessment and the following month. Most of these children will then be offered enrollment into full-scope Medi-Cal coverage.

The CHDP program provides comprehensive health assessments, physical exams, laboratory testing, health screening, immunizations, health education and referrals for the early detection and prevention of disease and disabilities. These health assessments include health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, and health education/ anticipatory guidance. Health assessments must follow the following periodicity schedule: https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/

[8] Although these positions must be supervised by a licensed physician, nurse practitioner or physician assistant, the supervisor need not be onsite when education and counseling is provided.

[9] Only 3 cities in California have their own health departments: Berkeley, Long Beach and Pasadena.

Eligible CHDP providers include Pediatricians, Family Practitioners, and Internists (for youth 14 years of age and older) or Independent Certified Family or Pediatric Nurse Practitioners, and clinics/agencies employing the preceding types of professionals, including Outpatient Clinic, Rural Health Clinic, Community Health Clinic, Indian Health Clinic, and Schools. Some providers are comprehensive care providers with 24 hour year-round coverage for follow-up care and management, while others are considered health assessment only providers.

To participate in the program, SBHCs must possess an active Medi-Cal provider number; enroll in the local CHDP program; meet licensure requirements; and employ clinicians that meet the conditions of participation. Health care providers complete a separate application for each location. Approval includes an on-site facility inspection and medical record review by the local CHDP office. The facility review is conducted to ensure site access and safety conditions are met (e.g., appropriate emergency medical equipment and supplies; laboratory compliance; and proper immunization storage.) This last component is often combined with a site visit from the Vaccines for Children program.[10] The provider will then be assigned a provider number to use when billing the CHDP program. The CHDP provider application form, DHS 4490, and instructions can be found at: http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4490.pdf

Billing and reimbursement depend on the type of provider entity, age of child, complexity of visit and whether the patient is new or established.

CHDP GATEWAY PROGRAM

In 2003, California created the "CHDP Gateway," an automated pre-enrollment process for uninsured children to gain access to Medi-Cal through periodic well-child exams and vaccinations.

The same eligibility applies as shown above; children already enrolled in full scope Medi-Cal are not eligible for the Gateway. The application process is simple, does not require income verification, and can be completed online by SBHC staff with no County worker involved. SBHCs can use the CHDP Gateway program to enroll students into temporary full-scope Medi-Cal effective that day through the next calendar month. Then a joint Medi-Cal/Covered California application is sent to the family home and a parent/guardian can continue the child's Medi-Cal coverage by completing it.

For more information or to become a CHDP provider, contact your local CHDP program office:
http://www.dhcs.ca.gov/services/chdp/Pages/countyoffices.aspx

Please note that California plans to eliminate the CHDP program by July 1, 2023 in order to simplify and streamline the delivery of services to children and youth under age 21, in alignment with the goals of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Presumptive eligibility services will continue under a new Children's Presumptive Eligibility program which will expand to include all applicable Medi-Cal providers, thereby permitting more providers to make presumptive eligibility determinations and expanding access to Medi-Cal services for more children/youth. More information can be found on the DHCS website. https://www.dhcs.ca.gov/

PRIVATE INSURANCE

Most medical providers can bill and be reimbursed by some private health insurers. The majority of private payers are managed care organizations that require providers to enter contracts, including credentialing individual clinicians, in order to be considered "in network."

For most SBHCs, there will be a low volume of students with any one health insurance plan - with the exception of Kaiser Permanente. Many California students and families have commercial (not Medi-Cal) Kaiser coverage; however, Kaiser is a "closed HMO" and therefore generally will not reimburse outside providers for services rendered to their members.

In short, SBHCs should not expect private insurance to entail a sizable portion of their overall revenue; however, a well-resourced lead organization with a strong billing and contracting department may yield some additional reimbursement.

[10] The Vaccines for Children (VFC) Program helps provide free vaccines to health providers who serve low-income children and youth. A child is eligible for the VFC Program if they are younger than 19 years of age and is uninsured, underinsured, Medi-Cal eligible, American Indian or Alaska Native.

GOOD PRACTICES TO MAXIMIZE THIRD-PARTY REIMBURSEMENT

Many SBHCs, especially those run by community health centers, have established good strategies and systems to maximize third-party reimbursement. Below are some recommendations based on this experience.

> One SBHC partners with its County Social Services Agency to share access to CalWIN, a statewide real-time automated system that allows staff to search for Medi-Cal information with basic patient information.

SCREENING FOR COVERAGE

Many SBHCs collect student registration and parent/guardian consent at key times each school year, most notably at school enrollment events. This can be combined with requesting proof of immunizations, or proof of a physical and/or dental visit as required by school districts. When collecting information from families, SBHCs should request the students' health insurance information, including member number and expiration date, although families are not accustomed to providing this information to schools. Having the information in advance greatly facilitates insurance claims when the student is seen for a reimbursable visit.

Some SBHCs are enrolled in portals or other systems that check Medi-Cal coverage online through their lead agency, managed care organization, clinic consortium or other entity. Some may have arrangements with the county social services department to allow easy eligibility screening. Most Electronic Health Records (EHRs) are paired with Electronic Practice Management Systems (EPMs) that verify Medi-Cal eligibility in real time assuming the patient's social security or BIC number is already in the system. Unfortunately there are very few ways to screen for Medi-Cal coverage using just patient demographics like name and date of birth, and many students do not carry their health insurance cards or even know what kind of coverage they have, so systems like these can be extremely valuable.

END-TO-END REVENUE CYCLE MANAGEMENT

Claiming third-party reimbursement requires adequate systems and staff time commitment. Unless an SBHC has revenue cycle support from an experienced individual or billing department, it will be difficult to maximize third-party reimbursement.

Most health care billing is now conducted electronically, with a few exceptions, and EPM systems are commonly linked to EHRs to support a streamlined process.

An effective revenue cycle includes the initial screening for coverage; provider coding appropriately for services provided within this coverage; someone with expertise reviewing this claim before submission; submitting the initial claim for services rendered; and mechanisms to track and reconcile payments, correct and re-submit claims, and manage payer denials in a timely manner. The Center for Medicare & Medicaid Services (CMS) estimates that 30% of medical claims are denied or ignored on first submission. Common reasons for denials include eligibility errors, diagnosis codes not covered, procedures not covered, gender mismatch, and providers not credentialed with insurance plans.

Although billing and capturing third-party reimbursement is complex, it is one of the most important factors in developing a sustainable SBHC. Fortunately, most community health providers have billing systems in place and can use these systems to support their SBHCs in securing reimbursement. CSHA recommends:

- Dedicated staff from the SBHC responsible for understanding and keeping current on billing practices that are relevant to their SBHCs (e.g., changes to the Family PACT program benefit package for high school SBHCs).
- Established protocols for staff that provide guidance on how to maximize third-party reimbursement, including how to identify and prioritize among the payer options.
- Printed billing matrix or "cheat sheets" to help providers code correctly. These should include a breakdown of services that are reimbursed by each payer, the diagnosis and treatment codes to use for each payer, and how frequently diagnosis and treatment codes can be used per patient.

- Regular provider meetings to review billing codes and share tips for improved coding. These meetings should also include a review of billing claim denials so providers and support staff learn from missed opportunities.
- IT support for EHR configuration and training. SBHCs often need special EHR templates for confidential services provided under the minor's consent, as well as additional screening for social determinants of health.

THE SBHC DOES NOT HAVE TO BE THE PCP

It is a commonly held myth that if a Medi-Cal managed care member is assigned to a different Primary Care Provider (PCP), the SBHC or its lead agency cannot see the patient or be reimbursed for their care.

In fact, there are several exceptions to that rule, especially for SBHCs operated by FQHCs. For one, Medi-Cal managed care members have the freedom to receive family planning services from any provider, and this provider must be reimbursed by the health plan even if they are "out of network."[11]

In addition, for FQHCs, the California Department of Health Care Services has confirmed that out of network visits are reimbursable at an FQHC's PPS rate. In order to obtain their PPS rate, an SBHC must:

a) Be sponsored by an FQHC.

b) Document that they reminded the patient be seen by an "in network" provider or redirect the patient back to their PCP to receive services, or ask that the patient request that the health plan change their PCP to the SBHC.

The billing staff of the SBHC or SBHC sponsor agency must:

a) Submit a claim for payment to the patient's health plan for the "out of network" services. In most cases, the SBHC will receive a denial for these services.

b) Maintain proof of the denial or payment from the health plan, which is subject to review during the billing reconciliation process.

c) Submit a Code 18, 19, or 20 for these visits.

However, if the SBHC is going to continue providing ongoing primary care to the student, it is worth trying to have the family change the official PCP. This will establish an ongoing capitation stream and also enable any outside referrals for specialty care the patient needs.

ONGOING ACTIVE OUTREACH

Of course, an SBHC cannot maximize reimbursement if it's not filling clinician schedules. Even with lower overall productivity expectations than other settings, SBHCs should be able to generate 8-15 visits per primary care clinician per day and 7-12 for behavioral health providers. But filling these schedules takes ongoing efforts to ensure that students, school staff and families are aware of the services available, especially given regular turnover in students and staff. Some good outreach strategies include:

- SBHCs can include information in school registration material and packets, whether hard copies or electronic. This information should be shared with centralized enrollment or district offices so they can direct new families toward the centers as appropriate.
- Whenever possible, parent/guardian consent and registration forms should be made available to families. They can be sent with registration packets, made available at school-wide events, and posted on school/district websites. Many SBHCs are now using digital consent forms that can be linked to school announcements and emails to families, thus sharing the links and/or QR codes widely.
- Staff should attend school staff meetings to ensure all school staff and administrators understand where the SBHC is, and how to refer to it.
- SBHC staff can attend PTSA, School Site Council and other relevant meetings.

[11] "Out of network" refers to cases where a health care provider renders services to a patient whose assigned primary care provider is not that provider.

- SBHC staff should participate actively on Coordination of Service Teams or other events where student needs are identified and referrals discussed, always following appropriate HIPAA protections.
  See www.schoolhealthcenters.org/hipaaferpa for more information.
- Peer-to-peer outreach is essential! This can be achieved through training peer health educators, a youth advisory board, or students in Health Academies or who are gaining Independent Work Experience. Students can be assisted in designing and posting accurate information on social media that promotes good health and utilization of the SBHC.
- Outreach can also be included in loudspeaker announcements and student newspapers. Utilizing QR codes and digital links to promote services can allow for students to request an appointment confidentially.
- SBHCs should offer tours of the health center, especially for new students and staff. School staff champions can encourage or reward students for visiting the SBHC to learn about what it provides.

> One Oakland SBHC holds an annual two-day event targeting every 9th grade student in the school. SBHC staff coordinate with 9th grade teachers to visit their classrooms to conduct a 30-minute presentation. Staff describe the services offered at the SBHC and ask all students to complete pre-registration paperwork, including minor consent and Family PACT enrollment forms. Students complete and return all pre-registration paperwork during this classroom visit. After the classroom visits, SBHC staff use administrative time to process all student registration paperwork, entering new patient registration information in their practice management system, activating FPACT, and screening for student insurance eligibility. This process requires about 20 minutes per student. The SBHC then follows up with all of the students two weeks after registration. All these students are offered a brief visit with the medical provider which is a good opportunity to screen for sexual health and safety, and offer preventive health guidance. The health center can also bill for these visits.

SPECIAL CLINICS

Children and adolescents require a number of health services in order to enroll in school and participate in various school activities. These represent an opportunity for SBHCs to support students and introduce their services, especially those without adequate health coverage or without a strong health home. SBHCs can partner with their schools to promote services such as the following:

- **Sports physicals:** All students, including those with a regular PCP, may benefit from receiving a comprehensive sports physical at their SBHC. It is convenient, student-centered, and thorough, and the results can be shared with the outside provider if there is a signed records release. (A reminder that if a student has private coverage such as Kaiser, you should not expect to be reimbursed.)
- **New students and newcomers:** It is often helpful to host special clinic days just for students registering at the school for the first time. During visits on these clinic days, SBHCs can enroll eligible children into the CHDP Gateway program, provide the required services (well-child physicals, immunizations, dental screenings, etc.), and schedule any required follow-up appointments.
- **Schoolwide screening:** Many SBHCs are offering population health services by screening an entire grade or school for things like dental caries, STIs, mental health, trauma and social determinants of health. Each of these efforts is evidence-based and offers the opportunity to identify young people in need of the services offered by the SBHC and therefore build its reimbursement base.

ENGAGING NON-LICENSED PROVIDERS

SBHCs are an ideal setting to incorporate health care provider types that are skilled at screening, prevention, counseling and connecting with young people. In some cases, services provided by these staff can be reimbursed by payers. For example:

- Family PACT reimburses providers for family planning education and counseling provided by nurses or trained health educators

- Medi-Cal visits can include education and coaching provided by a variety of coaches and navigators. Hopefully through policy change, there will eventually be certification for youth peer providers as well.
- Under Medi-Cal, the total services of the care team can be included as part of a clinic visit. So even if a community health worker, behavioral health navigator or medical assistant provides much of the counseling and education, assuming a licensed clinician such as physician or nurse practitioner/physician assistant is meaningfully engaged in the visit, the visit can be claimed through their provider license, increasing the time and complexity of the coded visit.
- Medi-Cal rules have begun to include a broader range of behavioral health providers. For example, Medi-Cal specialty mental health services allow registered mental health interns to provide eligible visits, and Community Health Centers such as FQHCs are now able to bill for ASW visits immediately and for MFT visits as long as they submit a Change in Scope of Services Request (CSOSR). Further broadening of the behavioral health workforce is likely through the Children and Youth Behavioral Health Initiative now underway in California. For more information, see our Behavioral Health Sustainability Guide. http://www.schoolhealthcenters.org/sustaining-behavioral-health
- The LEA Medi-Cal Billing Option Program and School-Based Medi-Cal Administrative Activities allow services to be delivered by a wide range of clinical and non-clinical personnel.
- Denti-Cal covers visits by Registered Dental Hygienists and CHCs/FQHCs can bill for their visits if they submit a CSOSR.

GRANT FUNDING

Few SBHCs can be sustained by third party reimbursement alone. Strong SBHCs provide some services that can't be reimbursed, including outreach, case management, classroom education, health fairs, youth development programs, food distribution, and/or support for school staff wellness. In addition, some clinical services may not be reimbursable due to the student's insurance coverage, medical necessity, or other barriers.

Therefore, grant funding usually comprises a notable segment of an SBHC budget.

Ideally, SBHCs will be able to secure some portion of grant funding that is non-categorical and can be sustained over time to support its basic operations, including administration and management. Some sources might include local government or health departments, school districts, and/or or hospital community benefits.

> **The Venice Family Clinic, an FQHC in Los Angeles, operates three SBHCs. Base funding for the centers comes from the following sources: contracts and grants from the city that vary from year to year and are sometimes competitive but generally reliable; a small contribution from the school district; private donors; and a local community organization that raises money for the health center. Venice also conducts organizational fundraising and dedicates some of these funds to SBHC operations. This base funding amounts to about $100,000 per year.**

However, it is more common for SBHCs to seek and secure a variety of short-term grants from foundations and government sources that require specific projects and deliverables. These may be organized around areas such as tobacco use prevention, asthma, trauma, or teen pregnancy prevention, for example. It benefits the SBHC to be creative and expansive in seeking grant funding, and to utilize what are often deficit-based approaches to funding into positive programs and services that build the innate strengths and assets of children, youth, and communities.

As with third party reimbursement, the SBHC's eligibility for grants depend on its lead agency. SBHCs run by school districts may be eligible for grants from certain types of government and foundation sources, while those run by non-profit health centers will qualify for others. Those responsible for fund development should research potential funders including those listed below and others specific to the region and lead agency. A few specific sources are shared here.

FEDERAL GOVERNMENT

Federal grants tend to have high award amounts over multiple years, but also have lengthy, complex applications processes, competitive funding, and stringent reporting requirements. Some sources for federal grants include:

- **Health Resources and Services Administration (HRSA):** A variety of grant programs in areas that include Healthcare Systems, HIV/AIDS, Maternal & Child Health, Primary Health Care/Health Centers, and Rural Health. A new round of HRSA funding for new or expanded SBHCs is expected in the 2022-23 federal fiscal year. https://www.hrsa.gov/grants/index.html
- **Substance Abuse & Mental Health Services Administration (SAMHSA):** Grants often have a research requirement or focus. https://www.samhsa.gov/grants
- **Title X grants via Essential Access Health:** Title X is a federal grant program designed to provide comprehensive family planning services, including contraceptive supplies and information, to low-income individuals. The Title X Family Planning program is administered by the U.S. Office of Family Planning (OFP). Title X grantees include community health centers, public health departments, tribal organizations, hospitals, and university health centers. In addition to contraceptive services and counseling, Title X clinics provide preventive health services such as STI/HIV testing and pregnancy testing and counseling. Essential Access Health (EAH) – the organization that distributes Title X funds in California – also provides agencies with a variety of technical assistance and training, and raises money from private foundations and research grants to pass on to delegates. EAH sometimes operates grant programs focused on adolescents and SBHCs directly. Participation in Title X requires that health centers follow certain federal guidelines and collect specified data on clients, their birth control methods, and services provided. https://opa.hhs.gov/grant-programs/funding
- **United States Department of Education (USDE):** Grants support LEAs in various ways such as, creating safe and drug-free schools and promoting healthy childhood development, mental health services, and other student supports. https://www2.ed.gov/fund/grants-apply.html
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP):** Provides funding to states, localities, and private organizations through formula and block grants and discretionary grants. https://ojjdp.ojp.gov/funding

STATE GOVERNMENT

While California does not currently offer state funding specifically for SBHCs, there are state grants available for medical services, mental health, prevention education, outreach, youth development, and other support services that can be used to support a SBHC. Some state grants, especially those from the Department of Education, require an LEA applicant. Other grants are available to local public health departments, community-based organizations, or Community Health Centers. Creative partnerships across agencies allow SBHCs to maximize funding opportunities that benefit youth most broadly.

- **California Community Schools Partnership Program:** CDE is accepting applications from school districts, county offices of education, and charter schools, for expanding and sustaining existing community schools, coordinating and providing health, mental health, and pupil support services to pupils and families, and providing training and support to local educational agency personnel. https://www.cde.ca.gov/ci/gs/hs/ccspp.asp
- **The Mental Health Services Oversight and Accountability Commission (MHSOAC)** periodically distributes competitive grant funding to support specific initiatives through Requests for Proposals (RFP). Projects funded through RFPs seek to drive positive change in mental health crisis response approaches (Triage), school-based mental health (MHSSA), early intervention for psychosis (EPI Plus), and Allcove youth drop-in centers. In addition, the Commission periodically releases RFPs in support of stakeholder advocacy efforts addressing the needs of specific groups, including transition aged youth (TAY), LGBTQ+ communities, diverse racial and ethnic communities, and immigrants and refugees. The Mental Health Student Services Act (MHSSA) funds school-county collaboration grants for the purpose of establishing additional mental health partnerships between county behavioral health departments and school districts, charter schools, and county offices of education. https://mhsoac.ca.gov/connect/grant-funding-opportunities/

LOCAL GOVERNMENT

Counties often have local funds available through their share of state and federal dollars; they can also direct locally raised funds to programs for which school-based health centers may be eligible. Examples include:

> In Alameda County, the Health Care Services Agency directs funding from its Tobacco Master Settlement Fund and a locally approved sales tax allocation toward the county's 28 SBHCs. This provides an ongoing source of funding for SBHCs and allows the county to require comprehensive health services, partnership building and certain core evaluation measures. In this context, the county has developed a collaborative environment for SBHCs conducive to growth and quality improvement.

- **Mental Health Services Act (MHSA):** The MHSA was funded by Proposition 63, which creates a large amount of dedicated funding for improved mental health services throughout the state. The Act's Prevention and Early Intervention (PEI) program focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness. County Departments of Mental Health or Behavioral Health Services are charged with spending this money appropriately to meet state-identified goals in line with locally-determined priorities. Eligibility is determined county by county, but a significant portion of PEI funding can be dedicated to school-based services for children and teens. Consult your local behavioral health department.
- **Tobacco Master Settlement Agreement:** These were allocated to counties as the result of litigation against major tobacco companies. Some of these funds may be allocated by counties for health and wellness services.
- **Other local revenues:** Other sources of funding may include bond measures or local tax revenues, and Community Development Block Grants, all of which may be allocated for specific purposes by local governance.

FOUNDATIONS

Private and corporate foundations often fund health and mental health services for children and youth, as well as education and youth development activities. Some national foundations have provided past support for SBHCs and school health services but these opportunities are typically quite competitive. Some examples include the W.K. Kellogg Foundation, Robert Wood Johnson Foundation, and the Annie E. Casey Foundation.

California has several statewide health foundations and all of them should be reviewed to see if there are opportunities for support of your SBHC planning and development. In addition to the California Health Care Foundation (www.chcf.org) and Blue Shield of California Foundation (www.blueshieldcafoundation.org), these organizations have supported SBHCs and school health services:

- Kaiser Permanente: http://info.kp.org/communitybenefit/
- The California Endowment: www.calendow.org
- The California Wellness Foundation: www.tcwf.org

Please note that foundations frequently change their strategic focus areas and it is important to stay attuned to these priorities. When researching possible funders, read their websites carefully, then seek an introductory meeting or call if that is an available option. Funders are often open to this kind of contact and may be very pleased to hear about your project and, even if it is not a good fit for their foundation, may point you in other helpful directions.

LOCAL FUNDERS AND COMMUNITY FOUNDATIONS

There are scores of local community funders in California, including 30 community foundations, numerous corporate and family foundations, and others that focus their giving on a specific geographic region. Most have a specific focus area and as you use the resources and links below to search for possible funders, use words like "child health", "adolescent mental health", "families", "prevention", etc.

HOSPITAL COMMUNITY BENEFITS

California law requires nonprofit hospitals to provide community benefits to address community needs and priorities through disease prevention and improvement of health status. These community benefits often include grants to local organizations to improve access to health care and social determinants of health. Contact your local hospital or look on their website to see what their priorities for community benefits are, and whether they have an open application process.

OTHER SOURCES OF SUPPORT

While the majority of your funds will likely come from third-party reimbursement and government or foundation grants, there may be local sources for smaller one-time or sustained giving. These options may also bring greater community involvement and commitment to the SBHC if that seems appropriate.

LOCAL CONTROL FUNDING FORMULA (LCFF) – LCFF is California's funding formula for determining the level of state funding to school districts to provide for their state-supported general and supplemental programs. School districts receive additional resources to meet the unique challenges that face certain student groups, including low-income students. These resources must be spent to increase or improve services for targeted students to achieve state and local priorities. Districts are required to create Local Control Accountability Plans (LCAPs), three-year plans with annual updates that explain how the district allocates LCFF funds to meet state and local priorities. Some school districts use these resources to help support SBHCs.

LOCAL SERVICE ORGANIZATIONS – Service organizations such as the Rotary Club and Chamber of Commerce can be a good source of funding and volunteers. Many communities also host local chapters of national organizations such as the NAACP, the U.S Hispanic Chamber of Commerce, the American Association of University Women, or the AARP. Often their members perform community service as a requirement of membership. When approaching service organizations, a good long-term goal is to sustain an annual commitment to funding and/or in-kind support. Before making a request, offer to give the group a presentation about the SBHC, and consider bringing a youth and/or parent representative. Once an organization donates money or time to your SBHC, stay in touch, periodically sending updates or photos about the SBHC and the ongoing value of the organization's donation. Send a personal thank you message and acknowledge the organization's support in your website, newsletter, annual report, or other materials.

SPONSORSHIPS – Many organizations are successful in recruiting sponsors for special events and activities such as health fairs. Sponsors can be vendors, health plans, local businesses, or even national corporations. Look for organizations that support your mission and have a record of community involvement. When you approach a potential sponsor, be clear about the nature of your request, provide a range of options for giving, and state how you will recognize them - e.g., include the company logo on a banner or website, or pass out their promotional materials at your event.

GRANT FUNDING LINKS AND RESOURCES

- Candid (formerly known as The Foundation Center): https://candid.org/
- Council on Foundations www.cof.org
- Center for Health and Health Care in Schools: https://healthinschools.org/grant-alerts/
- Federal grants: www.Grants.Gov
- GrantStation: www.grantstation.com


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CHAPTER 06

Licensing and Regulations

School-based health centers (SBHCs) must meet various legal and regulatory requirements involving the facility used to deliver clinical services, including the certification of any laboratory services provided in the clinic as well as eligibility for reimbursement under Medi-Cal and other programs. This chapter provides an overview of these requirements.

PRIMARY CARE LICENSING

In general, primary care clinics operating in California must be licensed by the California Department of Public Health (CDPH). They must follow guidelines established by CDPH's Licensing and Certification Program (L&C) and the U.S. Centers for Medicare and Medicaid Services (see "Medi-Cal Certification" below).

There are, however, several types of clinics that are exempt from state licensure requirements. These include SBHCs run by a school district, intermittent clinics of a community health center, Tribal Clinics, and community mental health centers.

TYPES OF SCHOOL-BASED HEALTH CENTERS

SBHCs can operate under their own primary care clinic license, as a satellite or affiliate clinic of an existing medical facility, or as a mobile van.

Primary Care Clinic – If the SBHC's lead agency or medical provider is not already a licensed Primary Care Clinic (PCC), and if the SBHC and its lead agency are not otherwise exempt from clinic licensure, the site must apply for licensure through CDPH's Licensing & Certification https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LandCProgramHome.aspx (see "Applying for Clinic Licensure" below). SBHCs applying for PCC licensure must apply as a Community Clinic, Free Clinic, Mobile Clinic, or Rural Health Clinic. This process typically takes more than 90 business days and often the preparation takes well over a year. When an SBHC has its own primary care clinic license there is no limit to the number of hours it may provide health care services. However, this arrangement is not very common because this means that the SBHC is a standalone clinic without a "parent" clinic (see below for more information).

Intermittent or Satellite Clinic Site – An SBHC operated by a licensed PCC is exempt from licensing requirements if it is operated on a separate premises from the licensed PCC and is open no more than 40 hours a week. This is known as an intermittent clinic, sometimes referred to as a satellite site.

Federally Qualified Health Centers (FQHCs) and other medical providers frequently operate SBHCs as intermittent to a licensed, "parent" PCC. The parent PCC provides all staffing, protocols, equipment, supplies, and billing services for the intermittent site. These sites do not require separate licensure; however, they must meet all other legal requirements and administrative regulations pertaining to fire and life safety.

Affiliate Clinic – Affiliate clinics are additional sites of existing PCCs that have no restrictions on the number of hours they can operate. An SBHC can operate as an affiliate clinic if the parent clinic has held a valid, unrevoked, and unsuspended license for at least five years prior with no history of repeated or uncorrected violations of law or regulation that pose immediate jeopardy to patients as well as no pending actions to suspend or revoke a license. The process for receiving an affiliate license is significantly shorter; the law requires L&C to act on affiliate applications within 30 business days.

Mobile Health Care Unit (Van) – According to the Mobile Health Care Services Act, a "mobile service unit" can be approved as a service of a licensed clinic (similar to an affiliate clinic) or it may be separately licensed as a PCC. More information about the requirements related to mobile health care units can be found at https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AppPacket/PCC-Mobile-Initial.aspx

APPLYING FOR CLINIC LICENSURE

Applications for clinic licensure are processed by the Central Application Branch (CAB) of Licensing & Certification (L&C). L&C is responsible for ensuring health care facilities comply with state laws and regulations. In addition, L&C cooperates with the Centers for Medicare & Medicaid Services (CMS) to ensure that facilities accepting Medicare and Medi-Cal payments meet federal requirements.

INTERMITTENT SITES

Notify the Department of Health Care Services (DHCS) Provider Enrollment Division (PED) of the intermittent site so that it can be added to the parent clinic's provider master file (PMF). The notification to PED should include the following:

- FQHCs Only: Health Resources and Services Administration (HRSA) Notice of Award: For FQHCs, the intermittent site must be added to the HRSA scope, resulting in a Notice of Award specifying the intermittent site's location. The Notice of Award must be provided to PED.
- Memo: Clinics must submit a letter to the DHCS PED, on corporate letterhead, requesting enrollment of the intermittent site. Guidance on the required content of the notification to PED can be found here.

CAB has developed an intermittent clinic checklist that lists the documents required for establishing new intermittent sites, converting existing licensed sites to intermittent, as well as reporting changes to intermittent sites.

- Notification to CAB: Include the name of the "Parent" primary care clinic (include the license number, address, and contact information) and the facility operating as an intermittent clinic under the "Parent" primary care clinic (name, address, daily hours of operation, total hours per week, and contact information).
    - Once CAB receives the notification, they update and re-issue the parent license so it reflects the address of the intermittent clinic(s).

Keep a fire and safety clearance, as well as other necessary administrative regulations and requirements, on file.

Intermittent clinics must enroll directly with Medicare and receive their own Provider Transaction Access Number (PTAN). Medicare requires that the intermittent clinic be listed on the parent license prior to enrollment approval.

AFFILIATE CLINIC

When applying for a new affiliate clinic license, certain forms and fees should be submitted to the CAB prior to opening the clinic. Visit https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx for more information about licensing, including all application forms and instructions.

If all the forms are complete and other conditions met (e.g., if the Parent Clinic submits evidence of compliance with the minimum construction standards of adequacy and safety), CDPH must approve an affiliate clinic license without conducting an on-site inspection.

Mobile clinics will additionally need to provide information about vehicle registration and some other items (follow previous link for mobile clinic licensing requirements).

ADDITIONAL REQUIREMENTS

For most types of primary care licenses, the following conditions must be met:

- Clear signage with clinic hours visibly posted
- Valid Certificate of Occupancy
- The health center must have a name that will be utilized for all licensing, insurance, and billing purposes
- The facility must be cleared by the fire department (see Chapter 8)

FQHCS ONLY – School-based health centers that will operate in conjunction with FQHCs but have their own independent license, should take the following steps:

- File a scope of project change with the Health Resources and Services Administration (HRSA). For FQHCs covered by the Federal Tort Claims Act (FTCA), doing so will ensure that malpractice and liability coverage includes the school-based health center. Others should contact their insurance brokers to be sure the new site is covered.
- Prepare a cost report.
- Provide a Transfer Agreement with a local hospital.

MEDI-CAL CERTIFICATION

Primary Care Clinics (PCC) that want to bill Medi-Cal must be certified. As part of the PCC licensing application, the documents below should be prepared and sent to the Central Application Branch (CAB). CAB will forward this information to the Provider Enrollment Division (PED) of the Department of Health Care Services (DHCS). PED makes the necessary updates to the provider master file (PMF) and sends the clinic a "Welcome to Medi-Cal" letter. The required certification forms are listed below and are included in the licensing application packets.

Medi-Cal Certification Forms:

- **HS 269** – Application for Medi-Cal Certification as a Clinic Provider
- **HS 328** – Notice-Effective Date of Provider Agreement
- **DHCS 9098** (8/08) – Medi-Cal Provider Agreement

Download Application Packets:

- Primary Care Clinic Application
  https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AppPacket/PCC-Initial.aspx
- Affiliate Primary Care Clinic Application
  https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AppPacket/PCC-Affiliate-Initial.aspx
- Template Memo for Intermittent Sites
  https://www.dropbox.com/s/i86dbbcud6ze0gw/Intermittent Site Medi-Cal Enrollment.pdf?dl=0

Note: Intermittent clinics are not required to have a separate Medi-Cal provider number; however, the state recommends that the parent clinic notify the Medi-Cal PED when opening an intermittent site. You can use the template memo above to notify PED.

OSHA

School-based health centers should comply with the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) rules, and staff should receive yearly training on OHSA rules and requirements. This typically includes, at a minimum, having plans for blood borne pathogen exposure, and planning for infectious and biohazardous waste management. Staff should always practice universal precautions. For further information on OHSA see www.osha.gov.

LABORATORY REQUIREMENTS

The Clinical Laboratory Improvement Amendments of 1988 (CLIA) requires all entities that perform even one laboratory test to meet certain federal requirements and register with the CLIA program. To apply for CLIA certification, you must fill out the CLIA Application for Certification, Form CMS-116, from The Centers for Medicare and Medicaid Services, and mail it to the California Department of Public Health. The CLIA application collects information about a laboratory's operation, which is necessary to determine the type of certificate to be issued and relevant fees. All CLIA certificates are effective for two years. An overview of this process, and information on the different types of CLIA certificates, is provided in the document, "How to Obtain a CLIA Certificate" (www.cms.hhs.gov/CLIA/downloads/HowObtainCLIACertificate.pdf).

INSURANCE PROGRAM CERTIFICATION

CHILD HEALTH AND DISABILITY PROGRAM

The Child Health and Disability Prevention (CHDP) Program is a partial insurance program that reimburses providers for providing periodic health assessments and other preventive health care services to low-income children and youth.

Preventive care services include comprehensive physical exams and mandated screenings such as dental, vision, hearing, and specified laboratory tests. The CHDP program also provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

CHDP services can be provided by private physicians, nurse practitioners, local health departments, community clinics, and school districts. Clinics can participate in the CHDP program as a "comprehensive care" or "health assessment only" provider. Comprehensive care providers deliver not only health assessment services but also serve as the primary care home for the patient, inclusive of all treatment, follow-up, and medical case management.

To become a CHDP provider and be reimbursed for services provided under this program, the agency providing medical services must complete the CHDP Health Assessment Provider Application. Medical providers may apply to become a CHDP provider simultaneously with the primary care clinic licensing application. For more instructions on how to apply: www.dhcs.ca.gov/services/chdp/Pages/BecomingaCHDPProvider.aspx.

Once an application is received, the local CHDP program (usually operated by the County or other local health department) performs an on-site review of an applicant's site to assure that a minimum standard is maintained in the delivery of quality care. The review includes a facility review and medical record review.

FACILITY REVIEW – All CHDP provider service sites must receive an initial on-site review; these sites may also have subsequent periodic inspections. A facility review is conducted to assess site access and safety, including the presence of appropriate emergency medical equipment and supplies; personnel qualifications, licensure and/or certification; site management; and compliance with CLIA. Specific components of the facility review tool are defined as "critical elements" which must be in full compliance before the facility can be considered for approval. Critical elements include the following:

- Appropriate equipment and staff training for airway, breathing, and circulatory management
- Emergency medication on-site for anaphylactic reactions to immunizations
- Current professional licenses for site and all medical providers
- Participation in the Vaccines for Children program
- Compliance with the Pharmaceutical Services Survey Criteria
- Compliance with the Preventive Services Survey Criteria

MEDICAL RECORD REVIEW – The medical record review is performed to ensure that CHDP clients receive appropriate levels of care. Reviewers check for the following:

- **Format:** A well-organized system that permits confidential client care and quality review.
- **Documentation:** Well-documented medical records that facilitate communication and coordination, and promote the efficiency and effectiveness of treatment.
- **Coordination and Continuity of Care:** The medical record includes the client's past and current health status, medical treatment, and future health care plans to ensure seamless continuity of care for the child.

More information on the CHDP application and review process can be found at https://www.dhcs.ca.gov/services/chdp/Pages/default.aspx and in the CHDP Provider Manual at https://files.medi-cal.ca.gov/pubsdoco/chdp_manual.aspx

FAMILY PACT

Family PACT (Planning, Access, Care, and Treatment) is a state-run program designed to ensure access to reproductive health care services for uninsured and under-insured California residents. Services covered include reproductive health education, gynecological and male health exams, birth control methods, pregnancy testing, and testing and treatment for sexually-transmitted infections. Services can be provided by both licensed medical staff as well as unlicensed health educators. For more information, see https://familypact.org/

SBHCs can be reimbursed for providing these services to eligible clients by enrolling as a Family PACT provider. To become a Family PACT provider, the agency must be licensed as a primary care clinic and Medi-Cal provider in good standing; attend a provider orientation session; and submit completed Application and Enrollment Agreement forms. Certain services must be in place, as well as referral resources, and assurances of client confidentiality. For more details and to access these forms, visit https://familypact.org/providers/enrollment/.

TITLE X

In 1970, Title X of the Public Health Service Act established the nation's Population Research and Voluntary Family Planning Programs. Title X is a federal grant program designed to provide comprehensive family planning services, including contraceptive supplies and information, to low-income individuals.

The Title X Family Planning program is administered by the U.S. Office of Family Planning (OFP). Title X grantees include community health centers, public health departments, tribal organizations, hospitals, and university health centers. In addition to contraceptive services and counseling, Title X clinics provide preventive health services such as breast and pelvic examinations; breast and cervical cancer screening; STI and HIV testing; and pregnancy testing and counseling.

Although the funding that programs receive from Title X does not begin to cover all the costs incurred in providing this care, it can help to subsidize the revenue received from Family PACT. In addition, Essential Access Health (EAH) – the organization that distributes Title X funds in California – also provides agencies with a variety of technical assistance and training, and raises money from private foundations and research grants which it passes on to delegates. In recent years, EAH has operated several grant programs focused on adolescents and SBHCs directly. In return, participation in Title X requires that health centers follow certain federal guidelines and collect specified data on clients, their birth control methods, and services provided.

To learn more about how to become a Title X agency, consult the OPA grants page at http://www.hhs.gov/opa/grants/ index.html. Requests for proposals are released periodically.

VACCINES FOR CHILDREN PROGRAM

The Vaccines for Children (VFC) Program, established by an act of Congress in 1993, helps families by providing free vaccines to doctors who serve eligible children 0 through 18 years of age. In California, the VFC Program is administered by the California Department of Public Health (CDPH) Immunization Branch. Through this program, the state contracts with vaccine manufacturers to buy vaccines at reduced rates. Enrolled VFC providers then order vaccines for eligible children through the VFC Program and receive routine vaccines at no cost. To be eligible, children must be 18 years of age or younger and eligible for Medi-Cal or CHDP, uninsured, or American Indian or Alaskan Native. Children enrolled in the Healthy Families program are not VFC-eligible. Children who have health insurance that does not cover immunizations may receive VFC vaccines, but only at federally qualified health centers or rural health clinics.

Any California-licensed physician or health care organization serving VFC-eligible children can become a VFC provider. Once certified, VFC providers must record patients' eligibility status and comply with CDC's Standards for Pediatric Immunization Practices (https://www.cdc.gov/mmwr/preview/mmwrhtml/00020935.htm). Providers are visited periodically by a VFC Field Representative who conducts a Quality Assurance Review.

MENTAL HEALTH PROGRAMS

The California Department of Mental Health administers behavioral health programs for children and youth. It is beyond the scope of this manual to fully outline all the mental health programs in California. In terms of mental health *insurance program certification*, the most important is the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. This is a billable program for children and youth under 21 years old who qualify for full-scope Medi-Cal and need therapeutic behavioral health services. EPSDT providers may be employed by a county, a community mental health agency, or a school district. EPSDT is managed by county mental health/behavioral health departments. To become an EPSDT provider, you must establish a contract with your local county behavioral health department; please contact them for details.

CHAPTER 07 Operations

SCHOOL HEALTH CENTER GUIDELINES

We have developed guidelines for school-based health centers in California (see Appendix E). These guidelines have not yet been adopted as *certification standards* by any certifying agency but are a helpful tool in guiding health centers toward practices and operations that support high-quality services. In these guidelines, school-based health centers are defined as school-based, school-linked, or mobile school health programs that offer at least one of the following types of clinical care: medical, behavioral health, and/or dental care. Both a minimum and a recommended scope of services are outlined for each type of clinical services provided. There are also minimum guidelines for all types of school-based health centers, some of which are summarized below. Some of the guidelines, such as those related to staff certification, licensing, and facilities, are fully developed in other chapters in this manual.

ADMINISTRATION – The school-based health center should have a lead agency with overall responsibility for administration, operations and oversight. There is an identified staff person responsible for the health center's overall management, quality of care, and coordination with school personnel.

FACILITY/PHYSICAL SITE – All school-based health centers must be housed in a facility, whether stationary or mobile, that is easily identifiable by students, families, and school staff. Best practice for a SBHC is to include at least one clinical space and a reception area. See Chapter 8 for more detail on facilities components and planning.

ACCESSIBILITY – School-based health centers are intended to increase access to care, especially among traditionally underserved populations, and in geographic areas where there is limited access to care. In particular, our position is that school-based health centers should serve all students in the school regardless of insurance status or ability to pay. The center may also serve siblings, parents or other community members and may develop its own policies regarding fees and accessibility of services for these populations. Other mechanisms to increase the accessibility of services include maintaining hours of operation that meet the needs of students and families, facilitating transportation to the health center, establishing comprehensive non-discrimination policies, and providing language/translation services as needed.

HEALTH INSURANCE OUTREACH AND ENROLLMENT – All school-based health centers should take steps to ascertain student insurance coverage, health plan, and primary care provider (if applicable) with the goal of obtaining this information for all students seen at the health center. The health center should facilitate student enrollment in health insurance programs such as Medi-Cal, Healthy Families or other local coverage options.

THIRD PARTY BILLING – It is important that school-based health centers maximize revenue from available sources. The health center should bill CHDP, Medi-Cal, private health plans and/or other third party payers as appropriate based on the lead agency, community and services provided. For more detail on billing sources see Chapter 5.

QUALITY IMPROVEMENT – School-based health centers should adhere to relevant standards of care adopted by national professional organizations such as the American Academy of Pediatrics, Society for Adolescent Medicine, American Dental Association, etc. Quality improvement efforts should be tied to evaluation, such as gathering feedback from both clients and school stakeholders through annual needs/resource assessments and age-appropriate client satisfaction surveys as well as satisfaction surveys with parents and school staff. Focus groups or a "comments box" can also be used for this purpose. Please see Chapter 9 for more detail.

CONTRACTS AND MEMORANDA OF UNDERSTANDING

There should be a written, formalized relationship between the school or school district and health providers. Each school-based health center will develop contracts, Memoranda of Understanding (MOUs), or Letters of Agreement (LOAs). These legal documents lay out relationships and responsibilities associated with the school-based health center. These agreements may describe the relationship between the school district and the provider(s), or between the district and the lead agency for the health center. The Lead agency should then have its own written agreement with other service providers who may also provide services at the SBHC. The contract or agreement should be active (not expired); the term/length of the agreement may be decided by both parties involved; the agreement may define a process for reviewing what is working/not working during the "life" of the agreement. (See Appendix F for examples.)

The essential elements of an agreement include:

- Formal naming of parties to the agreement
- Duration
- Purpose
- Scope
- Each party's responsibilities
- Fiscal accountability including compensation and billing
- Confidentiality issues
- Reporting accountabilities
- Liability statements
- Failure to perform procedures
- How to amend, extend, renew or terminate the agreement

Agreements with different agencies may include many more elements, including agreement on specific aspects of school-based health center operation.

COMMUNICATION AND COLLABORATION

COMMUNICATION WITH SCHOOL STAFF

There should be a process for referring students/families to the health center that is understood and approved by school staff and administrators. The referral process should *facilitate* access to care as opposed to relying on the student/family to initiate contact with the health center. Mechanisms for facilitating access could include: walking the student/family to the health center, assisting with scheduling an appointment, initiating contact from the health center by calling students out of class or calling families at home (while protecting student confidentiality).

School-based health centers should develop policies/protocols to coordinate care, ensure continuity of care, and facilitate case management in partnership with the school and other service providers. School personnel include credentialed school nurses, health assistants, administrators, teachers, counselors, and support personnel. One process for this coordination may be through the school's Student Success Team. In particular, there must be coordination between the health center and the school nurse or health assistant (if applicable) including delineation of roles and responsibilities (especially for state-mandated health services in the absence of a school nurse). There should also be protocols defining permissions related to sharing of medical information (e.g., immunization records, serious medical conditions) and procedures for service coordination, reviewing how the partnership is going, and making needed adjustments.

School-based health centers must provide services in keeping with district policies and related administrative regulations, which outline how a policy should be implemented. For instance, a district's governing board may expand or limit the range of services that may be provided by school-based health centers, such as reproductive health services, or condom availability, for adolescents. District health policies may also dictate how schools handle certain conditions, like head lice, outlining whether students may attend school if they have head lice in their hair. There are also site-based procedural issues that should be identified and adhered to, such as how/when students may be called out of class for a clinic appointment. Some policies and procedures may be advocated for or appealed by a school-based health center or clinical staff. It is best to work with an "internal" district ally in these efforts, as they will understand the procedures by which new policies may be introduced, by which existing policies may be changed.

All school districts must now have a "Local School Wellness Policy." The development and implementation of this policy is an excellent opportunity for the school-based health center to bring health expertise to bear on district policies and perform a useful service for the district which may be struggling to implement the policy. One model that has been used successfully by some districts to create a comprehensive Wellness Policy is CDC's Whole School, Whole Community, Whole Child model (described in Chapter 1).

It is vital that school-based health center staff communicate regularly with school staff.

SCHOOL INTEGRATION

Integrating SBHC services into the school is key to both clinical and financial success. Some best practices in integration include:

- Participate in Coordination of Services Team (COST) or other equivalent meetings/process; use this process to determine the best provider and service fit for students based on clinical need, insurance, language and other considerations. For more information see: Alameda County Coordination of Services Team Toolkit at http://achealthyschools.org/wp-content/uploads/2020/05/149_01_COST_Guide_email.pdf
- SBHC clinicians cross-train school staff in health topics such as Adolescent Development, Youth Mental Health First Aid, Sleep, Sexual Health, Trauma Informed Practices, Depression and Anxiety Awareness and Skills, Crisis Intervention and Response, Self-Care for Staff, ACEs, Toxic Stress and Resilience, How to Support Student Resilience, etc.
- SBHC staff attend school staff meetings and professional development, as well as Back-to-School nights and other family-centered events.
- Include SBHC outreach in school registration events and include parent consent forms for clinic services in school registration packets to ensure high access and participation rates.
- Support school culture and climate (MTSS Tier 1) and help to shift the school to a more trauma-informed approach. For more information see: Schoolwide Interventions at https://www.schoolhealthcenters.org/resources/sbhc-operations/trauma-informed-sbhcs/school-interventions/
- Support school staff wellness through mindfulness practices, yoga, or other movement opportunities, healthy food options in meetings, and resources to support staff health and resilience. For more information see: Staff Wellness Toolkit at https://www.schoolhealthcenters.org/resources/sbhc-operations/trauma-informed-sbhcs/staff-wellness/
- Support schoolwide clinical crisis response for significant events impacting the school community. For more information see: School Mental Health Crisis Leadership at https://cars-rp.org/_MHTTC/docs/SMH-Crisis-Leadership-Lessons-Guide.pdf

An excellent overall resource for SBHC-School Integration Assessment from The Los Angeles Trust for Children's Health can be found in Appendix G.

COMMUNICATION WITH OUTSIDE PROVIDERS

The school-based health center must develop procedures for communicating with the primary care providers (PCPs) of the clients for whom the school-based health center is not serving as the PCP. These procedures are necessary to promote continuity of care, facilitate provider collaboration, assure appropriate utilization of health resources, and ensure appropriate protection of confidentiality. When a student's PCP and/or health plan are identified, the PCP and/or health plan should be notified every time the patient/ member receives a prescription for a new medication or adjustment of existing medication. It is also strongly recommended, though at the clinician's discretion, to also notify the PCP when the patient/ member receives:

- A well-child/adolescent examination
- Immunizations
- Diagnosis of an acute condition that requires follow-up
- Recurring episodes related to a chronic condition

SBHCs PROMOTING EQUITY

Racism and other systems of oppression negatively impact all students' ability to learn and be healthy. SBHCs are uniquely situated to address and reduce health disparities in schools, and work to increase access, equity, and opportunity for all students. The majority of students in California are Black, Indigenous and People of Color. Young people of color, as well as those who are LGBTQ+, people with disabilities, low-income or from other marginalized communities, face increasing health disparities that impact their health, mental health, education and life prospects. Some ways SBHCs can reduce the impact of racism and other systems of oppression on students include the following:

- Address implicit bias in staff and providers. Because implicit bias is largely subconscious, it takes repeated exposures to education, introspection, and re-programming to achieve lasting change.
- Center the voice of BIPOC youth - those affected by inequities in health and education know their own experience, needs, and communities. Their voices are essential in guiding effective strategy and realizing change and progress. SBHCs can listen authentically to the young people they serve and others in the school through a variety of intentional strategies. See Chapter 3.
- Partner with school staff to work towards a school climate that promotes equity and inclusion. Help create a safe and trauma-informed environment in both the SBHC and wider school culture.
  More here: https://www.schoolhealthcenters.org/resources/sbhc-operations/trauma-informed-sbhcs/
- Acknowledge the historical racism in health care and the medical industry and educate SBHC staff and providers about race and racism. There are many good resources on this topic that acknowledge not only past assaults but the effects of ongoing racial bias and structural racism. Some examples can be found here:
  https://www.schoolhealthcenters.org/resources/student-impact/anti-racism-resources/
- Recruit, retain, and promote qualified, diverse, and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.
- Partner with external organizations and programs to complement the strengths of the SBHC. For example, SBHCs may have a difficult time hiring medical practitioners of color but they can collaborate with other groups in their community that are BIPOC-centered and advocate for BIPOC youth.
- Take a broad social perspective that does not pathologize individuals but recognizes the impact of individual, family, and cultural strengths, as well as community-level traumas such as structural racism, inequality, and poverty. See best practices here:
  https://www.acesaware.org/wp-content/uploads/2022/01/ETR-ACEs-Aware-SBHC-Practice-Paper.pdf.
- Incorporate non-traditional therapeutic approaches such as peer providers and affinity groups.

- Conduct active outreach to groups that face the greatest health risks and barriers, tailoring this outreach whenever possible. Engage students from these groups so that the young people feel safe and comfortable utilizing services and know they have allies.
- Consider providing or supporting peer affinity groups that allow young people to connect with youth of similar identities and/or experiences. These can include newcomer groups, young men of color, and/or LGBTQ+ support groups using a mix of staff-led education and peer support.
- Focus on relationship building and not just the transactions of a specific service. Young people may want to connect to the receptionist for several weeks through conversation but not make an appointment. They also may need several visits with SBHC practitioners before disclosing personal histories or relevant health information.
- Provide limited English proficiency clients with access to bilingual staff or interpretation services. Translate and make available signage, posters, and print materials (e.g., brochures, flyers, magazines) in commonly used languages.
- Ensure that patients' primary language, self-identified race/ethnicity, and self-identified sexual orientation and gender identity are included in the medical record.
- Talk openly about race, racism, and other forms of oppression. Do not pretend that young people live in a color blind society.
- Promote, expect, and support training and ongoing education to ensure that staff have the awareness and skills necessary to work respectfully and effectively with patients, families, and each other in a culturally diverse environment. This includes understanding the role of intersectionality and the intersectional identities formed by race, ethnicity, class gender, religion, ability, and sexual orientation. Intersectionality is the concept that all oppression is linked and there is an interconnected nature to social categories that creates overlapping and interdependent systems of discrimination or disadvantage. Intersectionality is the acknowledgement that everyone has their own unique experiences of discrimination and oppression and we must consider everything and anything that can marginalize people.

> **A culturally sensitive health care system is one that is accessible and respects the beliefs, attitudes, and cultural lifestyles of its patients. It is a system that is flexible – one that acknowledges that health and illness are in large part molded by variables such as ethnic values, cultural orientation, religious beliefs, and linguistic considerations. It is a system that acknowledges that in addition to the physiological aspects of disease, the culturally constructed meaning of illness is a valid concern of clinical care. And finally, it is a system that is sensitive to intra-group variations in beliefs and behaviors, and avoids labeling and stereotyping.**

The above is only a partial list. SBHCs can and should make ongoing inquiries into the impact of race and other identities on their patients, staff, and services a part of their operational improvements.

CONFIDENTIALITY AND CONSENT

Every school-based health center must be familiar with laws and professional ethics regarding consent for various types of treatment and sharing of health information. A summary of those that pertain to most school-based health centers is provided below. A detailed guide to Understanding Minor Consent and Confidentiality in California:
A Provider Toolkit is available from the Adolescent Health Working Group at:
https://www.schoolhealthcenters.org/consent-confidentiality-provider-toolkit

For a quick overview see:
http://teenhealthlaw.org/wp-content/uploads/2019/08/2019CaMinorConsentConfChartFull.pdf

CONSENT FOR TREATMENT

State and federal law prescribe whether a minor's parent or guardian must consent to the minor receiving specific services or whether the minor can consent him or herself.

PRIMARY MEDICAL AND DENTAL CARE – In general, the parent or guardian must consent to a minor receiving primary medical or dental services. In an emergency, however, a medical or dental provider may treat a minor who has a condition or injury which is considered an emergency, but whose parent or guardian is unavailable to give consent. In this case, the provider should document their effort and the circumstances carefully.

REPRODUCTIVE HEALTH CARE – Minors of any age can consent to family planning and contraceptive services with the exception of sterilization. Minors age 12 and over can consent to their own diagnosis and treatment of sexually-transmitted infections, including HIV. Minor consent law extends to health education provided in a clinic setting but may NOT extend to classroom health education. If a school-based health center wants to provide family life or sexual health information within the school curriculum, it should consult with its school district's Board of Education.

PREGNANCY-RELATED CARE – Minors may consent to any pregnancy-related care including pregnancy testing, prenatal care, and abortion. Being pregnant does not by itself, however, emancipate a minor (see below). In other words, a non-emancipated pregnant teen still needs parental consent for primary care, dental, or mental health treatment (unless other exceptions have been met).

MENTAL HEALTH – Recent changes in California law allows minors aged 12 and over to consent to their own mental health care counseling if a mental health professional deems them mature enough to participate intelligently in treatment. It is generally best practice to engage a minor's parent or guardian whenever it is safe to do so. Sharing information with other health care providers, educators and others is complex and governed by different laws. These topics are beyond the scope of this guide but much more information about minor consent laws, confidentiality and information sharing can be found here: https://www.schoolhealthcenters.org/resources/sbhc-operations/student-records-consent-and-confidentiality/

SUBSTANCE USE TREATMENT – A minor who is 12 or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug or alcohol related problem. However there are many subtleties embedded within the various laws and ethics governing substance use treatment; health centers planning to provide substance use treatment should become familiar with the details. For more information see: https://www.schoolhealthcenters.org/NCYL-SUD-Minor-Consent-FAQ

EMANCIPATED MINORS – In California, emancipated minors may consent to medical, dental, or psychiatric care without parental consent. Minors are considered emancipated if they are currently or have been married or are participating in the armed services. The court may additionally declare a minor emancipated if it finds that the minor:

- is at least 14 years old;
- willingly lives separate and apart from parent or guardian with the consent or acquiescence of the parent or guardian;
- is managing his or her own financial affairs;
- does not derive his or her income from criminal activity; AND
- emancipation would not be contrary to his or her best interests.

In addition, a minor may consent to his/her own medical or dental care if he or she:

- is at least 15 years old;
- is living separate and apart from the minor's parents or guardian, with or without the consent of a parent or guardian and regardless of the duration of the separate residence; AND
- is managing his/her own financial affairs, regardless of income source.

CONFIDENTIALITY

How providers share information about health care services provided to patients is governed by federal and California law, as well as professional ethics. As a general rule, whoever has the right to consent to a given health care service is also the only individual who can view the records related to that care and is also the only one authorized to control the disclosure of that information. So, for example, a parent can access their child's primary care medical and dental records, and permit disclosure of these records to outside parties; however, they may not view or release records related to birth control or pregnancy testing without their minor's explicit consent.

State law does provide for certain exceptions to these confidentiality rules in the following circumstances:

- if the provider knows or reasonably suspects that a minor is the victim of child abuse or neglect
- if the patient expresses or indicates a threat of serious harm to self or other(s)
- if the minor is engaged in sexual activity with a minor which is coerced or exploitative
- If a minor under age 16 is involved in sexual activity with an adult age 21 or over
- if a minor under age 14 is involved in sexual activity with a minor age 14 or over
- if the patient tests positive for certain infectious or communicable diseases such as syphilis, chlamydia, gonorrhea, or HIV

In general, mental health providers should involve a parent or guardian in the treatment of minors unless, in the opinion of the treating professional, it would be inappropriate and this is *documented in the minor's record*. It should also be noted that health care providers may refuse to provide parents or guardians access to a minor's medical records when they determine that this access would have a detrimental effect on the minor or the provider's professional relationship with the minor.

School-based health centers should make the rights of clients very explicit during the registration process and early clinic visits. A sample school-based health center information and consent package is available in Appendix H.

HIPAA – In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) to address the problem of health insurance confidentiality in the era of electronic information. Federal HIPAA regulations generally restate California law regarding confidentiality and information-sharing. HIPAA permits health care providers to share health information, without written release, to other health care providers, health plans, or contractors for purposes of diagnosis, treatment, or payment. In other cases, authorization must be obtained from parents or minors using a HIPAA-compliant release of information form. Overall, the minimum amount of information needed should be disclosed.

HIPAA regulations are detailed and carry both financial as well as criminal penalties for non-compliance. Most school-based health centers are subject to HIPAA regulations and should train staff to follow procedures established by the sponsoring agency. For more information on HIPAA, see www.hhs.gov/ocr/hipaa and https://www.schoolhealthcenters.org/hipaa-basics/.

FERPA – The Family Educational Rights and Privacy Act (FERPA) was passed in 1974. FERPA requires that schools receiving federal funding must hold the information in a student's education records confidential, making it available only to parents or students over the age of 18 years or to those within the school who have a "need to know" in order to provide adequate education. FERPA is administered and enforced by the U.S. Department of Education's Office for Civil Rights. School districts have been operating under FERPA for many years and all school districts should have standards in place to comply with the requirements of this law. For more information on FERPA, see www.ed.gov/offices/OM/fpco and https://www.schoolhealthcenters.org/ferpa-basics/.

HIPAA and/or FERPA – Understanding how HIPAA and FERPA interact and which law a provider falls under can be challenging. For example, schools are specifically exempted from HIPAA, creating ambiguities for school-based health centers run by school districts. For a video and flowchart to help clarify some of these challenges, see https://schoolhealthcenters.org/hipaa-ferpa-key-points/.

Release of Information – Generally schools and health centers must have written permission from the parent or eligible student in order to release any information from the student's record. See Appendix I for sample release of information forms.

TELEHEALTH IN SCHOOL-BASED HEALTH CENTERS

With the COVID-19 pandemic, many schools and SBHCs transitioned to telehealth services as a strategy for meeting student health needs when school campuses were closed. Telehealth, defined as the use of telecommunication technologies to provide patient care by delivering clinical services remotely and from a separate location than the patient, can provide timelier and improved access to care by allowing patients to receive care from remote providers. It is also considered a cost-effective alternative to health care that is provided in-person, especially for rural and underserved areas.

Although it's possible to operate an SBHC almost exclusively using telehealth technology, this model does not take full advantage of the trust and access created by more relational in-person care models, especially for new SBHCs. At the same time, all SBHCs should consider using telehealth to improve access to outside care providers and to extend care to students when either students or providers are unable to use the physical center. They can use a "hub and spoke" model to provide clinical telehealth services to schools or other locations that do not have them. SBHCs can function as both "hubs" and "spokes", depending on the service. For more detailed information on telehealth in SBHCs, see: http://www.schoolhealthcenters.org/telehealth


NOTICE TO CONSUMERS
Medical doctors
licensed and
the Medical Board
Cynthia Francis, PA
Family Medicine

CHAPTER 08

School-Based Health Center Facilities

SBHCs can be constructed in a variety of spaces, ranging from converted classrooms to adjunct portables to stand-alone school-based or school-linked buildings. Some schools have provided shop buildings or locker rooms that are no longer in use; large spaces such as these can provide an ideal environment for innovative designs.

The health center should be thoughtfully planned and designed to support the services it will provide. Various stakeholders – including students, parents, school nurses, school administrators, and health center personnel – should participate in the design process. Building contractors and architects should ensure that the health center design follows the functional specifications and adheres to relevant building codes and regulations. Funding for facilities development must be secured well in advance of construction. This chapter includes information about various funding sources available for SBHC construction and capital improvement.

DESIGNING THE SCHOOL-BASED HEALTH CENTER

The following are some suggested steps to take in the process of designing your school-based health center facility.

1. **Goals and Planned Usage:** First, identify the school-based health center programs and services that will be provided at the center (see Chapter 2, Planning).
2. **Operational Schedule:** Identify the anticipated hours of operation on a daily, weekly, monthly, and annual basis. A preliminary calendar should be developed that identifies all programs and services that will be operated and when.
3. **Clients:** Identify the numbers and ages of the individuals that you project will utilize the center. Consideration should be given to caseloads and anticipated occupancy at any given time. This would include a comprehensive list of staffing, including full-time, part-time, and on-call staff.
4. **Relationship to School Nursing Services:** The relationship between the school-based health center and other school district health services should be clearly identified and integrated to the extent possible. School nursing services may be delivered from within the school-based health center or from a linked area nearby.
5. **Accessibility:** The specific needs and requirements for access to and from the center depend upon: (a) the relationship between the school-based health center and the school's other health programs; (b) the schedule of planned operations; and (c) the coordination of programs and services between participating agencies. Ideally, there should be direct access from the interior of the school building to the school-based health center for students to receive services during school hours; some programs will require an external entrance to serve the public during school hours and when school is not in session. The center must be fully accessible to individuals with disabilities. If possible, there should be access for medical emergency vehicles.
6. **Function and Flow:** Imagine how the various functions and services will interact in order to determine how spaces should be clustered or arranged for the smooth and efficient flow of personnel, clients, and materials. (See Appendix J for sample floor plan and photos)
7. **Security:** The school-based health center should be planned for a high level of security. Particular attention should be given to areas where medical supplies and equipment will be located. Access to the center should be limited to health center staff and include a security system, if possible.

KEY ELEMENTS OF SCHOOL-BASED HEALTH CENTERS

Although designs and needs will vary, there are some considerations which are universal. All school-based health centers should guarantee privacy, confidentiality, and a sense of well-being. They should be inviting to students, other clients and the public and operate within an appropriate physical plant. The facility must have current fire and building safety certificates and comply with laws and regulations governing health facilities, particularly the Americans with Disabilities Act (ADA) and state laboratory requirements. (See Chapter 6 for more information on facilities licensing.) More details on each of these areas are provided below.

Privacy/Confidentiality: The facility's physical layout should meet students' need for privacy. The waiting area should not be visible from an external hallway; the examination/counseling room/s should be secluded from the rest of the health center by walls or partitions; and there should be at least one phone line in a private room. Privacy should be fostered, both acoustically and physically: for example, if walls are not soundproof, white noise machines should be used. If the health center serves both adolescents and a wider age group, some clinics provide separate spaces or specific hours of service for teen clients so that they do not fear encountering parents or neighbors in the center. Having confidence in the confidentiality of services is one of the most important factors related to teen usage of a school-based health center.

Sense of well-being: School-based health centers should offer a relaxing and soothing atmosphere to foster student and family comfort, safety, and calm. Soft colors promote quiet and concentration, and natural light from windows relieves strain and anxiety. Minimizing noise can lower blood pressure and lessen frustration. Especially in large urban schools, this "safe space" can offer a real respite from the challenges of daily school life, particularly for students with physical or emotional dificulties, or sensory sensitivities.

Youth-friendliness: The space should ideally feel appealing and welcoming to adolescent patients. This is a great opportunity to get input from youth leaders. They can help select colors, posters, and other decorations.

Spatial requirements: The spatial requirements for each school-based health center will depend on the programs and services to be provided. The spaces identified below are a partial listing of programs or services, and the range of square footage that might be required. In some situations, multiple private exam or counseling rooms will be required; in others, it may be possible to create shared functional spaces, such as a charting area with laboratory, or a cot room combined with office supply storage. In considering space requirements, consider both functions and regulatory requirements. The figures below offer estimated net square footage for each type of space required. See Appendix J for Sample Floor Plans.

Program/Service/Function	Estimated Square Footage
Waiting/reception area	75 – 200
Office(s)/provider area – each	60 – 120
Sick/resting area (for student cots)	100 – 200
Examination/counseling room(s) - each	80 – 100
Bathroom	50 – 120
Laboratory	80 – 150
General storage	50 – 100
Conference/meeting space/break room	120 – 200

Climate control and ventilation: School-based health centers are often at the mercy of larger (and sometimes antiquated) systems for heating, cooling, and ventilation. If possible, a separate mechanical system should be considered, particularly if the health center will operate during non-school hours. Health center management should have access to these controls to ensure a comfortable and sanitary environment for patients. Special attention should be given to the exam room(s), lavatories, and the laboratory.

Plumbing: A sink with hot and cold water should be provided in each examination room, each laboratory, and in the lab room/area. Ideally, the laboratory would include two sinks with hot and cold water, and the water controls should be hands-free to reduce contamination.

Electrical/electronic requirements: Electrical outlets should be provided in all spaces as required by code, which local facilities staff or contractors will outline for you. The electrical circuit for refrigerators and freezers should remain active at all times, even when school is not in session, or valuable vaccines may be lost (see Chapter 6 for VFC requirements.) Locations should be identified for telephones, computer terminals, modems and/or local area networks. When possible, the school's central phone, intercom, and/or public address system should be connected to the school-based health center.

Lighting: Natural lighting should supplement artificial lighting in the school-based health center. Lighting in each space should be controlled by the occupant of the space. Special attention should be given to lighting in the space that will be used for vision testing.

Sanitary requirements: Surface finishes for floors, walls, windows, window coverings, and counter tops should be designed for easy cleaning and sanitizing. Provisions should be made for custodial services and the containment and removal of biohazardous waste.

Display: Identify any requirements for bulletin boards, tack strips, display cases, display racks for educational materials, and chalkboards as required and appropriate.

Furniture and equipment: The movable furniture and equipment required for each space should be identified. This includes desks, tables, chairs, bookcases, cots, storage cabinets, file cabinets, computers and printers, telephones, photocopier, wall clocks, refrigerator, freezer, exam table(s), and other medical/dental equipment.

ADA requirements: The construction and alteration of most public and non-profit buildings must comply with Title III of the Americans with Disabilities Act (ADA) – the ADA Standards for Accessible Design (https://www.ada.gov/ada_title_III.htm).

In health care and educational settings, the standards establish specific dimensions for hallway, doorway, and room clearance, to name a few. Local district facilities departments as well as contractors will be able to describe and apply ADA requirements appropriately.

Fire clearance: Fire clearances are required by the Health and Safety Code prior to initial licensing or before any changes to a licensed facility can be approved by the State. State-licensed health care facilities require a fire safety inspection to be conducted by the local fire authority (either City fire department or County Fire Marshall for unincorporated areas).

Prior to your application for state licensure, you may request that the fire department conduct a pre-inspection to help you identify any possible changes needed. A fire clearance application, site and floor plans, and applicable fees are required. The facility may also need local Zoning, Building or Fire Code permits. The Fire Marshal's Office cannot issue a fire clearance until all agencies' requirements have been met. Contact your local fire department to learn more.

FINANCING FOR SCHOOL HEALTH CENTER FACILITIES

Most new school-based health centers require funding to construct or renovate their facility. In order to determine the capital costs required, follow the steps above to identify the overall square footage involved, including wall thickness, circulation space and any connecting corridors. A budget should then be developed that realistically reflects the estimated cost for new construction, renovations, and/or additions. In addition, the school-based health center facilities development plan should be included in the school district facilities master plan.

School-based health centers in California have primarily relied on state and local funding to support construction of their facilities. Specific funding available for school-based health center facilities includes:

STATE SCHOOL FACILITIES GRANTS

The California Department of Education (CDE) allows school facilities grants, including modernization grants and new construction grants, to be used for constructing school-based health centers within existing school facilities.

Modernization grants must be used to modernize or update outdated and unsafe facilities. Grants are based on the number of students served by the district/school to be modernized and require a 40% local match. Because most districts use their entire modernization grant to update classroom and core support facilities, little modernization funding has been used to support school-based health center construction.

New construction grants can be used if a school-based health center is being designed and built simultaneously with the new construction of a school. In this case, the district would develop a facilities master plan, identify potential site(s) for the new school facility inclusive of the school-based health center, and then the CDE would evaluate and approve the proposal.

School districts are required to match 50% of the state grant for new construction.

Finally, the CDE has defined a **Joint-Use Program** under the School Facility Program. This program allows a school district to utilize funds from a joint-use partner to build projects such as libraries, child care facilities or gymnasiums. Over $100 million has been made available for these projects, although the state has generally not recognized school-based health centers as a valid use of this funding. Proposed legislation may change this, so planning groups should contact the state to determine if their project might be eligible for joint-use funding: http://www.cde.ca.gov/ls/fa/sf/jtuse.asp.

LOCAL BONDS

Some school districts such as the Los Angeles Unified School District are using funds from local bond measures to finance their local "joint-use" projects, including school-based health center construction. Due to inadequate state facilities funding, many school districts secure funding for school facilities repair and construction by issuing local general obligation bonds. These bonds can be authorized with the approval of either 66.67 or 55 percent of the voters in the district. The bonds are repaid with local property tax revenue. School districts can also impose developer fees levied on new residential, commercial and industrial developments. Developer fees vary significantly by community, depending on the amount of local development. In fast-growing areas, the fees could make notable contributions to school-based health center construction. Finally, school districts may form special districts to sell bonds for school construction projects, known as **"Mello-Roos" bonds**. These bonds require two-thirds voter approval, and are paid off by property owners located within the special district.

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (CHFFA)

Medical service providers can sometimes secure facilities funding from CHFFA. CHFFA provides public and non-profit health care providers with loans, grants, and tax-exempt bonds. CHFFA also provides loans to small and rural health facilities through the HELP II Financing Program and offers two grant programs, the Children's Hospital Program and the Community Clinic Grant Program. CHFFA financing may be used for the following project-related costs:

- Construction
- Remodeling and renovation
- Land acquisition (as part of the proposed project)
- Acquisition of existing health facilities
- Purchase or lease of equipment
- Refinancing or refunding of prior debt
- Working capital for start-up facilities
- Costs of bond issuance, feasibility studies and reimbursement of prior expenses. For more information on grant and loan cycles, go to: http://treasurer.ca.gov/chffa/

COMMUNITY DEVELOPMENT BLOCK GRANTS (CDBG)

CDBG grants are administered by the California Department of Housing and Community Development, and may also support SBHC facilities construction. The primary federal objective of the CDBG program is the development of viable urban communities by providing decent housing and a suitable living environment and by expanding economic opportunities, principally for persons of low and moderate income. Each year, the program makes funds available to eligible jurisdictions through several allocations; school-based health centers may be constructed or renovated with General CDBG grants. Grant-funded activities must be directed toward the planning of a project which, if brought to completion, would be a CDBG-eligible activity in which at least 51 percent of the beneficiaries would be low or moderate income households.

Each year, the program makes funds available to eligible jurisdictions such as cities and city districts. Notices of Funding Availability are published for each allocation as the funds become available. More information is available at https://www.hcd.ca.gov/grants-and-funding/programs-active/community-development-block-grant.

OTHER SOURCES OF FUNDING

Some foundations will support construction or equipment costs. School sites or districts with a higher tax base may have general facility funds to allocate to school-based health center construction. If a federally qualified health center is going to be the medical provider, it may have access to funding sources for facilities. The federal stimulus package passed in February 2009 includes $1.5 billion for construction of clinic facilities. Creatively leveraging a variety of state, local and private funding sources is likely to be the most effective strategy for garnering adequate funds.

FACILITIES CONSTRUCTION PROCESS

This process will differ for school-based and school-linked health centers. Once the facilities design plan for a school-based site has been established, it may be required or advisable to update the school board. A presentation can include an overview of the needs assessment process and results, facilities design plans, and a rationale for how the new health center correlates with district and community goals.

If the health center will be on school grounds, preliminary architectural designs should be submitted to the Division of State Architect (DSA) for review and approval (see https://www.dgs.ca.gov/DSA).[12] The DSA requires some fees for Project Plan Submittal, and may also charge additional fees for later changes to the plans. Depending on the size of the project, DSA approval may take three months.

If approved, the DSA will issue a building permit and construction can begin. A core work group should be formed to guide and troubleshoot facilities construction. Members of this group may vary depending on whether the facility is school-based or –linked, who owns the land, and also who is the lead agency for the health center.

When health centers are constructed on school district property, special attention must be paid to developing clear work plans and timelines with the district facilities personnel and the local school board. District facilities departments are often understaffed and underfunded, and many school districts will "contract out" construction projects other than basic maintenance and repair to outside building contractors. The school board should set clear expectations for the oversight and monitoring of construction projects.

Once construction is complete, the DSA schedules an inspection. If the facility is approved by the Inspector of Record, the DSA issues a certificate of occupancy. At the same time, the local fire department needs to inspect the property for fire safety. See Appendix K for a memo from DSA about requirements for SBHCs.

[12] The DSA reviews plans for public school construction and certain other state funded building projects to ensure that plans, specifications and construction comply with California's building codes.

CHAPTER 09

Data Collection, Evaluation and Quality Improvement

Data collection and evaluation are important for several reasons. Although initially, you may be able to secure resources and support for your school-based health center simply because people believe it is a good idea, eventually funders, policymakers, and the school community will want some evidence that the clinic is a good use of scarce resources. Second, once your school-based health center is up and running, you will want to know how you are doing, and how you can do even better. Finally, data collection and evaluation is important simply because it is required by many funders and health plans. Health care providers are already well-versed in data collection processes to measure clinic productivity and quality. Health record systems and practice management will feed into these evaluation systems.

WHY START EARLY?

Amidst the challenges of starting and funding a new school-based health center, it is easy to think that evaluation can wait until after you are actually up and running. While it is true that you cannot actually *complete* an evaluation until after you have something to evaluate, you should try to create an evaluation plan as early as possible.

Why? Because there are important data that you can collect BEFORE the health center opens in order to document the CHANGE that the health center made. Think ahead five years. If you want to show that the school-based health center has reduced the number of children sent home due to illness or injury, you need to ask the school to keep a record of these numbers before the health center opens. The same is true for disciplinary referrals, school days lost to illness, immunizations, teacher satisfaction, and a variety of other measures. The more data you can collect before the health center opens, the more you have to compare to data you collect later.

WHO IS YOUR AUDIENCE AND WHAT DO THEY CARE ABOUT?

Different audiences might have different questions and needs for information about the operation and impact of your school-based health center. While one evaluation might not address everyone's needs, it is worth considering many perspectives when planning your evaluation.

THE SCHOOL AND DISTRICT – Regardless of how they are funded or run, school-based health centers rely on collaboration and resources from their partner schools. Because resources are always scarce, the school will eventually want to know that the health center is a good value. Some outcomes that are likely to be important from the school's perspective include:

- Improved academic performance
- Increased attendance
- Lower dropout rates
- Improved student behavior
- Improved school climate
- Increased teacher satisfaction and reduced turnover
- Increased parent participation in school activities
- Increased parent and student satisfaction

CLINIC USERS – Clinic users (patients) will "vote with their feet." If they value the services the health centers provide, they will come; if they do not, they will seek care elsewhere. In this respect, potential clinic users are your most important audience. Patients may not be as interested in the graphs and tables you produce from your evaluation as they are in the changes you make in your services as a result of your evaluation. As you design an evaluation, consider assessing clients' (and potential clients') perspectives on:

- Ease of accessing clinic services
- Types of services provided
- Hours of operation
- Wait time for an appointment
- Friendliness of clinic staff
- Environment of clinic
- Confidentiality
- Stigma (or lack thereof) among peers

HEALTH CARE PROVIDERS – Depending on their field and type of organization, health care providers are required to collect, analyze, and submit data on the quality of care they provide to patients (e.g. UDS measures for CHCs include % of asthmatics who have an asthma action plan on file). Measures like these should also be used for Quality Improvement plans, and outreach to address gaps in care or population health needs (e.g. vaccinations needed).

PAYORS/HEALTH PLANS/FUNDERS – Payors and health plans also collect data on number of their covered patients served and the care type and quality data (e.g. immunizations rates). The health care lead agency will be familiar with what clinical data needs to be collected and reported out. Funders may also want data on number of patients served and types of services. It can also be helpful to collect qualitative data for funder reports (see section on focus groups and interviews).

FAMILY/CAREGIVERS AND COMMUNITY MEMBERS – Although family and community members may not all use the health center, their support can be critical to its long-term sustainability. If community members believe that the school-based health center is making the school or neighborhood safer, helping families, or making the school more successful, they will be more likely to object if clinic funds are threatened. In planning your evaluation, consider the issues that are important to the community at large.

ELECTED OFFICIALS – Legislators, school board members and other elected officials want to use public resources wisely and keep their constituents happy. Many of the outcomes of interest to this group will be the same as those for the school and district. However elected officials will also be interested in health outcomes such as:

- Number of children served, especially uninsured
- Number of uninsured children enrolled in health insurance
- Number of immunizations or physicals given
- Access and utilization of behavioral health services
- Prevention or youth development programs
- The popularity of the school-based health centers among parents and voters
- Support for the school-based health center among businesses, community leaders, and other groups

SBHC ADMINISTRATORS – Those involved in planning and managing the school-based health center may be the ones who make the best use of evaluation data. You will rely on this information to raise funds, demonstrate to local officials that the health center is valuable, make staffing and budgetary projections, improve the quality of your services, and verify client satisfaction. SBHC managers find that good data make their own jobs easier and more effective.

WAYS TO COLLECT DATA

The following is a brief description of several common ways that you can collect your own data. It is not necessary to use all of these sources, however, your evaluation will be strengthened if you use a variety of sources.

ELECTRONIC HEALTH RECORDS

The vast majority of medical providers are now utilizing electronic rather than paper medical records. SBHCs use a variety of electronic health records (EHRs) such as NextGen, Epic, and eClinicalWorks, to name a few. Most EHRs are also connected to an electronic practice management (EPM) system for purposes of billing and scheduling. EHRs and EPMs store information about patient demographics, services delivered and, in most cases, can also help produce important reports about the preventive health care needed by patients and their quality of care (e.g., is their depression improving or their blood sugar level being maintained).

The following set of data elements should be tracked by any EHR:

Patient Demographic Information

- Date of birth
- Gender
- Race
- Ethnicity
- Language spoken at home
- Insurance status at visit
- Identification of primary care provider
- School status (enrolled in this school, another school, or not enrolled)
- Other special populations such as foster care, homeless

Service Delivery Information

- Date of service
- Provider name and provider type
- Diagnosis (ICD-10, DSM-5, and other relevant codes)
- CPT and other procedure codes
- Place of service
- Time spent
- Referrals (internal and external)
- Other subjective notes about the visit such as treatment plan and communication with parent/guardian or PCP

Setting up a clinic data system is a fairly technical process. It is possible to keep data on paper or in an Excel file, but much more useful to use a management information system or practice management software. If the school-based health center's medical provider is a community clinic or county health department, they will likely have a system in place at other sites that can be used in the SBHC. If such a system is not available, you will need outside consultation to select and implement a data system. Many EHRs are based on adult medicine practices and therefore require some customization to include the kind of proactive screenings recommended for SBHCs – e.g. for sexual health, depression, anxiety, and social determinants of health.[13]

[13] Social determinants of health are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes - see https://www.cdc.gov/socialdeterminants/about.html for more information.

SURVEYS

Surveys or questionnaires can be used for both types of evaluation. You can either use a standardized survey (one that has been created and tested by others) or you can create your own. It is recommended that you create or adapt your own client satisfaction survey, so that you can customize it to your unique program. However, it's best to use a standardized survey for capturing outcomes.

Surveys can be anonymous, which is the preferred way to administer a satisfaction survey, or they can have the clients' names and/or "unique identifier" if you want to be sure that the same students took the pre-test as took the post-test. Matching pre- and post-tests is essential if you want a scientifically rigorous evaluation. A "unique identifier" is used to preserve confidentiality and can be the clients' school identification number or can be constructed using letters of the clients' names and birthdates.

Depending on the content of the survey, if you are using names or unique identifiers, you might need to get **active parental consent** for the students to take these surveys, according to California Education Code section 51513.[14] If your survey is given anonymously but measures student health risks and behaviors, then **passive parental consent** can be obtained.[15]

Surveys can be administered in many settings. They can be mailed (for example, a satisfaction survey can be mailed to parents of students served by your school-based health center), administered by telephone, on the Internet (using technology such as Survey Monkey), or taken in person (for example, in the health center or in a classroom).

Remember to match your method for collecting survey data to the group(s) you are trying to survey. For example, a survey collected in the clinic waiting room will miss students/families who do not use the clinic. This approach may be sufficient if your goal is to learn about the satisfaction of students who have received services. But if you want to know about what additional services to offer, you would also want to reach students who are not currently using the health center. A classroom-based survey will be more effective at reaching all students.

Surveys can gather both qualitative and quantitative data. Qualitative data is typically gathered through "open-ended" questions such as, *"What do you like best about our school-based health center?"* Open-ended questions don't constrain the answer and can be a rich source of information and feedback. The downside to this type of question is that it is more labor intensive to sort through the responses of many surveys. Also, many people won't take the time to give a response on an open-ended question because it takes longer. This will be particularly true for students or family members who are not comfortable with writing.

"Closed-ended" questions are multiple choice and produce data that are easy to quantify (e.g., the number of people who checked "always," "sometimes," or "never"). The advantage of this type of question is that it is easier to analyze quickly when the surveys are returned. The downside is that clients are limited to the choices. This can be partially solved by always having an open-ended category (e.g., "other") or a place following a multiple choice or scale question for clients to elaborate. (See Appendix L for sample surveys.)

[14] California Education Code section 51513. No test, questionnaire, survey, or examination containing any questions about the pupil's personal beliefs or practices in sex, family life, morality, and religion, or any questions about the pupil's parents' or guardians' beliefs and practices in sex, family life, morality, and religion, shall be administered to any pupil in kindergarten or grades 1 to 12, inclusive, unless the parent or guardian of the pupil is notified in writing that this test, questionnaire, survey, or examination is to be administered and the parent or guardian of the pupil gives written permission for the pupil to take this test, questionnaire, survey, or examination.

[15] California Education Code section 51938(c). Anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age-appropriate questions about the pupil's attitudes concerning or practices relating to sex, may be administered to any pupil in grades 7 to 12, inclusive. Parents or guardians shall be notified in writing that the questionnaire is to be administered, given the opportunity to review the questionnaire if they wish, notified of their right to excuse their child from the questionnaire, and informed that they must state their request to excuse their child in writing to the school district.

FOCUS GROUPS OR PUBLIC FORUMS

Focus groups or public forums are another way to gather data. A focus group is a small gathering of 6-10 people during which a moderator asks questions about a particular topic. It can be a good way to gather feedback relatively quickly and can be an excellent precursor to a survey because it can help develop and refine survey questions and topics. It is also a good way to collect qualitative information about more complex issues such as cultural values and concerns. Be careful, however, about generalizing from a focus group. Six to ten people, especially if they are volunteers who have a particular interest in health, may not represent the entire group.

Focus groups are most successful when there is an objective moderator, so if your budget permits, it may be worthwhile to hire a consultant who specializes in planning and facilitating focus groups. If not, begin by brainstorming a set of open-ended questions on the topic for which you want feedback. Then recruit participants to your focus group. Be sure to reach out to students and families who do not usually volunteer to participate or you may end up with very skewed results. Offering food or a small incentive such as a gift card is very helpful in recruiting.

Groups generally work best when all the participants are similar (e.g., all youth, all teachers, all parents). Consider conducting separate focus groups for different language groups so that the groups can be conducted in a language that is most comfortable for participants. Once the group is assembled and some simple ground rules reviewed, ask the questions and allow everyone attending the opportunity to speak. Be sure to assign someone to take notes or record the meeting.

A public forum is a larger venue for getting feedback from stakeholders of your school-based health center. A public forum is not typically constrained in terms of the number of people who can attend and participate. Usually in a public forum, a presentation about the topic would precede an open dialogue or opportunity for feedback from the attendees. You could conduct a public forum with the school community (administrators, teachers and staff), parents, students or the broader community. Consider having a public forum off-site to reach a wider audience and to get diverse views. For instance, ask local churches if they would be willing to host a forum. Resources on how to design and run a focus group and/or public forum can be found at the end of the chapter.

KEY INFORMANT INTERVIEWS

Conducting individual interviews can be a useful strategy for collecting data and is sometimes easier than focus groups or surveys. Key informants can be any stakeholders in the school, community or even in other arenas, such as health plans or government. Interviews are a useful approach when you think that key informants might be hesitant to attend a focus group or fill out a survey. This might be because they are busy, don't speak English, are not familiar with surveys, or would not be comfortable in a focus group. Often interviews combine both open-ended and closed-ended questions and are usually between 30–60 minutes.

It can also be helpful to collect stories and testimonials from providers and school staff on the value of the SBHC.

OTHER DATA

It can be helpful to track whether, following an appointment in the SBHC, a student was sent back to class, home, to the ER, or elsewhere. These measures demonstrate the impact of the SBHC on attendance and the prevention of lost "seat time" while students access health care.

STUDENT SURVEY DATA

Many schools elect to administer a standardized risk assessment survey to their whole school population or to specific grade levels. These surveys typically are administered on a regular (annual or bi-annual) basis. The most widely used survey in California is the California Healthy Kids Survey (CHKS), which covers a variety of topics. The core module is used by most school districts for students in grades 5-12. There are slightly different core and supplemental modules for grades 5 (and younger).

California Health Kids Survey (CHKS) Modules	
Core Module covers:	**Supplemental Modules cover:**
• School climate and safety • Pupil engagement • Student supports • Bullying • Substance abuse • Student demographics	• Additional school climate areas • Social emotional health • Tobacco, alcohol, and other drugs • Mental health supports • Community health and safety • Physical health and nutrition • Indicators for after school programs • Gender identity and sexual orientation-based harassment • Resilience and youth development • Sexual behavior

Student survey data can be used for a needs assessment and for an outcome evaluation if you think you will have an impact on the entire school population. For instance, a targeted smoking prevention and cessation program may result in your high school population smoking less over time. However, be careful to match the data you collect to the nature of your program. If your health center provides immunizations to 50 families, do not expect to see a change in physical fitness levels or alcohol use across the entire school. This sounds obvious, but it is easy to fall into the trap of measuring things that you have no hope of changing.

COMMUNICATING YOUR DATA

Now you have arrived at the last but probably most important step. You have collected and analyzed your data, and now need to understand what the results mean, how to use them, and how to communicate the results to your stakeholders

Examples of evaluation results:

- Alameda County 2019-20 School-Based Health Center Brief
  https://achealthyschools.org/wp-content/uploads/2021/03/Alameda-County-2019-20-SHC-Brief-PRINTING.pdf
- Alameda County 2018-19 School-Based Health Center Infographic
  http://achealthyschools.org/wp-content/uploads/2020/10/Alameda-County-18-19_0912201.pdf
- 5 Year Wellness Center Impact Report, The Los Angeles Trust Data xChange, September 11, 2020
  https://static1.squarespace.com/static/610c101c733e257fb271ce0f/t/6116b0440782b920e339f412/1628876869154/LA-Trust-Five-Year-Wellness-Center-Impact-Report-091120.pdf

Receive Expert Guidance to Go From Vision to Reality

Do you have specific questions not answered in this guide, or do you need to talk through how to take action to build and expand school-based health and wellness services in your community?

You can sign up your organization to become a member of the California School-Based Health Alliance and you will receive technical assistance hours where you can receive individual consulting to answer specific questions you may have.

Learn more at https://www.schoolhealthcenters.org/get-connected/membership/.

APPENDICES

APPENDIX A

SBHC Principles and Checklist

The California School-Based Health Alliance's vision for school-based health centers:

A. **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.
B. **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.
C. **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.
D. **SBHCs have a shared mission with the school to improve academic achievement** by working together to address absenteeism, school climate, classroom behavior, and performance.
E. **SBHCs are committed to functioning as part of an integrated health care system** by communicating and coordinating care with other providers, partners, and payers.

To see how your SBHC is doing, please do a quick self-assessment using our Best Practices Checklist at www.schoolhealthcenters.org/sbhc-best-practices-checklist/. Based on your response, we will send you resources that will help you strengthen your SBHC.

Best Practices Implementation Checklist

1= not really happening, 2 = in process, sporadic, depends on funding, 3 = well-established, consistent

A. 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.

1.	There is someone in the health center (even if not a medical provider) every day that school is open.	1	2	3
2.	Clinical services (medical, mental health or dental) are provided at the SBHC at least 16 hours a week.	1	2	3
3.	The SBHC does not wait for patients to walk through the door but rather reaches out proactively to students by conducting mass screenings, establishing a clear process for school staff to make referrals, or following up on referrals by calling students out of class or contacting their families (when appropriate).	1	2	3
4.	The SBHC accepts drop-ins/walk-ins.	1	2	3
5.	There are no physical barriers that prevent students from accessing the SBHC (e.g., locked gates) or school policies that limit access (e.g., refusing to release students from class).	1	2	3
6.	If serving teens, the SBHC maintains a teen-friendly environment by ensuring confidentiality, having a separate entrance/waiting area, having teen-only hours, and hiring staff interested in working with teens and/or training staff to work effectively with teens.	1	2	3
7.	If serving children and/or parents, the SBHC hires staff members that understand the culture of parents in the school community and can speak their language.	1	2	3
8.	The SBHC conducts active outreach in the school or community to inform students and families about the services available (including, when relevant, services that minors can access without parent consent.)	1	2	3

B. 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.

9.	The SBHC regularly runs group programs for students on health and mental health (e.g., nutrition education, trauma support groups, asthma education, fitness, health careers).	1	2	3
10.	The SBHC regularly delivers health education in the classroom, conducts schoolwide health campaigns or events, or has presentations or events to educate parents and family members.	1	2	3
11.	The SBHC participates in efforts to establish a healthier environment in the school or community (e.g., school food policies, water availability, space for physical activity)	1	2	3

C. 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.

12.	The SBHC provides medical case management for all students as needed, such as monitoring or follow up for chronic disease, hospitalizations, injuries, acute illnesses, or medication administration. (Note: this function may be performed through coordination with a school nurse.)	1	2	3
13.	The SBHC provides enabling or collateral services to help students access services (e.g., meeting with teachers, setting up appointments, assisting with insurance enrollment, explaining medical issues or health benefits)	1	2	3
14.	The SBHC offers behavioral health services and psychosocial case management for students with emotional, social, or mental health issues.	1	2	3

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

15.	SBHC staff and school administrators meet regularly to discuss policies and procedures.	1	2	3
16.	The SBHC and school staff work together to address the needs of students who are struggling with attendance, behavior, or academic performance issues.	1	2	3
17.	The SBHC helps students develop leadership skills and have opportunities for student career pathway development.	1	2	3
18.	The SBHC and school staff work together on activities and programs that promote positive climate and school safety.	1	2	3
19.	The SBHC supports teachers' health and wellness (e.g., support groups, stress management, workplace wellness).	1	2	3

E. SBHCs are committed to functioning as part of an integrated health care system by communicating and **coordinating** care with other providers, partners and payers.

20.	When serving patients who have an assigned primary care provider that is not the SBHC's sponsoring organization (for example patients of Kaiser or private doctors), the SBHC shares information about non-confidential services and coordinates care when needed.	1	2	3

Complete this checklist online and receive resources tailored to your needs:
www.schoolhealthcenters.org/sbhc-best-practices-checklist/

APPENDIX B1

Sample 51-50 & CPS Reporting Procedures

The first step of any psychiatric crisis or mandatory reporting situation is to call Behavioral Health to do triage on the phone.

CPS REPORT

For a CPS report, the person who receives the information is responsible for the report. The law is to notify them by phone immediately and to follow-up with a written report within 36 hours.

- Fill out the “Suspected Child Abuse Report” (SS 8572).
- Call XXX
- Fax the report to the number the CPS worker gives you
- Document in chart and file CPS report under “Confidential - Do not release”

Note: Health Educators have a different mandate during their time in the clinic (officially they are not mandatory reporters except when they are in their role of leading a group of youth at the school). They would fill out the report but a mandatory reporter (BH clinician or medical provider) would sign it.

51–50

If an assessment from BH staff indicates that a patient meets the criteria for an involuntary 51-50 hold, to ensure the safety of the patient or others, **911 SHOULD BE CALLED TO TRANSPORT PATIENT.**

1. **Calling 911:**
   A. Call 911 to request that police initiate a 51-50 hold and to arrange for transportation to local psychiatric emergency service facility
   B. Call Main Office of school after calling 911:
      i. Let them know that police assistance has been requested and an ambulance or police vehicle will be coming to clinic.
      ii. Tell the office the name of the student but DO NOT share the reason for transport.
   C. Call the parent/guardian:
   After calling 911 and school office, call parents to notify them of the situation and request that they meet the student at psychiatric facility.
      i. Inform the parent/guardian about the student’s condition including his/her mental status
      ii. Give the name and address of psychiatric facility and when the student is expected to arrive.
      iii. Request that the parent call the clinic with an update after an evaluation has been completed.

2. **Clear Clinic** of patients and request drop-in’s to come in later. if:
   A. There is a safety risk to patient or others by having other students in the clinic; or
   B. There is a risk to confidentiality for the student because he/she will not remain in the exam room;
   C. Or the arrival of an ambulance or the police will pose a risk to patient confidentiality;
   Place “Clinic Closed” sign on door.

3. **Keep Confidential:**

   Do not share information with other students or school staff members during or after the incident. Limit the number of people involved.

4. **Helpful Numbers**

   A. Psychiatric Hospitals

   B. Police Non-Emergency

   C. County Child Protective Services

If Patient Seems to be in Crisis but does not meet criteria for 5150 or a 911 call:

- If Behavioral Health Clinician is in session you can knock on door to interrupt session.
- If Behavioral Health Clinician is not at clinic, contact BH Department
- If there are no clinicians on campus, and you are concerned about a patient being a danger to self or others, you should contact 911 to be safe, if all other options have been exhausted.

APPENDIX B2

Sample Guidance for Students Under the Influence

STUDENTS BROUGHT TO SBHC BY SCHOOL PERSONNEL

When Medical Provider is in SBHC

Medical Assistant can work up student as an urgent visit, taking vitals, and providing support for immediate symptoms.

Staff Roles:

- Front desk staff can check if patient is registered, and/or if student has a parent/guardian consent on file.
- Medical provider can do medical assessment and advise school administration on need for EMS transport.
- Medical provider will notify school admin of medical disposition (if student can be released back to class, sent home, or other plan).
- School staff will be responsible for contacting parent/guardian and making a behavioral/discipline follow-up plan.

SBHC will be available for follow-up medical and/or behavioral health support.

When there is NO Medical Provider in SBHC

Staff can only provide very minimal support for an intoxicated student when there is no medical provider on site.

Say to the school staff: “There is no medical provider on site right now. The student can rest here temporarily but cannot be evaluated or monitored.”

The school staff should determine if 911 or the parent should be called. If SBHC staff feels that 911 should be called, they should go ahead and call.

Appropriate support would be:

- Have student sit down and rest
- Offer small amounts water or tea
- DO NOT allow student to fall asleep

School staff should be charged with contacting parent.

Communicate to school administration that it is their responsibility to contact the parents/guardians and make follow-up plan for student. The SBHC will be available for follow-up medical and/or behavioral health support as needed.

SBHCs do not provide drug testing. CSHA advocates for schools to have supportive and non-punitive approaches to student substance use. See more resources here: https://www.schoolhealthcenters.org/wp-content/uploads/2020/04/YOR-School-Discipline-and-Student-Substance-Use_Final.pdf

STUDENTS WHO PRESENT TO THE SBHC ON THEIR OWN (or who are brought in by another student)

When Medical Prover is in SBHC

The medical provider will assess the severity of the student’s intoxication to the best of his/her ability, given the limitations of providing care in an SBHC.

If the intoxication and its effect on the student is mild – i.e. the student does not appear to be in any imminent harm to himself or herself by leaving the SBHC, the provider can:

- Send the student back to class
- Monitor the student in the SBHC to see how he/she progresses
- Allow the student to go home if the school day has ended
- Call the parent to come pick up the student.

If the intoxication is moderate to severe and the provider assess that the student may present a danger to self or others, the provider will:

- engage the EMS system
- inform the student's parent/guardian that the student needs to be transported to the ER.

The provider will not breech confidentiality with regard to the student's condition to the school.
If transport to ER is advised, SBHC staff will:

- call 911, alert school staff of need for 911, provide the name of the student to the school, but not the reason for transport.
- contact the parent/guardian to let them know of student's symptoms and need for emergency attention.
- inform the family member that the school has not been made aware of the student's condition.

When there is NO Medical Provider in SBHC

Staff can only provide very minimal support for an intoxicated student when there is no medical provider on site.

Appropriate support would be:

- Having student sit down and rest
- Offer small amounts water or tea
- Take a temperature, if appropriate

It is ok to call the medical provider on call to make a determination about whether a 911 call is needed.

- DO NOT: take vitals – BP, heart rate unless instructed by the medical provider on-call.
- DO NOT allow student to fall asleep
- Report the following warning signs to Medical Provider:
  - Student nodding off
  - incoherent
  - slurred speech,
  - altered state of consciousness

Students who access the SBHC on their own are protected under HIPAA confidentiality. Therefore, we do not release information about the student's medical situation or intoxication to the school.

If transport to ER is advised, SBHC staff will:

- call 911, alert school staff of need for 911, provide the name of the student to the school, but not the reason
  for transport.
- contact the parent/guardian to let them know of student's symptoms and need for emergency attention.
- Inform the family member that the school has not been made aware of the student's condition

APPENDIX B3

Sample Protocol When There is Not an Behavioral Health Clinician On Site

Protocol: When there is not a Behavioral Health Clinician (BHC) on site:

When there is not a BHC on site, either because the position is vacant, they are part-time, or they are out for the day, please follow this protocol.

Patients who are being seen in the clinic:

I. **If a medical provider is on site**: Behavioral health assessments and mandated reports are within the scope of medical providers. If you have a medical provider on site, they should be able to address any behavioral health crises that come up. If they need back-up, their clinical medical supervisor is their official back-up for questions.
For behavioral health specific needs (suicidality, homicide or child abuse reporting) medical providers or site supervisors may also call the behavioral health consult line for consult.
If there is a non-SBHC provider available (for example a school counselor), the medical provider can do a warm handoff, if an Authorization to Release Health Information form is signed before the warm handoff by: (1) the adult patient (18 years of age or older); (2) the parent/guardian of the minor patient, or (3) the minor patient, if seen under their own consent. Note that the medical provider would still need to do the mandatory report.

II. **If a medical provider is NOT on site:** note that a non-licensed staff (Front Desk, MA, Health Educator) cannot provide behavioral health assessments.

In the following situations the Front Desk Staff/MA or Health Educator should contact the site supervisor BEFORE letting the patient leave the clinic. After the information is gathered the site supervisor will call the behavioral health consult line before letting the patient leave the clinic.

- Any suicidal ideation/homicidal ideation/self-harm/impulsivity that could lead to self-harm (cutting, driving under the influence or other behaviors that could result in physical or emotional harm) or experiencing current thoughts of self-harm.
- Psychotic symptoms (hearing things or seeing things, bizarre behavior, paranoia, etc.)
- Any unreported abuse/neglect by partner or family (IPV or child abuse/neglect).
- When patient is experiencing a current crisis and needs immediate support.

Patients who are brought to the clinic for urgent behavioral health needs/assessment:

- If students are brought in by school staff, school staff should be informed that we do not have a medical or behavioral health provider and will not be able to help the student. They should check with other mental health providers on campus and/or the front office.

APPENDIX C1

Sample Job Descriptions: SBHC Clinic Supervisor

JOB DESCRIPTION: SCHOOL-BASED HEALTH CENTER CLINIC SUPERVISOR

As a Clinic Supervisor for a School-Based Health Center, you will have the unique opportunity to work at the top of your skills in providing critical and seamless support to a team of school-based professionals providing comprehensive medical, sexual health, behavioral health, health education, and youth development services to children and youth.

Major Areas of Responsibility:

Staff Supervision

- Administratively supervises all SBHC staff, including front desk staff, Medical Assistants, medical and behavioral health providers. Coordinates the efforts of subcontractors and other agencies within the SBHC. Assists with the hiring and training of new staff, subcontractors, interns and volunteers. Reviews, evaluates and develops improvement plans for staff and initiate remedial instruction for staff observed to need retraining.
- Participates in relevant meetings, trainings, and collaborative activities. Plans and facilitates regular, effective site-level staff meetings.

Operational Support

- Ensures coverage of absences on a daily basis. Performs tasks in absence of key staff or as workload demands.
- Facilitates smooth clinic flow and communications between all departments.
- Ensures compliance with existing policies and procedures and works with SBHC department leadership to revise and develop new policies and procedures.
- Ensures the maintenance of a safe and functional clinic environment, including facilities, equipment, custodial services and information technology.
- Seeks to maximize third party revenues through appropriate provider scheduling, efficient clinic flow and outreach.
- Works with leadership to establish and monitor site budget, including revenue, expenses, and variance.
- Works with leadership to support fund development for maintaining and expanding services. Monitors and coordinates site-based grant deliverables, and helps to prepare/submit reports required by funders in an accurate and timely fashion.

School and Community Partnerships

- Acts as liaison to school administration, teachers and school service staff. Creates and maintains good working relationships with the schools and community organizations/service providers that partner with the School-Based Health Center.
- Conducts outreach to students, families, school staff and broader community regarding services provided and student health needs. Actively seeks involvement of youth and families in health center planning and youth development activities.
- Acts as liaison evaluation team. Oversees program evaluation efforts to ensure that quality, culturally competent care is delivered to youth.

Patient Experience

- Advocates for patients by responding to complaints, supervising appointment tickler system, and providing patient letters.
- Collaborates with leadership to maintain high standards of care and customer service.

Minimum Job Requirements

Knowledge

- Administration and Management: Knowledge of business and management principles involved in strategic planning, resource allocation, human resources, leadership technique, and coordination of people and resources.
- Patient Service: Knowledge of principles and processes for providing patient services. This includes customer needs assessment, meeting quality standards for services, and evaluation of patient satisfaction.
- Clerical: Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records
- Personnel and Human Resources: Working Knowledge of principles and procedures for personnel recruitment, selection, onboarding, performance management and training.
- Health Technology: Working knowledge and experience with Electronic Health Records, Practice Management System and Microsoft Office software

Abilities

- Ability to deal courteously and effectively with stakeholders and maintain good working relationships with other staff
- Ability to create a budget, documenting revenue and expenses preferred
- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.
- Ability to interpret a variety of instructions furnished in written, oral, diagram or schedule form.
- Ability to tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.
- English/Spanish proficiency preferred but not required.

Experience and Other Certifications

- 2-3 years progressively responsible work in an community health center, including direct services to low-income and immigrant patients
- Bachelor’s degree or medical/dental assistant certification with additional 3 years of experience preferred
- Cultural competence working in diverse/low income communities
- Experience working with school-based health centers, on a school campus, or in an adolescent health care setting strongly preferred.
- Supervision experience strongly preferred

Full-Time/Part-Time

Full-time

Salary Range

$$$$ - $$$$

APPENDIX C2

Sample Job Descriptions: Medical Provider

JOB DESCRIPTION: NURSE PRACTITIONER/PHYSICIAN ASSISTANT

As a nurse practitioner, you will be able to provide primary care in an outpatient setting, allowing you to practice comprehensive medical care. You will deliver care to a resilient patient population that is ethnically diverse and medically complex, with the aim of achieving optimal health outcomes for every patient.

Major Areas of Responsibility include but are not limited to:

Healthcare Delivery

- Provide medical triage of patients, medical care management, and patient education and counseling to a panel of patients
- Make referrals to specialty providers and follow-up to ensure that patients' biopsychosocial needs are addressed
- Deliver evidenced based care that supports our aim for improved health outcomes, exceptional patient experience and efficient use of resources.
- Perform routine, acute, urgent, preventive, curative, and rehabilitative medical care to patients and determine appropriate regimen.
- Serve as a member of the cross-functional team of providers, engaged in routine and preventive primary care, care for chronic illnesses, urgent care, and telephone triage
- Prescribe medications, treatments or therapies and order medical diagnostic or clinical tests.

Patient Experience

- Deliver well and chronic disease care with cultural humility to a diverse patient population of all ages.
- Have flexibility in meeting patients' needs, and participating in evening and Saturday rotation clinics.
- Develop a positive rapport with patients and families to foster the provider/patient relationship.
- Conduct in-home assessment of patients as appropriate

Collaboration and Mentorship

- Serve as a member of the cross-functional team of providers consulting on the assessment, management and treatment of complicated cases, chart review, co-signing, and case conferences.
- Consult with physicians on the management, assessment and treatment of specific cases as needed, and per protocol
- Suggest improvements for clinic flow, patient scheduling and service delivery, and collaborate professionally with interdisciplinary team members, including providers, health educators, medical assistants, registered nurses, and case managers.
- Supervision of medical assistants by providing patient consultation as needed.

Minimum Job Requirements

Knowledge

- Knowledge and experience with Electronic Health Record programs, such as NextGen or Epic.
- High degree of interpersonal competence with both staff and patients, and thorough knowledge of evidence based care
- Cultural competence working in diverse/low income communities
- Familiarity with Electronic Panel Management

Abilities

- Ability to deal courteously and effectively complex patient profiles, and maintain good working relationships with other staff
- Must have the physical stamina to function effectively in a position that involves heavy lifting (50lbs)
- Ability to work courteously and effectively as a team member to support the quality/efficiency standards established for the clinic; work independently;
- exercise good judgment; communicate effectively orally and in writing, make and thorough manner with speed and accuracy with minimal supervision
- Ability and willingness to work under pressure and as part of an interdisciplinary team
- Demonstrate flexibility and ability to accept changes gracefully
- Ability to work and communicate with people from various ethnic, socioeconomic, educational and life experience
- Ability to keep accurate and clear records of patient information
- Top-notch time management skills and evidence based approaches to medical care
- English/Spanish proficiency preferred but not required.

Experience and Other Certifications

- Nurse Practitioner: Requires a current license from the California Board of Registered Nursing, a national certification from the American Academy of Nurse Practitioners or other national certifying bodies, and a certificate of completion of a Nurse Practitioner Program with a minimum of 2 years clinical experience.
- Physician Assistant: Requires a current license from the California Physician Assistant Committee, graduation from an approved program of instruction in primary health care as attested by the American Medical Association, having passed a certification examination administered by the Bureau of Medical Quality Assurance, and a minimum of two years of full-time clinical experience after clinical practicum with emphasis in the areas of family medicine or geriatrics.
- Requires board certification. In the absence of a board certification, candidate may still be eligible for hire but must become board certified within 6 months of employment with La Clinica.
- Requires valid California license and DEA.

Full-Time/Part-Time

Full-time

Salary Range

$$$$ - $$$$

APPENDIX C3

Sample Job Descriptions: Health Educator

JOB DESCRIPTION: HEALTH EDUCATOR

Under direction, assists with implementation of educational and health promotion activities for the department; assumes responsibility for educational aspects of assigned department programs; and performs related work as required. Incumbents are assigned health education oriented responsibilities for selected programs under direction of the Public Health Program Specialist, Program Manager or Program Director.

Major Areas of Responsibility:

Typical Tasks

- Assists administrators and supervisors in planning, conducting and evaluating the health education and health prevention aspects of departmental programs
- Carries out a specific phase of the program under supervision as assigned
- Confers with and advises staff on health education and preventive principles and the techniques of community organization;
- Assists in encouraging interest and activity in the promotion of public and environmental health
- Reviews publications for educational suitability
- Maintains and distributes health education material to the staff and the general public, as appropriate
- Prepares visual aids and display materials
- Assists with the assessment of community health needs
- Organizes and arranges for discussion groups on health problems
- Publicizes health programs and services through various media
- Evaluates and reports on health education services and educational programs
- Assists in directing and coordination relevant training activities as needed in the Department
- Provides and promotes excellent customer service for all internal and external customers.

Minimum Job Requirements

Knowledge

- Principles, theories, techniques and practices of public and community health education, including the relationships of cultural patterns to human behavior
- The ability to apply this knowledge to the process of education and motivation with individuals and groups
- The structure of government, of public health procedures, and of methods and effectiveness of various mass communication media
- Public health and related functions of official and voluntary organizations on the federal, state and local levels

Abilities

- Provide and promote excellence in customer service for both internal and external customers
- Acknowledge and respect cultural and linguistic differences of the County's diverse population
- Communicate effectively in English, both verbally and in writing.
- Follow multi-step oral instructions and written directions
- Compile, analyze and display data
- Write clear and concise reports.

Experience and Other Certifications

- Possession of a valid California Motor Vehicle Operator’s License. Out-of-State valid motor vehicle operator’s license will be accepted during the application process.
- Possession of a Bachelor’s Degree from an accredited college or university in Public Health, Health Services Administration, Social Work, Health Education, Education, Sports Medicine, Kinesiology, Nutrition, or a closely related field.
- Four (4) years of full-time, or its equivalent, experience equivalent and 60 semester units or 90 quarter units of college coursework with at least 12 semester and 18 quarter units in health related coursework may be substituted for the required Bachelor’s Degree.
- One (1) year of full-time, or its equivalent, experience which included direct responsibility for performing health promotion, health prevention, or community health education work.

Full-Time/Part-Time

Full-time

Salary Range

$$$$ - $$$$

APPENDIX C4

Sample Job Descriptions: Front Desk Staff

JOB DESCRIPTION: FRONT DESK STAFF

We are looking for front desk staff who are inspired to deliver a first-rate experience to our most valued stakeholders: our patients. As some of the first people to encounter our patients, Front desk staff are entrusted with welcoming them and ensuring that the visit is memorable and hassle-free.

Front desk staff take pride and ownership of patient interaction and do this by assisting individuals and families to enroll in or maintain health coverage. They are valuable resources to our patients as they help determine initial and on-going eligibility for programs such as Medi-Cal, Healthy Families, F-Pact, pre-natal programs and other assistance programs. The ideal candidate has a passion for service. To be successful, you need to enjoy interacting with people from diverse backgrounds, to feel energized by a fast-paced clinic environment, and remain calm under pressure. Front desk staff should have a track record of impeccable attendance, good performance and serving others while being friendly and helpful in seeking ways to support other colleagues.

Major Areas of Responsibility include but are not limited to:

Customer Service

- Greet visitors, ascertain purpose of visit, and register patients in the appropriate electronic system
- Determine source of payment by verifying program eligibility in government or insurance plans
- Hear and resolve patient complaints or escalate appropriately
- Participate in problem-solving to assure targets for revenue and customer satisfaction are met
- Answer telephone inquiries and provide information or route incoming telephone calls to the appropriate person or department.

General Office Duties

- Perform general office duties such as sorting mail, filing and photocopying
- Receive and route messages or documents, such as laboratory results, to appropriate staff
- Retrieve and enter data into medical records system
- Assist patients in completing forms
- Operate standard office equipment including computer, calculator, fax and copy machines
- Screen and monitor requests, completing or routing as assigned
- Inventory stock, order, and verify receipt of medical, lab, or office supplies or equipment
- Perform record keeping duties as required

Commitment to Quality

- Contribute to a welcoming clinical space and healthy work environment through proactive relationship building, direct communication, and practicing sound judgment
- Communicate and work effectively with all members of the care team to best serve patients
- Participate fully in huddles, staff meetings, team building activities and assigned development opportunities
- Adherence to our ethical and professional standards, including policies and procedures
- Complete required trainings and policy acknowledgements in timeframes granted
- Perform other related duties as required.

Minimum Job Requirements

Knowledge

- Knowledge of basic medical/dental terminology and office procedures and processes
- Effective approaches to customer service delivery
- Modern medical office and computer systems and applications, especially MS Word, Outlook
- Knowledge of Electronic Health Records and Electronic Practice Management systems preferred
- Knowledge of general practice and procedures of bookkeeping, accounting, auditing, and computer systems

Abilities

- Demonstrated good judgment in identifying effective solutions or approaches to customer service related problems
- Ability to maintain strict confidentiality regarding patient information
- Clear and effective written and verbal communication skills in English
- Ability to follow oral and written instructions
- Bilingual in English and Spanish required
- Ability to perform arithmetic calculations
- Minimum typing speed of 25-30 wpm
- Self-motivated and able to work independently as well as collectively to complete daily tasks
- Ability to perform detailed administrative work methodically with speed and accuracy
- Demonstrate flexibility and ability to accept changes gracefully
- Ability to work professionally and collaboratively in team environment
- Ability to communicate and work congenially with people from various ethnic, socio-economic, and educational backgrounds and life experience
- Ability to participate with other staff in Saturday and evening rotation

Experience and Other Certifications

- High school diploma/equivalent
- One year of experience in a clinical or similar professional office setting
- Meet all health clearances required for healthcare settings
- Experience with public medical assistance programs (Medi-Cal, Disability, etc.) including eligibility criteria; or credit and collection work for medical assistance through personal interview
- Certification in Application Assistance (CAA) preferred.

Full-Time/Part-Time

Full-time

Salary Range

$$$$ - $$$$

APPENDIX C5

Sample Job Descriptions: Behavioral Health Clinician

JOB DESCRIPTION: BEHAVIORAL HEALTH CLINICIAN

As a Behavioral Health Clinician, you will work closely with youth clients and families, school health care staff; and other agencies to meet clients' multiple clinical and non-clinical health and wellness needs.

This position works primarily with youth and families; behavioral health, medical, and other health care staff; and other agencies to meet clients' multiple clinical and non-clinical health needs. Responsibilities include clinical intakes, assessments, medical department consultation, and crisis services. It is active in developing, supporting, and implementing the Wrap-around philosophy with its individualized, strengths-based, culturally-competent, and family-centered approach. Per organizational need, excellent communication both written and verbal in English and Spanish is preferred for this role.

Major Areas of Responsibility include but are not limited to:

Clinical Duties

- Provide culturally proficient, treatment plan driven, behavioral health therapy for clients and their families. Clients will include children, adolescents, adults, and families who have been exposed to trauma and present with a wide range of behavioral health issues, and services may be performed on or off-site.
- Conduct behavioral health intakes and assessments in accordance with professional expectations, including biopsychosocial, cultural, diagnostic, and crisis/risk evaluations for the full spectrum of psychological conditions. Includes scheduled appointments, "warm handoffs," and walk-in services.
- Conduct full clinical intakes. Intakes may involve and are not limited to scheduling; eligibility screens; providing program information; receiving member informed consent; facilitating behavioral health screens, risk assessments, safety plans; and making referrals as appropriate.
- Provide case management and service linkages, including facilitating urgent or emergency service referrals to medical/psychiatric staff/agencies, mobile crisis services, and the police.
- Work as part of a multi-disciplinary team and work closely with Nurse Practitioner, Program Manager, school faculty and on-site community partners to exchange referrals and provide integrated health care.
- Create, review, and update individualized treatment plans that are client driven, strengths-based, informed by recognized best practices, modified based on clinical need and client priority, and supportive of the integrated health team's plan of care.
- Perform all clinical services under licensed clinical supervision. Participate in required administrative, clinical, and educational/training meetings including clinical case assignment conferences, rounds, team huddles, site Coordination Of Services team meetings (COST) and supervision meetings. This includes presenting and discussing case material.
- Coordinate and network with other agencies on clinical services, activities, and trainings.
- Document and track service activities in electronic health record systems and other data management systems as required in a thorough, accurate, secure, and submit within 72 hours of service delivery, in accordance with agency policy and procedure. Support all evaluation and data reporting requirements (including, as needed, introducing evaluation activities to families, attaining consent for participation in evaluation, and gathering baseline and follow-up data through the administration of questionnaires).
- Actively contribute to quality assurance and improvement (QA/QI) projects and initiatives.
- Ensure maximal quality of services and compliance with the mission and strategic goals of the organization, federal and state laws and regulations, agency policy and procedure, accreditation standards, applicable professional standards, and supervisor/team expectation and/or assigned duties.

Program Support

- Participate in and perform regular chart reviews.
- Provide project support for youth trauma-informed services projects, such as implementation reporting, sustainability planning, evaluation support, and training/webinar planning & participation.
- Ensure meaningful participation by family, youth, and community members in prevention and evaluation processes via design, interpretation, and dissemination of findings in the context of clinical work or otherwise as indicated.
- Engage in youth-oriented initiatives as needed to advance program development and expansion.
- Safety: Responsible for ensuring that all duties, responsibilities and operations are performed with the utmost regard for the safety and health of all personnel involved, including themselves

General Duties

- Member Care: Demonstrate understanding and apply working knowledge of safety policies and ensuring safe member practices.
- Employee Safety: Safely performs all duties; follows required protective protocols to ensure personal safety as well the safety of others.
- Actively participate in internal quality improvement teams and work with members proactively to drive quality improvement initiatives in accordance with the mission and strategic goals of the organization, federal and state laws and regulations, and accreditation standards, when assigned.
- Work well under pressure, meet multiple and often competing deadlines.
- At all times demonstrate cooperative behavior with supervisors, subordinates, colleagues, clients and the community.
- Other duties as assigned by Supervisor or Director.

Minimum Job Requirements

Knowledge

- Thorough knowledge of culturally sensitive therapeutic principles and practices in behavioral health treatment, including case management, individual and group counseling techniques, diagnosis, and treatment of a broad spectrum of mental illness.
- Experience and knowledge of counseling families and individuals with co-occurring disorders.
- Knowledge about system of care and wraparound philosophies and practice, community-based services and supports with an orientation to family-driven, youth-guided and culturally relevant systems and services.
- Expertise with Windows 2000, Microsoft Office, Excel and Word.

Abilities

- Per organizational need, written and verbal communication in both English and Spanish is preferred.
- Excellent teamwork, interpersonal, and both written and verbal communication skills.
- Must be well-aware of one's own limitations, and know when to seek help from others. Must have high integrity and be able to exercise sound judgement.

Experience and Other Certifications

- A Masters in Social Work working towards licensure registered with the CA Board of Behavioral Science.
- Training in youth- and trauma-focused evidence-based practices (e.g., TF-CBT, CBITS, ITCT-A, motivational interviewing) (preferred, not required).
- Must meet standards of character under PL 101-630, section 408, Character Investigation, subsection (a) and PL 101-647, section 231, Requirement for Background Check, subsection (c), and agree that employer can contact the last two employers, the sex abuse detective division of local law enforcement and Child Protective Services of the last two counties in which the person has lived or worked to inquire as to the suitability of the person to work with children.

Full-Time/Part-Time

Full-time

Salary Range

$$$$ - $$$$

APPENDIX D

Sample SBHC Budget

You can download an Excel file template at
https://www.schoolhealthcenters.org/resources/start-an-sbhc/from-vision-to-reality/

SUMMARY

SBHC SAMPLE BUDGET

Fiscal Year: _____

Visits	
Medical	1,997
Behavioral Health	1,248
Dental	1,248
Health Education	832
Total	**5,325**

Revenue and Other Income	
Revenue	
Patient Fees	$663,969
Support from Grants	$130,000
Total Revenue	**$793,969**

Expenditures	
Personnel Expenses	
Salaries and Wages	$495,800
Fringe Benefits	$128,908
Total Personnel Expenses	**$624,708**

Operating Expenses	
Office	$2,900
Rent/Utilities	$0
Clinical	$54,800
Staff	$5,000
Youth Advisory Board	$3,000
Total Operating Expenses	**$65,700**

Total Personnel & Operating	**$690,408**
Indirect (@18%)	$103,561

Total Expenditures	**$793,969**

Net Revenue Over Expenditures	**$0**

REVENUE

Provider Name	FTE	FTE with PTO & admin time removed	Hrs/Year	Visits/ hour	Total Visits
Nurse Practioner (Medical)	0.8	0.64	1331	1.5	1997
Physician (Medical)	1	0.8	1664	0.75	1248
LCSW (Behavioral Health)	0.5	0.4	832	1.5	1248
Dentist (Dental)	0.5	0.4	832	1	832
Health Educator (Health Education)	0.5	0.4	832	1	832
TOTAL VISITS					**5325**

Payer Mix Allocation

Medical Visits	%	Rate	$ Amount
MEDI-CAL	60%	$208	$249,201
FAMILY PACT	30%	$74	$44,301
PRIVATE INS	5%	$85	$8,486
UNINSURED	5%	$0	$0
MEDICAL TOTAL	**100%**		**$301,988**

Integrated Behavioral Health Visits	%	Rate	$ Amount
MEDI-CAL	45%	$208	$102,211
FAMILY PACT	5%	$45	$2,457
PRIVATE INS	10%	$50	$5,460
UNINSURED	40%	$0	$0
BEHAVIORAL TOTAL	**100%**		**$130,229**

Dental Visits	%	Rate	$ Amount
MEDI-CAL	90%	$208	$233,626
FAMILY PACT	0%	$0	$0
PRIVATE INS	10%	$85	$10,608
UNINSURED	0%	$0	$0
TOTAL	**100%**		**$244,234**

Health Education Visits	%	Rate	$ Amount
MEDI-CAL	0%	$208	$0
FAMILY PACT	60%	$45	$22,464
PRIVATE INS	0%	$85	$0
UNINSURED	40%	$0	$0
TOTAL	**100%**		**$22,464**

Sub-Total Visit Revenue			**$698,915**
Less Bad Debt 5%			-$34,946
TOTAL PATIENT VISIT REVENUE			**$663,969**

GRANTS

Health Education Visits	$ Amount
Support from your school (LCFF/LCAP)	$25,000
Private donations	$5,000
Local health department	$30,000
Other government, foundation or corporate grants	$70,000

TOTAL GRANTS	**$130,000**

EXPENDITURES

Personnel Expenses

Job Title	Total FTE	Annual Salary	Annual Salary to actual FTE
Nurse Practioner	0.8	$120,000	$96,000
LCSW	1.0	$90,000	$90,000
Dentist	0.5	$130,000	$65,000
Health Educator	1.0	$50,000	$50,000
Medical Assistant	1.0	$48,000	$48,000
Front Desk	1.0	$48,000	$48,000
Clinic Supervisor	1.0	$70,000	$70,000
Dental Assistant	0.6	$48,000	$28,800
Total Salary			**$495,800**
Benefits @26%			**$128,908**
Total Personnel Expenses			**$624,708**

Operating Expenses			
Office			
Office Supplies			$2,500
Printing/Copying			$400
Rent & Utilities			
Rent (in kind from school)			$0
Phone/Internet (in kind from school)			$0
Utilities (in kind from school)			$0
Clinical			
Biohazard Waste Pick-up			$3,600
Medical Supplies			$10,000
Dental Supplies			$8,000
EHR Licenses			$10,000
Pharmaceuticals (note: includes reimbursable LARCs)			$15,000
Vaccines (most are in-kind via Vaccines for Children program)			$1,200
Lab			$4,000
Educational Materials			$3,000
Staff			
Staff meetings/retreats (food, space, trainers)			$2,000
Outside training for staff (registration & travel)			$3,000
Youth Advisory Board			

Youth stipends for Youth Advisory Board			$2,000
Food for YAB meetings			$1,000

Total Operating			**$65,700**

Total Personnel + Operating			**$690,408**
Indirect Costs @ 15%			**$103,561**

Total Direct and Indirect			**$793,969**

ASSUMPTIONS

Notes & Assumptions **Reflecting CA SBHC Trends and Best Practices**

1. Health center is run by a FQHC (as is the case for 75% of new SBHCs).
2. SBHC is an intermittent (satellite) site of a parent FQHC clinic with a $208 PPS rate.
3. SBHC operates 40 hours/week, year-round. There is a community-facing entrance but the focus is on serving students.
4. SBHC operates a comprehensive range of services, including primary care medical, integrated behavioral health, dental and clinical health education.
5. It also operates a part-time Youth Advisory Board.
6. Behavioral health services are focused on mild to moderate mental health concerns and therefore billable through Medi-Cal managed care plans and state wraparound payments.
7. Medi-Cal includes: capitation for assigned members via Medi-Cal managed care plans, state wraparound payment for managed care patients, Fee For Service Medi-Cal, Denti-Cal, and other special programs like CHDP Gateway, Minor Consent, Presumptive Eligibility and others.
8. Health educator is in clincal setting half-time, additionally runs youth development program and some schoolwide health promotion campaigns.
9. All providers have 10% administrative/charting/follow-up time carved out of patient care and 10% paid time off.
10. LCSW has additional 20% time available for care coordination with school and supporting school staff wellness.
11. Rent and all utilities except biohazardous waste are covered by school.
12. Uninsured patients are not charged for their care, and the sliding fee scale discount is reduced to zero for SBHC patients.
13. The school may have a lower rate of Medi-Cal eligibility/enrollment but the SBHC disproportionately sees Medi-Cal eligible youth.

APPENDIX E

Guidelines for School-Based Health Centers in California

Definition

A school-based health center is a facility that delivers one or more of the following clinical service components on a school campus or in an easily accessible alternate location including a mobile health van stationed on or near a school campus. School-based health centers in California may provide one or more of the following clinical service areas:

- Medical services
- Behavioral health services
- Oral health services

School-based health centers may be open as full-time or part-time sites.

- Full-time sites should be open during all normal school hours with at least one staff person present. (Clinical services are not necessarily available during all of these hours.)
- Part-time sites are open limited hours as dictated by need or resources.

Purpose of School-Based Health Centers

Research has shown that school-based health centers provide an effective means for students to access comprehensive health care, mental health services, health education, prevention services, oral health and social services. Parents/guardians find that school-based health centers are an accessible and reliable source of care for their children that ensure their child's health needs are being met and that keep the child in school.

There is a strong relationship between academic achievement and a child's physical, emotional and mental health.

School-based health centers in California are designed to serve the following purposes:

- increase access to medical, dental and behavioral health services
- support schools in improving academic outcomes
- contribute to public health goals related to disease prevention and control.

California's school-based health centers are located in high-risk communities, communities that are medically underserved, and/or in areas with few health care professionals.

General Guidelines in All Three Clinical Service Categories

Administration
1. Every school-based health center should have a lead agency that has overall responsibility for school-based health center administration, operations and oversight. The lead agency is usually the fiscal agent for the health center and employs the center director/manager. The lead agency may or may not be the clinical services provider.
2. There should be an identified staff person responsible for the school-based health center's overall management, quality of care, and coordination with school personnel.
Facilities
3. All school-based health centers, regardless of the service components offered, should be housed in a facility, whether stationary or mobile, that is easily identifiable by students, families, and school staff. The facility should include at least one confidential treatment space appropriate to services provided, as well as an additional area for patient and family reception, enrollment, and triage.
Staff
4. All staff should have appropriate health credentials to practice, including active certification or current licensure, as appropriate to their position. Additionally, all staff shall maintain their licensure through appropriate professional standards.
Confidentiality and Privacy Protection
5. School-based health centers should ensure confidentiality in the sharing of medical information under state and federal laws including HIPAA, FERPA, and Minor Consent as defined by California law. The health center should annually inform (in writing) enrolled students and their parents/guardians of their rights and responsibilities regarding: a. confidentiality b. privacy c. safety and security d. informed consent e. release of information f. financial responsibility g. minor consent laws and sensitive services in California
School Integration
6. School-based health center services are developed based on local assessment of needs and resources.
7. Parents, students (at the high school level), school staff and community members are engaged in the development, oversight, and/or provision of school-based health center services.
8. School-based health centers provide services in keeping with district policies.

9. There should be a written, formalized relationship between the school or school district and health providers. This may be a written contract, memorandum of understanding, or statement of agreement between the school district and all outside service providers that comprise the health center describing the relationship between the district and the provider(s), or between the school district and the lead agency for the health center, which should then have its own written agreement with other providers. The contract or agreement should be active (not expired); the term/length of the agreement should be decided by both parties involved; the agreement may define a process for reviewing what is working/not working during the "life" of the agreement.
10. School-based health centers should either convene or participate in a school-wide health/wellness collaborative. This collaborative should include members from all providers (district, school-based health center, and community) of health or wellness services to the school community. They may use a model such as the CDC's coordinated school health program to drive the integration of comprehensive school-based health programs. If the school does not have such a collaborative, the school-based health center is responsible for forming and convening it at least twice a year. Distributed/shared leadership models are recommended.
11. School-based health centers develop policies/protocols to coordinate care, ensure continuity of care, and facilitate case management in partnership with the school and other service providers. School personnel include credentialed school nurses, health assistants, administrators, teachers, counselors, and support personnel. One process for this coordination may be through the school's Student Success Team.
12. There should be a process for referring students/families to the health center that is understood and approved by school staff and administrators. The referral process should facilitate access to care as opposed to relying on the student/family to initiate contact with the health center. Mechanisms for facilitating access could include: walking the student/family to the health center, assisting with scheduling an appointment, initiating contact from the health center by calling students out of class or calling families at home (while protecting student confidentiality).
13. There should be coordination between the health center and the school nurse or health assistant (if applicable) including delineation of roles and responsibilities (especially for state-mandated health services in the absence of a school nurse), protocols defining permissions related to sharing of medical information (e.g. immunization records, serious medical conditions), procedures for service coordination, and reviewing how it is going and adjustments needed.
Prevention Programs
14. The school-based health center should have a role in school-wide health education and outreach, school-based public health programs, youth development programs, or family support programs. Activities may include: classroom presentations, table/presentation at school functions, lunch time activities, posters or displays on campus, presentations to school staff, participation in wellness policy councils or other health committees, and nutrition and fitness promotion programs. Full-time centers should participate in/offer at least two school health-promoting activities/year. Part-time centers should participate in/offer at least one school health-promoting activity/year.
15. Unlicensed staff that provides health education, youth development, and/or family support services should be trained in basic health promotion, public health, and/or community engagement principles. A CHES (certified health education specialist) is preferred, though not required.

Health Insurance Outreach and Enrollment
16. All school-based health centers should take steps to ascertain student insurance coverage, health plan, and primary care provider (if applicable) with the goal of obtaining this information for all students seen at the health center. The health center should facilitate student enrollment in health insurance programs such as Medi-Cal, Healthy Families or other local coverage options.
Billing Capacity
17. The health center shall bill CHDP, Medi-Cal, Healthy Families, health plans and/or other third party payers as appropriate based on the lead agency, community and services provided.
Access to Care
18. Fees. The center serves all students in the school regardless of insurance status or ability to pay. No student can be denied services because of inability to pay. The center may also serve siblings, parents or other community members and may develop its own policies regarding fees and accessibility of services for these populations.
19. Hours. The health center shall be open during hours accessible to its target population, and provisions should be in place for the same services to be delivered during times when the center is not open. These provisions shall be posted, given to and/or explained to clients including at a minimum an answering service/machine message. The health center shall have a written plan for after-hours and weekend care, which shall be posted, given to, and/or explained to clients.
20. Transportation. If the health center is not on school grounds, there is a mechanism to facilitate transportation from the school to the health center, or to ensure a safe pedestrian corridor to/from the health center, if necessary. This mechanism will be publicized appropriately with clients and families.
21. Non-discrimination. Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, gender identity, disability, handicap or gender.
22. Language. Reasonable accommodation shall be made to provide language/translation services to non-English speaking and deaf students.
Quality Improvement
23. Adherence to relevant standards of care adopted by national professional organizations – American Academy of Pediatrics, Society for Adolescent Medicine, American Dental Association, etc.
24. Gathering of feedback from both clients and school stakeholders through annual needs/resource assessments and age-appropriate client satisfaction surveys as well as satisfaction surveys with parents and school staff. Focus groups or a “comments box” can also be used for this Advisory Committee

26. School-based health centers should maintain a local advisory committee that meets at least two times per year. The committee membership should include at least two representatives from the school staff, parents, and students (if middle or high school). The committee should also include two health care providers outside the school-based health center (e.g., community-based primary care providers, hospitals, community clinics), public agencies (e.g., local health department, county office of education, probation, county mental health department), and local community-based organizations. The function of the committee is to:
    a. Provide input on school or community issues related to student health.
    b. Make recommendations for the type of services that the school-based health center should start, continue, expand or discontinue.
    c. Make recommendations for policies and procedures at the school-based health center.
    d. Develop an annual summary of school-based health center work and recommendations that will be made public (e.g. to school board, school leadership team)

* The advisory committee is not meant to usurp the authority of an existing FQHC advisory board and may function as a subcommittee or workgroup of a larger advisory board.

Data Collection

27. Certain data variables shall be collected at each encounter or visit including:
    a. Unique patient identifier (not name)
    b. Date of birth
    c. Gender
    d. Ethnicity/Race
    e. Insurance status
    f. Date of visit
    g. Location of visit (site identification)
    h. Provider type
    i. CPT visit code(s) (for MediCal providers only)
    j. Diagnostic code(s) (ICD-9 or 10)
    k. Selected risk factor status
    l. For managed care counties: Visit time units

Guidelines for School Medical Services

Minimum Services

28. Well child or adolescent exams, consisting of a comprehensive health history, complete physical assessment, screening procedures, and age-appropriate anticipatory guidance

29. Episodic acute care including diagnosis and treatment of illness and injury

30. Immunizations

31. Basic laboratory tests including urinalysis and hemoglobin

32. Follow-up and coordination of care for identified illnesses or conditions

33. Assessment and education related to nutrition, fitness, and oral health (may be provided by nonclinical, unlicensed staff)

34. Chronic disease management:
    a. Assist primary care providers and school nurses in the day-to-day management of student chronic illness.
    b. Respond to emergency exacerbations of chronic illness with nebulized treatments for severe asthma, glucagon injections for severe hypoglycemia, and epipen administration for anaphylactic reactions.

35. If serving an adolescent population, and approved by local school board:
    a. Conduct psychosocial/risk assessment
    b. Offer pregnancy tests and counseling as appropriate
    c. Offer tests and treatment for sexually transmitted infections as clinically indicated

36. Referrals for specialty care or other needed services not provided onsite

Recommended Services

37. Comprehensive health education/promotion outside of the clinical setting

38. Nutrition services, such as nutrition counseling, healthy habits support, family education, healthy cooking/shopping classes

39. Developmentally appropriate, culturally competent reproductive health care, including:
    a. Contraceptive counseling and dispense or prescribe contraceptives and emergency contraception
    b. Diagnosis and treatment for sexually transmitted infections (as above) plus HIV testing and counseling
    c. Gynecological examinations and cancer screening if indicated
    d. Treatment or referral for prenatal and postpartum care

Licensing

40. School-based health centers with a community health center or hospital serving as the medical services provider must be licensed by the California Department of Public Health as an independent clinic, affiliate clinic, satellite clinic, or mobile van of the community health center or hospital. District-run school-based health centers are waived from this licensing requirement by the state.

41. School medical service provider agencies, whether a community health center, hospital, or school district, must be certified as CHDP and/or Medi-Cal providers.

42. Stationary, school-based health center facilities must pass school fire and safety clearance.

43. The school-based health center is in compliance with OSHA rules regarding occupational exposure to blood borne pathogens.

44. The school-based health center is in compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations for the type of laboratory tests being performed on site.

Staff

45. The school-based health center shall be staffed during all hours of clinic operation by a certified nurse practitioner (FNP, PNP, or SNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. The nurse practitioner must be a licensed RN, and certified or eligible for certification in California. The physician and physician assistant must be licensed to practice in California.

46. Some licensed professional staff may work remotely via a telehealth system, so long as appropriate support staff is on-site to facilitate the telehealth assessment or treatment.
Coordination with Primary Care Providers
47. The school-based health center should develop procedures for communicating with the primary care providers (PCPs) of the clients for whom the school-based health center is not serving as the PCP. These procedures are necessary to promote continuity of care, facilitate provider collaboration, assure appropriate utilization of health resources, and ensure appropriate protection of confidentiality.
48. When a student's PCP and/or health plan are identified, the PCP and/or health plan should be notified every time the patient/member receives a prescription for a new medication or adjustment of existing medication.
49. It is also strongly recommended, though at the clinician's discretion, to also notify the PCP when the patient/member receives: a. a well-child/adolescent examination b. immunizations c. diagnosis of an acute condition that requires follow-up d. recurring episodes related to a chronic condition.

Guidelines for School Behavioral Services

Minimum Services
50. Age-appropriate, culturally competent screening and assessment to facilitate early identification of substance abuse, domestic/dating violence, and mental health disorders
51. Client education on mental health and substance abuse prevention/awareness
52. Individual, family and/or group therapy/counseling provided by an appropriate staff person (see Staff section below)
53. Crisis intervention/counseling
54. Case management/client advocacy
55. Referrals to a continuum of mental health services, including for medications, emergency psychiatric care, community support programs, substance abuse services, and inpatient and outpatient mental health programs
Recommended Services
56. Collateral contact such as consultation with school administrators, parents, teachers and students
57. Home visits
58. Alcohol, drug, and tobacco abuse education or cessation/treatment
59. Family support services and referrals, such as counseling or parenting education
60. Follow-up procedures for referrals
61. School faculty education, such as in-service training, on mental health conditions' signs and symptoms
62. School-wide mental health promotion, such as stress management or suicide prevention
63. Violence prevention, education and intervention

Staff
64. School behavioral health services should be provided by: • a licensed mental health professional, • a registered (though not yet licensed) mental health professional, or • an unlicensed mental health intern or trainee under clinical supervision by a licensed mental health professional. Clinical supervision must be provided as defined by the Board of Behavioral Science Examiners. While registered mental health professionals may receive clinical supervision from an off-site licensed supervisor, interns and trainees should have on-site supervision of their services. These may include psychologists, social workers, psychiatrists, psychiatric/mental health nurses, and licensed professional counselors.
65. Non-clinical services such as discussion groups, classroom education on mental health or substance abuse, non-clinical collateral contacts, or assistance with referral and follow-up may be provided by unlicensed, unregistered support staff who have received professional development in health education, youth development, or non-clinical support services.
66. Some licensed professional staff may work remotely via a telehealth system, so long as appropriate support staff is on-site to facilitate the telehealth assessment or treatment.

Guidelines for School Oral Health Services

Minimum Services
67. Oral health screenings
68. Fluoride varnish
69. Sealants
70. Dental cleanings
71. Oral health education
72. Referrals to local dental treatment and specialty services off-site
Recommended Services
73. Basic restorative services
74. Follow-up procedures for referrals
Staff
75. Services may be provided by a licensed dentist and/or hygienist, depending on level of service.
76. Some licensed professional staff may work remotely via a telehealth system, so long as appropriate support staff is on-site to facilitate the telehealth assessment or treatment.

APPENDIX F1

Sample Memorandum of Understanding

Purpose

[***Community Health Center Name***] and [***School District Name***] are entering into this Memorandum of Understanding (MOU) for the provision of physical health and dental health care services to the children of [***Community Name***] in school-based health clinics (District SBHCs) from [***Date to Date***]. This MOU addresses services at [***School Name(s)***].

Responsibilities of the Parties

The Parties (Parties) understand that each should be able to fulfill its responsibilities under this Memorandum of Understanding (MOU) in accordance with the provisions of law and regulation that govern their individual activities. Nothing in this MOU is intended to negate or otherwise render ineffective any such provisions or the operating procedures of either Party. If at any time either Party is unable to perform its functions under this MOU consistent with such Party's statutory and regulatory mandates, the affected Party shall immediately provide written notice to the other seeking a mutually agreed upon resolution.

[Community Health Center Name] will:

1. Provide administration and oversight to the District SBHC(s) in accordance with the terms of the [***Grant Name(s)***] and this MOU.
2. In collaboration with [***School District Name***], establish a District SBHC(s) Policy and Procedure Manual that operationalizes the responsibilities outlined in this MOU.
3. Be responsible for obtaining and maintaining all required licenses, waivers and certifications for the District SBHC(s).
4. Be responsible for the hiring and supervision of all District SBHC(s) staff and/or consultants as outlined in the *SBHC Human Resources policies and procedures*. [***Name of School District***] representatives will be invited to participate in the interview process if appropriate.
5. Be responsible for credentialing all District SBHC site(s) and professional staff including confirmation of malpractice insurance, professional development and conferences as outlined in the *SBHC Credentialing policy and procedure*.
6. Provide documentation of all required licensure and professional insurance.
7. Obtain consent and enrollment information from parents or legal guardians so that students can access the District SBHC in accordance with the *SBHC Consent and Enrollment policies and procedures*.
8. Establish and maintain medical and/or dental records for students who receive services at the District SBHC(s) as outlined in the *SBHC Medical and Dental Record policies and procedures*.
9. Provide and oversee medical (physical) and dental (oral health) services in a timely manner including screenings, well child exams, immunizations, sports and job physicals, acute care, chronic disease management and referrals regardless of insurance coverage as outlined in the *SBHC Services policy and procedure*. (No student will be charged for physical exams).
10. Provide services to children who are primarily [***Community Name***] residents. The children of the [***School District Name***] will be given priority for scheduling appointments. Clients living outside of the city may be seen if there is time available as outlined in SBHC Services Eligibility policy and procedure.
11. Provide medical and dental staff to deliver services during hours when school is in session as outlined in the *SBHC Staffing policy and procedure*. [***Community Health Center Name***] will inform [***School District***

Name] in writing of scheduled dates when staff will not be available. [***Community Health Center Name***] will try to schedule these dates on teacher work day or school holidays.

12. Provide 24 hour access to medical and dental services to serve the needs of [***School DIstrict Name's***] children. This will include: medical and/or dental personnel onsite at Downey eight (8) hours per day Monday – Friday, except for holidays, agency meetings, or days when school is closed due to weather conditions, and after hours care at night and on the weekends when the District SBHC(s) are closed as outlined in the *SBHC Hours of Operation and 24 Hour Access to Care policies and procedures*. [***Community Health Center Name***] will work with [***School District Name***] to ensure all children requiring immediate access to medical or dental care during the school day are triaged and provided the care needed.
13. Make referrals to [***School District Name***] for students needing mental health services in accordance with the *SBHC policies and procedures*.
14. Coordinate transportation services as outlined in the *SBHC Transportation policy and procedure*.
15. Develop, in cooperation with [***School District Name***] policies and procedures to comply with applicable State-mandated health requirements.
16. Participate in SBHC Collaborative Team Meetings to discuss operation of the SBHC at least monthly, as outlined in the *SBHC Collaborative Team Meetings policy and procedure*.
17. Establish, with [***School District Name***], a SBHC Advisory Council with broad representation from a wide variety of stakeholders including but not limited to medical sponsor, school personnel, parents, students, community health departments and agencies, private physicians, local hospital, business community, and faith community to provide input to and support for the District SBHC(s) as outlined in the *SBHC Advisory Council policy and procedure*.
18. Establish a SBHC quality improvement system that includes medical and dental performance measures and stakeholder satisfaction as outlined in the *SBHC Quality Improvement policy and procedure*.
19. Prepare a services report for [***School District Name***] a quarterly as outlined in the *SBHC Services Report policy and procedure*.
20. Provide all materials, supplies, equipment and other items necessary to the provision of students' physical and dental health care services, with the exception of one (1) fax machine and one (1) copy machine, which has been provided by [***School District Name***].
21. Be responsible for the maintenance of all medical and dental equipment as outlined in the *SBHC Equipment Maintenance policy and procedure*, including that which was previously purchased by [***School District Name***]. Maintenance agreements will be developed and maintained with the manufacturers of the dental and medical equipment per the recommendation of the manufacturer.
22. Manage claim and encounter submissions, including submission of bills to health insurance companies and MCO's, in a timely manner as outlined in the *SBHC Billing and Collections policies and procedures*.
23. Establish a separate SBHC account where reimbursement for medical and dental services will be deposited as outlined in the *SBHC Revenues policy and procedure*. The funds in this account can only be used to support the SBHC operation.
24. Deliver all services described in this MOU in accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and regulations promulgated thereunder, and other governing state and/or federal laws and regulations as outlined in the *SBHC Confidentiality, HIPAA, and Family Education Rights and Privacy Act (FERPA) policies and procedures, and any amendments thereto.*
25. Protect the privacy and confidentiality of patient health information in accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and regulations promulgated thereunder; the Pennsylvania Drug and Alcohol Abuse Control Act governing the confidentiality of drug and alcohol abuse patient records (Act 63); the Confidentiality of HIV Related Information Act (Act 148);

and other governing state and/or federal laws and regulations as outlined in the *SBHC Confidentiality, HIPAA, and FERPA policies and procedures.*

26. Share client information with [***School District Name***] as necessary for the provision of services, administration of the SBHC, and accountability to the extent allowable and in accordance with governing state and/or federal laws and regulations as outlined in the *SBHC Confidentiality, HIPAA, and FERPA policies and procedures.*
27. Notify [***School District Name***] of any unauthorized possession, use, knowledge, or attempt thereof, of any protected health information data files or other confidential information; promptly furnish to [School District Name] full details of the unauthorized release of such confidential information; and assist with the investigation or prevention of the further release of such information as outlined in the *SBHC Confidentiality, HIPAA, and FERPA policies and procedures.*

[School District Name] will:

1. Provide appropriate referrals and facilitate appointment logistics of students to the District SBHC in accordance with the *SBHC Referrals, Appointment Scheduling, and Appointment Logistics policies and procedure.*
2. Provide in-kind staff support to the District SBHC operations including, but not limited to, the District Director of Health Services, the Dental Hygienist, School Nurse and/or Health Technician.
3. Provide mental health counseling to students identified and referred by the District SBHC as outlined in the *SBHC Mental Health Counseling Referral policy and procedure.*
4. Participate in SBHC Collaborative Team Meetings to discuss operation of the District SBHC at least monthly as outlined in the *SBHC Collaborative Team Meeting policy and procedure.*
5. Establish, with [***Community Health Center Name***], a SBHC Advisory Council as outlined in the *SBHC Advisory Council policy and procedure.*
6. Provide the facilities, utilities and equipment including but not limited to fax, copy, printing and internet services at District SBHC(s) adequate for the provision of physical health and dental care services as outlined in the *SBHC Facilities, Utilities and equipment policy and procedure.*
7. Provide telephone and computer network support for the District SBHC(s) purposes (not including the cost for the Language Line) as outlined in the *SBHC Telephone and Computer Network Support policy and procedure.*
8. Provide custodial and maintenance services for the District SBHC(s) as outlined in the *SBHC Custodial and maintenance services policy and procedure.*
9. Provide monthly invoices to [***Community Health Center Name***] for the cost of transportation of students and be reimbursed by HHC for that cost up to the amount specified in the grant.
10. Comply with the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, 45 CFR Parts 160 and 164, Related Excerpts from the Preamble and Final Regulation Text Amended as of August 14, 2002: 160.102 Applicability and 164.504 Uses and Disclosures: Organizational Requirements *(a) Definitions Health Care Component and Hybrid entity, (b) Standard: health care component, (c) (2) Standard Requirements, and (c) (3) Responsibilities of the Covered Entity as outlined in the SBHC Confidentiality, HIPAA, and FERPA policies and procedures.*
11. Comply with the Family Education Rights and Privacy Act, (FERPA), as amended, 20 U.S.C. 1232g, Distinguishing Education Records from Health Records, and Access to and Use of School-Based Student Health Information, U.S. Department of Health and Human Services, “Standards for Privacy of Individually Identifiable Health Information, Federal Register 65, no. 250 (December 28, 2000): 82483, 82496, 82595 as outlined in the *SBHC Confidentiality, HIPAA, and FERPA policies and procedures.*

12. Share client information with [***Community Health Center Nam***e] as necessary for the provision of services, administration of the SBHC and accountability to the extent allowable and in accordance with governing state and/or federal laws and regulations as outlined in the *SBHC Confidentiality, HIPAA, and FERPA policies and procedures.*
13. Notify HHC of any unauthorized possession, use, knowledge, or attempt thereof, of any protected health information data files or other confidential information; promptly furnish to [***Community Health Center Name***] full details of the unauthorized release of such confidential information; and assist with the investigation or prevention of the further release of such information as outlined in the *SBHC Confidentiality, HIPAA, and FERPA policies and procedures.*

Professional Liability

The Parties shall each be responsible for their respective acts or omissions in the performance of medical services under this MOU and neither party shall incur any liability for the performance of the other party. [***School District Name***] affirms that it carries a professional liability insurance policy as required by law in sufficient amounts to cover any personal injury or loss that may occur through the provision of services by its medical staff under this MOU. [***Community Health Center Name***] affirms that it has professional liability insurance coverage under the Federal Tort Claims Act (FTCA) in levels and amounts as required by law for any HHC staff providing services under this MOU.

General Liability

The Parties shall each be responsible for their respective professional liabilities consistent with the preceding provision. As to personal and property damage unrelated to the provision of medical or dental services under this MOU, [***School District Name***] affirms that it carries a general liability insurance policy sufficient in amount and coverage which will apply to any personal injury or loss or property damage that may occur on the SBHC's property.

Termination

Either Party may terminate this MOU by giving written notice of termination to the other Party at least 60 days prior to the intended date of termination. Any equipment purchased prior to the signing of this MOU, and still within its useful life, shall be returned to [***School District Name***] in good operating condition. Any equipment purchased subsequent to this MOU shall be kept by [***Community Health Center Name***].

Extension

[***School District Name***] and [***Community Health Center Name***] SBHC collaborative team agree to review this MOU annually, at least 60 days prior to its expiration date. Extension of this MOU for a specified period of time must be by mutual agreement of [***School District Name***] and [***Community Health Center Name***] and must be put in writing. Suggestions for recommended changes, clarifications, deletions or additions will be discussed at the monthly SBHC collaborative team meeting. Mutually agreed upon extensions of this MOU for a specified period of time and changes to the MOU must be incorporated into an addendum which must be signed by the authorized representatives of [***School District Name***] and [***Community Health Center Name***].

Amendment

This MOU shall not be altered, changed or amended except by instrument in writing executed by the Parties hereto.

Notice of Failure to Perform

If either of the Parties to this MOU is dissatisfied with the performance by the other Party of any obligations imposed under the terms of this MOU, the dissatisfied Party shall request in writing that its grievance(s) be placed on the monthly meeting agenda of the SBHC collaborative team meeting for discussion, action and resolution.

The performing Party shall have 10 working days in which to correct any failure to perform the duties so specified or to communicate with the dissatisfied Party, and/or to resolve any disagreement between the Parties. The grievance procedure will be executed in accordance with the *SBHC Non-Performance Policy and Procedure*.

Scope of Agreement

This MOU incorporates all the agreements, covenants and understandings between the Parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into this MOU.

Assignment

The Parties shall not assign or transfer any interest in this MOU or assign any claims for money due or to become due under this MOU without prior written approval from the other Party.

Funds Accountability and Accounting

The Parties hereto agree that each shall maintain appropriate records for strict accountability for all receipts and disbursements of funds transferred or expended pursuant to this MOU, pursuant to established federal and [***State's Name***] cost accounting requirements.

Surplus of Funds

Disposition of any surplus funds should be determined in consultation with the SBHC collaborative team.

Subcontracting

The Parties may not subcontract any portion of this MOU without obtaining the prior written approval of the other Party.

Duration of MOU

This MOU shall be in force from [***Date through Date***].

Notice

Any notice required to be given pursuant to the terms of this MOU shall be in writing and shall be hand-delivered or sent by certified mail to the addresses listed in [Exhibit A: List of Addresses] attached hereto. Either Party to this MOU may change the address to which notice is to be submitted by notice delivered pursuant to this section.

Signatures

IN WITNESS WHEREOF, the duly authorized representatives of the Parties have executed this MOU effective as of the date first above written.

Dated: _____ By: _____

CEO, [***Community Health Center Name***]

Dated: _____ By: _____

Superintendent, [***School District Name***]

APPENDIX F2

Sample Letter of Agreement

Purpose of Agreement

This agreement is made on [***dd/mm/yyyy***] and is intended to outline and formalize the partnership and site-based agreements between [***School Name***] (School) and [***Partner Agency***] pertaining to the [***Community Name***] School-Based Health Center.

This agreement is designed to a) articulate the vision, mutual goals and expectations of the partnership, b) outline current services, staffing and schedules, and c) clarify roles, responsibilities and communication mechanisms at the school site.

Vision

The vision of this school-community partnership is:

_____

_____

_____

Description of Current Services

- Case management and mental health counseling
- Physical exams/sports physicals
- Diagnosis and treatment of medical conditions
- STD screening and treatment
- Health education related to nutrition/physical fitness, sexual health, etc.
- Youth development programs, including peer health education, student research teams and youth advisory boards
- Professional development for school staff
- Outreach to youth and their families
- Community-wide health promotion events and activities
- Referrals to health and social service providers on and off site

Eligibility and Cost:

The school-based health center is open to all students. All services will be provided to students with no out of pocket costs.

Please also include:

- Other populations served (e.g. families, feeder schools, broader adolescent community.
- Any eligibility requirements/restrictions (e.g. services only available to students with Medi-Cal).

Schedule

The school-based health center will be open on the following dates and times:

_____

_____

_____

Please include any schedules that are specific to a certain service or program (e.g. medical, mental health, peer health education program, etc.)

The health center is staffed by (Please include title and FTE for current school year School Year, Name):

_____

_____

_____

Contact Information of Both Parties

Site Administrator or Designated Liaison: _____

Main Phone Number: _____ Mobile Phone Number: _____

Designated Liaison (if different from Site Administrator): _____

Main Phone Number: _____ Mobile Phone Number: _____

Primary On-Site Contact at SBHC Partner Agency: _____

Main Phone Number: _____ Mobile Phone Number: _____

Alternate Contact at SBHC Partner Agency (e.g. Supervisor of SBHC Coordinator, Medical Director, etc.):

Main Phone Number: _____ Mobile Phone Number: _____

Shared Goals and Objectives

For the [***YEAR***] school-year the shared goals and objectives (e.g. outcomes, strategies, utilization, focus populations, etc.) for this partnership are:

Example 1) Increase utilization of health services by young men on campus by [***XX%***] to address the disparity between young men and women in accessing healthcare

Example 2) Screen [***XX%***] of school-based health center clients during visits for academic needs in order to provide appropriate support and referrals

Example 3) Implement Coordination of Services Team (COST) to increase referrals and case coordination between support service providers

Example 4) Increase professional development around health issues for school staff to a) improve staff wellness and, b) to increase school staff knowledge of how to identify health needs of students and when/where to refer students for services

Example 5) Conduct or arrange health education workshops for families in order to increase family engagement around health issues

Example 6) Expand services to students at feeder schools and/or broader adolescent community to increase access to health services for these populations

Expectations of Both Parties

The School will:

Logistics

- Provide the school-based health center with space for provision of agreed upon services and activities.
- Provide school-based health center coordinator and staff with keys required to access the school-based health center space, campus and any other agreed upon space.
- Provide the school-based health center with access to the following school equipment and resources:

  Example 1: Copy Machine and/or Fax Machine

  Example 2: Mailbox in Main Office

Example 3: Outgoing Mail Service

Example 4: Classroom Announcements

Example 5: Space in Hallways for Announcements & Health Education Information

- Notify provider at least [***NUMBER***] weeks in advance of closure of school campus (i.e. over school holidays, winter break, summer vacation, professional development days). Where appropriate and possible, the school administration will assist the school-based health center with submission of facilities use permits to access school-based health center space for service delivery and clinic administrative activities when the school is closed.
- Provide the school-based health center with daily custodial services and notify the school-based health center coordinator of any changes in provision and availability of custodial services.
- Other

Integration

- Include Partner Agency, as appropriate, in school events (e.g. mandatory registration, back to school night, staff meetings, retreats, etc.)
- Support the implementation of a Coordination of Services Team
- Participate in health needs assessment and planning with Partner Agency and other support service providers to identify and address comprehensive health needs of students and families
- Include SBHC staff, as appropriate, in professional development for school staff
- Include Partner Agency, as appropriate, in the development and leadership of a Full Service Community School
- Other

Communication

- Establish and/or maintain ongoing, consistent communication with Partner Agency
- Ensure that Partner Agency is oriented annually to the school's staff, priorities and goals
- Educate students, families and staff about the services provided by the school-based health center through school meetings, events, school site plan and marketing materials.
- Follow established referral protocols for crisis and treatment, including a) who can refer, b) how to refer, c) when to refer and for what reasons, d) what action is taken after the referral is made; and e) how communications and feedback are handled regarding referral
- Provide access to aggregate and individual student information required for service delivery, program planning, research and evaluation purposes, in accordance with and to the extent allowed by FERPA and other federal and state law.
- Provide letters of support, as appropriate, for grants being submitted by Partner Agency to support delivery and sustainability of agreed upon services at the school site
- Utilize collaborative problem solving approach to resolve issues as they arise.
- Other

The Partner Agency will:

Logistics

- Provide administration and fiscal oversight of the school-based health center
- Be responsible for hiring the SBHC Coordinator and monitoring of the entire project
- Avoid pulling students out of core classes, whenever possible, to minimize impact on class participation

- Arrange appointments, whenever possible, at times which minimize absences from core classes
- Send reminders in writing the day before an appointment to minimize calls to classrooms
- Other

Integration

- Maintain continued membership and active participation in the Coordination of Services Team and other collaborative decision-making bodies
- Include school representative(s) as appropriate in the hiring of school-based health center staff
- Comply with school and District policies and practices related to non-medical programs and activities (e.g. field trips, classroom-based health education, facilities use permits)
- Collaborate with the school and other project partners to ensure the linkage and delivery of services that respond to student and family needs (includes, but not limited to: social services, mental and physical health assessment and mental health services)
- Routinely screen for academic and attendance problems to the extent possible to support academic achievement and remove barriers to learning.
- Include at least one representative from the school on SBHC Advisory Board
- Offer professional development, as appropriate and available, around health issues for school staff (e.g. minor consent/confidentiality, parent involvement, etc.)
- Partner to delineate roles and responsibilities and include school staff, as appropriate, in the SBHC delivery model (e.g. school nurse, social worker, case manager, etc.)
- Other

Communication

- Orient the school administration, staff and faculty annually to the school-based health center staff, services, schedule, referral protocols, etc.
- Provide health information from their records to the school for the purpose of facilitating provision of health and wellness services, in accordance with and to the extent allowed by HIPAA and other federal and state law.
- Follow established referral protocols for crisis and treatment, including a) who can refer, b) how to refer, c) when to refer and for what reasons, d) what action is taken after the referral is made; and e) how communications and feedback are handled regarding referral
- Notify the school if any services or programs will be subcontracted to other agencies and ensure that these service providers are meeting the expectations of this Letter of Agreement as appropriate
- Notify school of all funding requests being submitted to support agreed upon service delivery at the school site.
- Notify school when additional space is needed to provide agreed upon services and programming
- Utilize collaborative problem solving approach to resolve issues as they arise.
- Other

Signature of Both Parties

Authorized School Official _____ Date _____

Agency Director _____ Date _____

School-Based Health Center Director _____ Date _____

APPENDIX G

School Health Integration Measurement Tool

From The Los Angeles Trust for Children's Health - www.thelatrust.org/

	1. Health authority	Never (0%)	Sometimes (1-33%)	Often (34-66%)	Frequently (67-99%)	Always (100%)
1a.	SBHC contributes subject matter expertise on school wellness policies and health-related programs and services (nutrition, physical activity, safety, discipline) that support student wellbeing.					
1b.	SBHC actively promotes campus-wide policies and practices that assure a safe and healthy school environment for all students and staff, including participation in school's crisis prevention and intervention plans.					
	2. Integrated programming					
2a.	A specific protocol exists for the SBHC to refer students for academic support in the school.					
2b.	A specific protocol exists for the school to refer students for health support in the SBHC.					
2c.	SBHC conducts schoolwide health campaigns or events.					
	3. Marketing and recruitment					
3a.	SBHC conducts active outreach in the school or community to inform **students** about the services it provides.					
3b.	SBHC conducts active outreach in the school or community to inform **school staff** about the services it provides.					
3c.	SBHC conducts active outreach in the school or community to inform **families** about the services it provides.					
3d.	SBHC successfully enrolls students in services who are identified in school population screens.					
	4. Shared outcomes					
4a.	SBHC and school regularly and actively exchange information about aggregate student well-being and outcomes.					
	5. Staff Collaboration					
5a.	SBHC and school staff spend time together collaborating on student support.					
5b.	SBHC has a formalized understanding of how it collaborates with school administration, teachers, and support staff—school nurses, psychologists, and counselors—to ensure the partnership meets student needs efficiently, effectively, and seamlessly.					

APPENDIX H1

Sample Parent Consent (English)

PARENT/LEGAL GUARDIAN CONSENT FORM

Student Name: _____ Date of Birth:_____ Grade:_____

To give your child permission to receive medical/dental/behavioral health care at [*COMMUNITY HEALTH CENTER NAME*], please complete this consent form and return it to school or health center staff as soon as possible. Information on privacy practices, policies, and procedures are available at the end of this form, and at the school office and/or clinic.

As the Parent and/or Legal Guardian, I hereby give my student consent to receive services offered by [*COMMUNITY HEALTH CENTER NAME*] at my child's designated school under the following terms and conditions:

1. I have been informed of the services offered at the [*HEALTH CENTER NAME*] and I understand that these services are routine health care services and that treatment will be limited to:

Medical

- Diagnosis and treatment of minor and acute illnesses and first aid for minor injuries
- Physical examinations (general, sports, pre-employment)
- Laboratory services
- Vision & hearing screenings
- Immunizations
- Prescription and over-the-counter medications
- Diagnosis, treatment, & prevention of sexually transmitted infections
- Pregnancy testing, prescription for contraception, and referral for prenatal care
- Nutrition assessment and counseling
- Health education about a variety of topics such as drugs and alcohol, healthy relationships, sexually transmitted infections, HIV, pregnancy prevention, and stress management

Dental

- Dental screening and fluoride varnish
- Dental examinations, diagnostic procedures (x-ray and pictures), and treatment
- Use of local anesthetics
  - o I understand that there is the chance for allergic response or muscle soreness due to local anesthetic used during a procedure.

Behavioral Health

- Individual and or group counseling relating to topics such as drugs and alcohol, physical and sexual abuse, suicide, grief and loss, sexuality, school, family, and general mental health.

2. I have listed below those services that I DO NOT WANT my child to receive at the School-Based Health Center:

_____

_____

_____

[1] Study coordinated by California Center for Civic Participation and Youth Development

However, I understand that California State Law permits the provision of the following services to a minor who has attained 12 years of age with or without parental consent:

- Diagnosis and treatment of sexually transmitted diseases
- Pregnancy testing, contraceptives and referral for prenatal care
- Crisis mental health counseling by [*HEALTH CENTER NAME*]
- Alcohol and substance abuse counseling

3. I understand my consent covers only those services provided at the [HEALTH CENTER NAME] School-Based Health Centers and does not authorize services to be provided at any other private or public facility.
4. I authorize the [*HEALTH CENTER NAME*] to exchange information regarding treatment of my child with school district partners and/or other medical providers for any reason in accordance with medical practice and what is legally allowed through patient privacy laws.
5. I understand that no student or family will be charged for services at the School-Based Health Center. However, it is the School-Based Health Center's policy to cover expenses by billing possible third-party sources such as Medi-Cal and Family Pact. Students may be asked to register for Medi-Cal. Family income is usually not a factor in determining eligibility; rather eligibility depends on the type of medical or mental health service utilized by the student. The School-Based Health Center may be required to release information regarding treatment to third-party payers, such as Medi-Cal or Family Pact for the purpose of billing.
6. All information between your child/guardian and [*HEALTH CENTER NAME*] services is held strictly confidential unless (1) you authorize the release of information, (2) the disclosure is allowed by a court order, (3) the student presents a physical danger to her/him self or to others, or (4) child or elder abuse/ neglect is suspected. In cases of potential abuse or neglect, *[HEALTH CENTER NAME]* staff is required by law to inform the proper authorities so that the protective measures can be taken. If your student/ family is receiving services through more than one [*HEALTH CENTER NAME*] services partner, relevant information may be shared between program staff in order to coordinate services. Staff should discuss with you such conversations and their relevance.
7. I authorize the [*SCHOOL DISTRICT*] to grant [*HEALTH CENTER NAME*], the on-site health provider at my child's designated school to review my child's pupil records. [*HEALTH CENTER NAME*] agrees not to disclose the pupil records to any other person or entity without first obtaining written permission.

All participants are accepted into the program on a nondiscriminatory basis, and are accorded equal treatment and services without regard to race, color, sex, sexual orientation, gender identity, religion, nation of origin or ancestry. Your rights include, but are not limited to the following:

- Services that are courteous, dignified and reliable.
- A safe and comfortable environment.
- To be informed by [*HEALTH CENTER NAME*] of the provisions of laws regarding complaints and procedures for registering complaints including, but not limited to, the address and telephone number of the appropriate person.
- To discontinue services.

Name of Parent/Legal Guardian (print): _____ Relation to Student: _____

Signature of Parent/Legal Guardian: _____ Date: _____

APPENDIX H2

Sample Parent Consent (Spanish)

FORMULARIO DE CONSENTIMIENTO DE PADRE/GUARDIÁN

Nombre de Estudiante: _____ Fecha de Nacimiento:_____ Grado:_____

Para dar consentimiento que su estudiante reciba servicios por el centro de salud de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*], incluyendo tratamiento de primer auxilio, por favor llene este formulario y regréselo al centro de salud de la escuela de su hijo(a). Información sobre términos y condiciones se encuentran al fin de esta página y en el Centro de Salud.

1. Como padre o guardián legal, he sido informado de los servicios ofrecidos por [*HENOMBRE DEL CENTRO DE SALUD ESCOLAR*] and I understand that these services are routine health care services and that treatment will be limited to:

Servicios Medicos

- Diagnóstico y tratamiento de primer auxilio para lesiones menores y enfermedades menores y agudas
- Físicos (deportivos o para Empleo)
- Servicios de laboratorio
- Exámenes de vision y audición
- Vacunas
- Recetas y medicamentos sin receta
- Diagnóstico, tratamiento y prevención de las enfermedades de transmisión sexual
- Pruebas de embarazo, receta de métodos anticonceptivos, y la referencia para cuidado prenatal
- Servicios de nutrición (evaluación y educación nutricional)
- Educación sobre temas de la salud relacionados a las drogas y el alcohol, el abuso físico o sexual, las enfermedades de transmisión sexual, el VIH, la prevención del embarazo, el suicidio, el dolor y la perdida, la sexualidad, la escuela, la familia y el bienestar de la salud

Servicios Dentales

- Barniz de flúor
- Exámenes dentales, procedimientos diagnósticos, y tratamiento (Rayos X y fotografías)
- El uso de anestesia local
- Yo entiendo que existe la posibilidad de una reacción alérgica, o dolor muscular debido al anestesia local

Servicios del Bienestar

- Terapia individual o en grupo relacionado a temas de las drogas y el alcohol, abuso físico o sexual, suicidio, la perdida, la sexualidad, la escuela, relaciones familiares y la salud mental en general

2. Yo he anotado abajo los servicios que YO NO QUIERO que mi hijo(a) reciba en el Centro De Salud Escolar:

_____

_____

_____

Sin embargo, entiendo que la Ley Estatal de California permite los siguientes servicios a un menor que haya cumplido 12 años de edad, con o sin consentimiento de los padres:

- Diagnóstico y tratamiento de enferm edades de transmisión sexual
- Prue bas de embarazo, métodos antico nceptivos y la referencia para cuidado prenatal
- Consejería de crisis de salud mental
- Consejería del abuso de alco hol y sustancias controladas

3. Entiendo que mi consentimiento cubre únicamente los servicios prestados en los Centros de Salud Escolar de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] y no autoriza los servicios ofrecidos por otras agencias o organizaciones públicas o privadas.
4. Yo autorizo al personal del [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] que intercambiar información sobre el tratamiento recibido con otros proveedores médicos o/y con otros socios dentro de su distrito en acuerdo con la práctica médica y lo que es permitido legalmente.
5. Entiendo que ningún estudiante se le cobrara por los servicios en el Centro de Salud. Sin embargo, para cubrir los gastos médicos es póliza del centro de salud a mandar una fracción a fuentes como Medi-Cal o Family Pact. Los estudiantes pueden ser solicitado para registrarse en Medi-Cal. Los ingresos familiares usualmente no es factor para determinar la elegibilidad. La elegibilidad dependerá en el tipo de servicios que utilizan los estudiantes. El Centro de Salud puede ser requerido dar información relativa al tratamiento a las compañías de seguros, tales como Medi-Cal o Family Pact con el propósito de la fractura.
6. Toda la información entre su hijo /guardián y el personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] es estrictamente confidencial al menos que (1) usted autoriza la entrega de información, (2) la divulgación es permitida por una orden judicial, (3) el estudiante presenta un peligro físico para él mismo o a otros, o (4) se sospecha abuso a niños o ancianos. En los casos de posible abuso o negligencia, personal de El Centro de Salud está obligado por ley a informar a las autoridades correspondientes para que las medidas de protección se puedan tomar. Si su estudiante o miembro familiar está recibiendo servicios a través de más de un solo personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*], la información pertinente puede ser compartida entre personal para poder coordinar servicios. El personal debe discutir con usted este tipo de conversaciones y su relevancia.
7. Yo autorizo [*NOMBRE DE DISTRITO ESCOLAR*] para conceder a [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*], el proveedor medico en la escuela de mi hijo(a) la autorización de revisar los expedientes de mi estudiante. [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] se compromete a no revelar los expedientes de alumnos a cualquier otra persona o entidad sin obtener mi permiso por escrito.

Todos los participantes son aceptados en el programa sobre una base no discriminatoria, y tienen acceso a servicios con igualdad en tratamiento sin distinción de raza, color, sexo, orientación sexual, identidad de género, religión, nación de origen o ascendencia. Sus derechos incluyen, pero no se limitan a lo siguiente:

- Servicios que son corteses, digno y confiable.
- Un ambiente seguro y cómodo.
- Ser informado por [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] de las leyes relativas a las quejas y los procedimientos para presentar denuncias, incluyendo pero no limitado a la dirección y número de teléfono de la persona apropiada.
- A discontinuar servicios.

Nombre del Padre: _____ Relación al estudiante: _____

Firma del Padre: _____ Fecha: _____

APPENDIX H3

Sample Minor Consent Form (English and Spanish)

CONSENT FOR MINORS

Best number where we can reach you: _____ ❒ Home Phone ❒ Cell Phone

OK to send an appointment reminder by text message?
❒ Yes ❒ No ❒ At different number: _____
Standard Text Messaging Rates May Apply

By law in California, I can receive certain services without consent from my parent or legal guardian.

These services include:

- Diagnosis and treatment of sexually transmitted infections
- Pregnancy testing and referrals
- Prescriptions for birth control (e.g., condoms, the pill)
- Alcohol and drug abuse counseling or treatment
- Mental health assessment and crisis intervention/counseling
- Treatment for medical emergencies

Our priority is to protect your health and safeguard your legal rights. Please read the following section carefully and sign below.

ABOUT CONFIDENTIALITY

I understand that information about my health and health care will be kept confidential. However, I understand that [*HEALTH CENTER NAME*] staff may share or be required to share this information in the following situations:

1. Staff within [*HEALTH CENTER NAME*] may share information about my health or health care with one another in order to best help me.
2. To bill health insurance programs (e.g., Medi-Cal or Family PACT).
3. Staff may share information about me or my health care with researchers or evaluators, but this information will not be attached to my name.
4. If they judge that I am at risk of hurting or killing myself, [*HEALTH CENTER NAME*] staff must report this to the police and will probably tell my parent(s) or legal guardian.
5. If I have threatened to physically hurt or kill another person, they must report this to the police and to the person(s) involved.
6. If I share information about physical, sexual or emotional abuse or neglect, they must report this to Social Services and/or the police.
7. If I am under 16 and having sex with someone 21 or older; or if I am under 13 and having sex with someone 14 years or older, they must report this to CPS and/or the police.
8. If I come to [*HEALTH CENTER NAME*] drunk, high or otherwise under the influence and the staff think I am at risk of hurting myself or someone else, they might call my parent or guardian to help make sure I am safe.

9. If I bring weapons or other dangerous objects into [*HEALTH CENTER NAME*].
10. If I sign a consent to release this information to another health care provider.
11. If a judge requires [*HEALTH CENTER NAME*] to share this information with the courts.
12. [*HEALTH CENTER NAME*] staff may confirm with my teacher that I was in [*HEALTH CENTER NAME*] to clear my absence, but not why I was there.
13. If I test positive for certain sexually-transmitted infections, I understand that [*HEALTH CENTER NAME*] will need to report this information to the County Health Department, and that the County MAY attempt to contact me.

By signing below, I acknowledge that I:

- ❒ have read and understand the information described above, including the conditions about confidentiality.
- ❒ agree to fill out a Client Survey that asks some personal questions about me.
- ❒ verify that I have received a copy of [*HEALTH CENTER NAME*]'s Notice of Privacy Practices.
- ❒ have received a copy of this consent form.
- ❒ verify that I have received a copy of [*HEALTH CENTER NAME*]'s Patient Rights & Responsibilities.

_____ _____

Signature Date

CONSENTIMIENTO PARA MENORES

Mejor número al cual llamarte: ❒ Tel. casa ❒ Celular

¿Podemos enviar un mensaje de texto para recordarte acerca de tus citas médicas?

❒ Sí ❒ No ❒ Otro número diferente: _____

Tu compañía de teléfonos podría aplicar una tarifa por el envio de mensajes de texto

Las leyes de California permiten que recibas ciertos servicios sin el consentimiento de tus padres o tutor legal.

Estos servicios incluyen:

- diagnóstico y tratamiento de infecciones de transmisión sexual
- pruebas de embarazo y recomendaciones a servicios relacionados
- recetas médicas para métodos anticonceptivos (condones, pastillas, etc.)
- consejería o tratamiento para el abuso de alcohol y drogas
- evaluación de salud mental e intervención o consejería en casos de crisis
- tratamiento de emergencias médicas

Nuestra prioridad es proteger tu salud y tus derechos legales. Lee esta hoja cuidadosamente y firma al pie de la página.

CONFIDENCIALIDAD

Entiendo que la información sobre mi salud y atención médica se mantendrá confidencial. Sin embargo, entiendo que el personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] puede compartir o ser obligado a compartirla en las siguientes situaciones:

1. Las personas que trabajan en [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] pueden compartir entre ellas información sobre mi salud y mi atención médica con el fin de ayudarme mejor.
2. Para cobrar a los programas de seguro médico (Medi-Cal, Family PACT, etc.).
3. El personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] puede compartir información sobre mí o sobre mi atención médica con investigadores o evaluadores médicos, pero esta información no será relacionada con mi nombre.
4. Si el personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] juzga que yo estoy en riesgo de hacerme daño a mí mismo o de matarme, deberá notificar a la policía y probablemente informará también a mis padres o tutor legal.
5. Si he amenazado con hacerle daño físico o matar a otra persona, el personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] deberá reportarlo a la policía y a las personas involucradas.
6. Si comparto información sobre el abuso o descuido físico, sexual o emocional, el personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] deberá notificar a Social Services y/o a la policía.
7. Si tengo menos de 16 años y mantengo relaciones sexuales con personas de 21 años o más; o si tengo 13 años y mantengo relaciones sexuales con personas de 14 años o más, el personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] deberá notificar al servicio de protección de niños (CPS) y/o a la policía.
8. Si llego a [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] borracho, drogado o bajo la influencia de alguna sustancia y el personal juzga que estoy en riesgo de hacerme daño a mí mismo o de hacerle daño a otra persona, tal vez llamen a mis padres o tutor legal con el fin de proteger mi seguridad personal.

9. Si traigo armas u otros artículos peligrosos a [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*].
10. Si firmo un consentimiento para permitir el envío de esta información a otro profesional médico.
11. Si un juez exige que [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] comparta esta información con la corte.
12. El personal de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] puede confirmar con mi maestro que yo estuve en La Clínica con el fin de explicar mi ausencia de la escuela, pero no puede decirle la razón de mi visita.
13. Si alguna prueba de infección de transmisión sexual me sale positiva, entiendo que [N*OMBRE DEL CENTRO DE SALUD ESCOLAR*] deberá reportar esta información al Depto. de Salud del Condado y que el Condado PODRÍA tratar de comunicarse conmigo.

Al firmar abajo, doy fe de que:

- ❒ He leído y entendido la información que aparece arriba, incluidas las condiciones sobre la confidencialidad.
- ❒ Acepto llenar una encuesta para clientes (Client Survey) que contiene algunas preguntas personales sobre mí.
- ❒ Verifico haber recibido una copia de Las Prácticas de Privacidad de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*].
- ❒ He recibido una copia de este formulario de consentimientto.
- ❒ Verifico que he recibido una copia de Los Derechos y Responsabilidades del Paciente de [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*].

_____ _____

Firma Fecha

APPENDIX H4

Sample Consent Form for Patients 18 and Older

PATIENT 18+ CONSENT FORM

First Name: _____ Last Name: _____ Birthdate: _____ /_____ / _____

Name(s) of Parent/Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Gender: ❒ Male (CIS) ❒ Female (CIS) ❒ Male (TRANS) ❒ Female (TRANS) ❒ Non-Binary
❒ Other: _____

Social Security # (if applicable): _____

Ethnicity: _____ Language: _____ School:_____

Type of Insurance: ❒ None ❒ Medi-Cal ❒ Alameda Alliance ❒ Blue Cross ❒ Kaiser

❒ Health PAC ❒ Kaiser Medi-Cal ❒ Other Private: _____

Healthcare Provider: _____ Phone Number: _____
❒ No current Medical Provider

I have read and understand the services offered at the School Health Center as described below. I understand that the services authorized by my signature on this form are limited to routine health services and treatment which may include, but are limited to:

- Diagnosis and treatment of minor illnesses; first aid for minor injuries
- Assistance with chronic (on-going) illnesses
- Physical examinations for well-checks, sports, or pre-employment clearance
- Immunizations
- Laboratory services
- Vision services that include eye exam and prescription eye glasses – **AT PARTICIPATING SITES ONLY**
- Over-the-counter and basic prescription medications
- Mental/Behavioral Health Counseling
- Education concerning: nutrition; drug and alcohol abuse prevention; violence prevention; mental health; sexually transmitted disease; and pregnancy prevention
- Dental screenings and treatment – **AT PARTICIPATING SITES ONLY**
  - During school-wide dental screenings, a licensed dental professional will examine your teeth and determine if they are in need of dental care. This screening does not include x-rays and does not replace an in-office dental examination. If a problem is detected, you will need to make a follow-up appointment with your dental provider; or the School Health Center staff may be able to assist you with a dental appointment on-site.

    I would like to participate in the school-wide dental screenings: ❒ Yes ❒ No

    I would like to receive dental services at the School-Based Health Center: ❒ Yes ❒ No
- Referrals for health services which cannot be provided at this clinic
- Other services, including fitness training, group exercise classes, and referrals to social services including legal assistance

I understand that this consent covers only those services provided at the School Health Center and no other private of public health facility. I hereby authorize a physician and other professional Health Center staff to provide necessary and/or advisable treatment for my care. I grant my permission to receive all services offered at the School Health Center. I understand I may be asked to register for Medi-Cal at the Health Center. In some instances, family income may be a factor in determining eligibility; eligibility may depend on the type of medical or mental health service utilized by me.

Medical records will be kept confidential. However, I acknowledge that the services for my condition may require the collaboration of other agencies and services providers. I understand that this collaboration may require the disclosure of information about myself to one or more service providers to facilitate coordination of services. I acknowledge that the School Health Center may be required to release information regarding treatment to third-party payers, such as Medi-Cal, for the purpose of billing.

By signing below, you are consenting to the following:

I authorize the School District to grant [*HEALTH CENTER NAME*], the onsite provider at my school, authorization to review my student records. [*HEALTH CENTER NAME*] agrees not to disclose the student's records to any other person or entity without first obtaining my written permission.

I understand that [*HEALTH CENTER NAME*] may share my information with my provider for the purpose of medical evaluation and treatment. This consent form will remain in effect until my enrollment terminates, or until I revoke this contract in writing.

_____ _____

Signature of Patient 18+ over Date

_____

Printed Name

APPENDIX H5

Sample Registration Form (English)

MEMBER REGISTRATION FORM

PATIENT INFORMATION			
Last Name & Suffix (Jr., Sr., III)	First Name:		Middle Name:
Home Address:	City	State:	Zip:
Social Security Number:	Date of Birth:	Gender Assigned at Birth ❒ Male ❒ Female:	Mother's Maiden Name:

Preferred Language:	Are you a Student?	Are you Homeless?
Language Barrier? ❒ Yes ❒ No Hearing Impaired? ❒ Yes ❒ No	❒ No ❒ Yes - If Yes: ❒ Full Time ❒ Part Time	❒ No ❒ Yes - If Yes: (check one) ❒ Shelter ❒ Street ❒ SRO ❒ Staying with Family/Friends ❒ Transitional/Program Program Name: _____

PREFERRED CONTACT (check one)		
❒ Home: Confidential Msg OK? ❒ Yes ❒ No	❒ Cell Phone: Confidential Msg OK? ❒ Yes ❒ No	❒ Do Not Call

Home Phone:	Cell Phone	Alternative Phone Type:
		Confidential Msg OK? ❒ Yes ❒ No

Email Address:

Is this a personal email where you can receive private health information? ❒ Yes ❒ No

Patient's Gender Identity:	Patient's Sexual Orientation:	Patient's Pronoun:
❒ Female ❒ Male ❒ Trans (MTF) ❒ Trans (FTM) ❒ Non-Binary/Genderqueer ❒ Other ❒ Decline	❒ Straight or Heterosexual ❒ Bi-Sexual ❒ Gay ❒ Lesbian ❒ Pansexual ❒ Omnisexual ❒ Asexual ❒ Non-Binary/Queer ❒ Do Not Know ❒ Decline ❒ Something Else	❒ She/Her/Hers ❒ He/Him/His ❒ They/Them/Their ❒ Ze/Hir/Hirs ❒ Other Patient's Name ❒ Decline to answer ❒ Unknown

Self-Identified Ethnicity:	Self-Identified Race:	
❒ Hispanic/Latino ❒ Non-Hispanic/Latino ❒ Unknown	❒ American Indian or Alaskan Native ❒ Asian ❒ Black or African American ❒ Latino or Hispanic	❒ Middle Eastern or African ❒ Native Hawaiian or Pacific Islander ❒ White ❒ Unknown or Other: _____

MEMBER INSURANCE INFORMATION

Do you have MEDI-CAL?
❒ No ❒ Yes - If Yes: Number: _____
(example: 123456789F)

Private Insurance Group/Plan Name:	Group/Plan Policy Number:	Insurance Phone Number:

Name of Policy Holder:	Date of Birth:	SSN:	Relationship to Member:
RESPONSIBLE PARTY (check one) ❒ Self ❒ Parent ❒ Guardian			
Full Name – First and Last:	Date of Birth:	SSN:	Relationship to Member:
Responsible Party/Parent/Guardian Address:		City:	State/Zip:
Source of Income:	Family Size:	Monthly Income:	Phone:
EMPLOYER Name & Address:	City:	State/Zip:	Employer Phone:
MEMBER EMERGENCY CONTACT or Secondary Parent			
Name, Address, City, State, Zip:	Relationship:	Phone Number:	Alternative Phone Number:
Is it okay to send email regarding your health care to your emergency contact address in an attempt to reach you? ❒ No ❒ Yes			

[*HEALTH CENTER NAME*] follows rules and regulations set by the State of California. **Members are financially responsible for all Medical and Dental services rendered at [*HEALTH CENTER NAM*E], as [*HEALTH CENTER NAME*] is not a free clinic. Counseling services are free in the Community Wellness Department.**

I request [*HEALTH CENTER NAME*] to provide me and/or my family with health care services. I agree to pay for treatment and services rendered. [*HEALTH CENTER NAME*] may release billing information to appropriate third-party payers (e.g., insurance companies, County) to collect payment. I understand that my insurance carrier may pay less than the actual bill, and agree to be responsible for the cost of all services not covered. I understand that [*HEALTH CENTER NAME*] reserves the right to bill me for 100% of charges if I fail to prove my eligibility for an assistance program. I understand that my treatment may be performed by a student/resident and I have the right to request not to be seen by a student/resident.

[***HEALTH CENTER NAME***] will refuse to treat persons under the influence of drugs and alcohol. Members must call within 48 hours to reschedule appointments. If a member fails to keep a scheduled appointment three times, all of their future appointments will be cancelled and they will only be seen on an emergency basis.

The information on this form is correct to the best of my knowledge.

I hereby agree to abide by [*HEALTH CENTER NAME*] policy, and I understand the terms explained on this form.

_____ _____

Member/Parent/Guardian/Responsible Party Date

APPENDIX H6

Sample Registration Form (Spanish)

FORMA DE REGISTRACIÓN

INFORMACIÓN DEL PACIENTE			
Apellido Completo (Jr., Sr., III)	Primer Nombre:		Segundo Nombre:
Domicilio:	Ciudad:	Estado:	Código Postal:
Número del Seguro Social:	Fecha de Nacimiento:	Genero al nacer: ❒ Hombre ❒ Mujer	Apellido de mama:

¿Idioma Preferido?	¿Es estudiante?	¿Está sin hogar?
¿Barrera del idioma? ❒ Sí ❒ No ¿Discapacidad auditiva? ❒ Sí ❒ No	❒ No ❒ Sí - Sí los es: ❒ Tiempo Completo ❒ Medio Tiempo	❒ No ❒ Sí - Sí lo es: (marque uno) ❒ Refugio ❒ Calle ❒ SRO ❒ Viviendo con un familiar/amigo/amiga ❒ Programa de transición Nombre del programa:_____

Preferencia para ser contactado (marque solamente uno)		
❒ Teléfono de casa Se puede dejar mensaje confidencial ❒ Sí ❒ No	❒ Teléfono celular Se puede dejar mensaje confidencial ❒ Sí ❒ No	❒ No llame

Teléfono de casa:	Teléfono celular:	Teléfono Alternativo: Tipo:
		Confidential Msg OK? ❒ Sí ❒ No

Correo electrónico:
¿Es este un correo electrónico personal, donde puede recibir información de salud privado? ❒ Sí ❒ No

Identificación de género del paciente:	Orientación sexual del paciente:	Pronombres del paciente:
❒ Mujer ❒ Hombre ❒ Trans (de hombre a mujer) ❒ Trans (de mujer a hombre) ❒ No binario/género variante ❒ Se rehusa a responder ❒ Otro:	❒ Heterosexual ❒ Bisexual ❒ Gay ❒ Lesbiana ❒ Pansexual ❒ No sabe ❒ No binario/queer ❒ Se rehusa a responder ❒ Otro:	❒ Ella/Suya ❒ Él/Suyo ❒ Ellos/Suyos ❒ ze/hir/hirs ❒ El nombre del paciente ❒ Desconocido ❒ Se rehusa a responder ❒ Otro:

Etnicidad:	Self-Identified Race:	
❒ Hispano/Latino ❒ No-Hispano/Latino ❒ Desconocida	❒ Americano u originario de Alaska ❒ Asiático ❒ Negro o Afro Américano ❒ Latino o Hispano	❒ Oriente Medio o No Africano ❒ Originario de Hawái u otras Islas del Pacifico ❒ Más de una raza ❒ Densconocida/Otra Raza: _____

INFORMACION DE SEGURO MEDICO DEL PACIENTE
¿Tiene usted **MEDI-CAL**? ❒ No ❒ Sí - Sí lo es: ¿Cual es el Número? _____ (example: 123456789F)

Nombre del Seguro médico:	Numero de Grupo/Póliza:	Teléfono del Seguro Médico:	
Nombre de Persona principal de la póliza:	Fecha de Nacimiento:	Número del Social:	Relación con el Paciente:
PERSONA RESPONSABLE (marque uno) ❒ **Usted mismo** ❒ **Padres** ❒ **Tutor**			
Nombre Completo-Nombre y Apellido:	Fecha de Nacimiento:	Número del Social:	Relación con el Paciente:
Dirección de la Persona Responsable		Ciudad:	Estado/Código Postal:
Fuente de Ingreso:	Número de Miembros en la Familia:	Ingreso Mensual:	Teléfono:
Nombre de Empleador y Dirección:	Ciudad:	Estado/Código Postal:	Teléfono del Empleador:
CONTACTO DE EMERGENCIA O SEGUNDO PADRE			
Nombre, Dirección, Ciudad, Código postal:	Relación con el Paciente:	Fecha de Nacimiento:	Número de teléfono:
¿Está bien que la clínica envie correo con respecto a su atención médica a la dirección de contacto de emergencia en un intento de comunicarse con usted? ❒ No ❒ Sí			

[*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] sigue las reglas y regulaciones establecidas por los Servicios de Salud Indígena (IHS) y el Estado de California. ***Los pacientes son financieramente responsable de todos los servicios médicos y dentales brindados en [NOMBRE DEL CENTRO DE SALUD ESCOLAR], Ya que [NOMBRE DEL CENTRO DE SALUD ESCOLAR] no es una clínica gratuita. Los servicios de consejería son gratuitos en el Community Wellness Department.***

Yo Solicito a [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] que me brinde a mí y / o mi familia con servicios de cuidado médicos. Estoy de acuerdo en pagar por tratam ientos y servicios ofrecidos por ello. [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] puede dar a conocer información de cobros a terceras partes apropiadas (por ejemplo, compañías de seguro Médicos,
El Condado de Alameda) para obtener pagos Yo Entiendo que mi proveedor de seguros puede pagar menos que el monto actual del cobro , y estoy de acuerdo en ser responsable de los servicios no cubierto por mi seguro.
Yo Entiendo que [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] se reserva el derecho de cobrarme por 100% de los cobros. Si fallo en proveer pruebas de mi elegibilidad para el programa de asistencia financiera.
Yo Entiendo que mi tratamiento puede ser realizado por un estudiante / residente y tengo el derecho a solicitar no ser visto por un estudiante / residente.

[*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] rechazara dar tratamiento a personas bajo la influencia de drogas o alcohol. Los pacientes Deben llamar con un plazo de 48 horas de anticipación para reprogramar su cita médica. Si el paciente no se presenta a su cita tres veces consecutivas, todas sus citas médicas futuras serán, canceladas y solo será visto en caso de emergencia. Yo estoy de acuerdo que La información en Este formulario es correcta. **Yo estoy de acuerdo en cumplir las políticas [*NOMBRE DEL CENTRO DE SALUD ESCOLAR*], y entiendo los términos explicados en Este formulario.**

_____ _____

Paciente/Padres/Tutores Parte responsble Fecha

Sample Release of Health Information (English and Spanish)

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF PATIENT HEALTH INFORMATION

Patient Name:_____ Phone: _____

MR#: _____ DOB: _____ Sex: ❒ Male ❒ Female

I hereby authorize the release / exchange of patient health information for the above patient.

DISCLOSING PARTY	RECIPIENT
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

[*HEALTH CENTER NAME*] will not condition treatment, payment, enrollment, or eligibility for benefits for providing this authorization.

Duration: This authorization shall become effective immediately and remain in effect:

❒ For one year from the date of signature or until specified date: _____.

Revocation: You and your representative can revoke this authorization upon written request. If you revoke, it will not affect information disclosed prior to the receipt of the written request.

Re-disclosure: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

SPECIFY RECORDS: Check the box and sign/date to specify which type of information is to be disclosed.

❒ MEDICAL INFORMATION Signature:_____ Date: _____

❒ MENTAL HEALTH RECORDS Signature:_____ Date: _____

❒ DRUG/ALCOHOL Signature:_____ Date: _____

❒ HIV TEST RESULTS/INFORMATION Signature:_____ Date: _____

❒ DENTAL/OPTICAL Signature:_____ Date: _____

❒ OTHER (specify the records to be disclosed):

_____ Signature:_____ Date: _____

The recipient may use the health information for purposes of medical evaluation, treatment, coordination of care, payment, and health care operations as permitted by law.

_____	_____	_____
Date	Client/Patient/Legal Representative Signature	Relationship

Copy will be provided upon request.

AUTORIZACIÓN PARA USAR Y/O DIVULGAR LA INFORMACIÓN PROTEGIDA DE LA SALUD DEL PACIENTE

Patient Name:_____ Phone: _____

MR#: _____ DOB: _____ Sex: ❒ Male ❒ Female

Por la presente, autorizo la divulgación o intercambio de la información protegida de la salud del paciente mencionado arriba.

DIVULGADOR	**DESTINATARIO**
Nombre: _____	Nombre: _____
Dirección: _____ _____	Dirección: _____ _____
Teléfono: _____	Teléfono: _____
Fax: _____	Fax: _____

[*NOMBRE DEL CENTRO DE SALUD ESCOLAR*] no condicionará el tratamiento, pago o inscripción en un plan de salud o la elegibilidad para recibir beneficios de cuidado de salud con base en mi decisión de firmar o no la autorización

Duración: Esta autorización entra en vigencia inmediatamente y permanecerá en efecto:

❒ Por un año después de la fecha de la firma de esta autorización o hasta la fecha aquí indicada:_____.

Revocación: Usted y su representante legal pueden revocar esta autorización por medio de una solicitud por escrito. El revocar esta autorización no afectará la información divulgada antes del recibo de dicha solicitud.

Re-divulgación: Comprendo que el destinatario no podrá legalmente usar o divulgar de nuevo la información protegida de la salud del paciente a menos que yo firme una nueva autorización o que dicha divulgación o uso sean específicamente requeridos por la ley.

ESPECIFIQUE LOS EXPEDIENTES: Marque la casilla y ponga su firma y la fecha para indicar cuál información podrá ser divulgada.

❒ INFORMACIÓN MÉDICA Firma:_____ Fecha: _____

❒ EXPEDIENTES SOBRE LA SALUD MENTAL Firma:_____ Fecha: _____

❒ EXPEDIENTES SOBRE EL CONSUMO DE ALCOHOL/DROGA Firma:_____ Fecha: _____

❒ RESULTADOS/ INFORMACIÓN SOBRE LA PRUEBA DEL VIH Firma:_____ Fecha: _____

❒ EXPEDIENTES ODONTOLÓGICOS/ DE SALUD ÓPTICA Firma:_____ Fecha: _____

❒ OTROS EXPEDIENTES (especifique los expedientes que pueden ser divulgados):

_____ Firma:_____ Fecha: _____

El destinatario podrá usar la información protegida de la salud del paciente para fines de evaluación médica, tratamiento, coordinación de servicios, pago y operaciones del cuidado de la salud de la manera como se permitan por la ley.

_____ _____ _____

Fecha FIRMA del Cliente/Paciente/Representante Legal Relación con el paciente

Se proporcionará una copia de ser solicitada.

3 SAMPLE SBHC FACILITIES

Typical Space Requirements

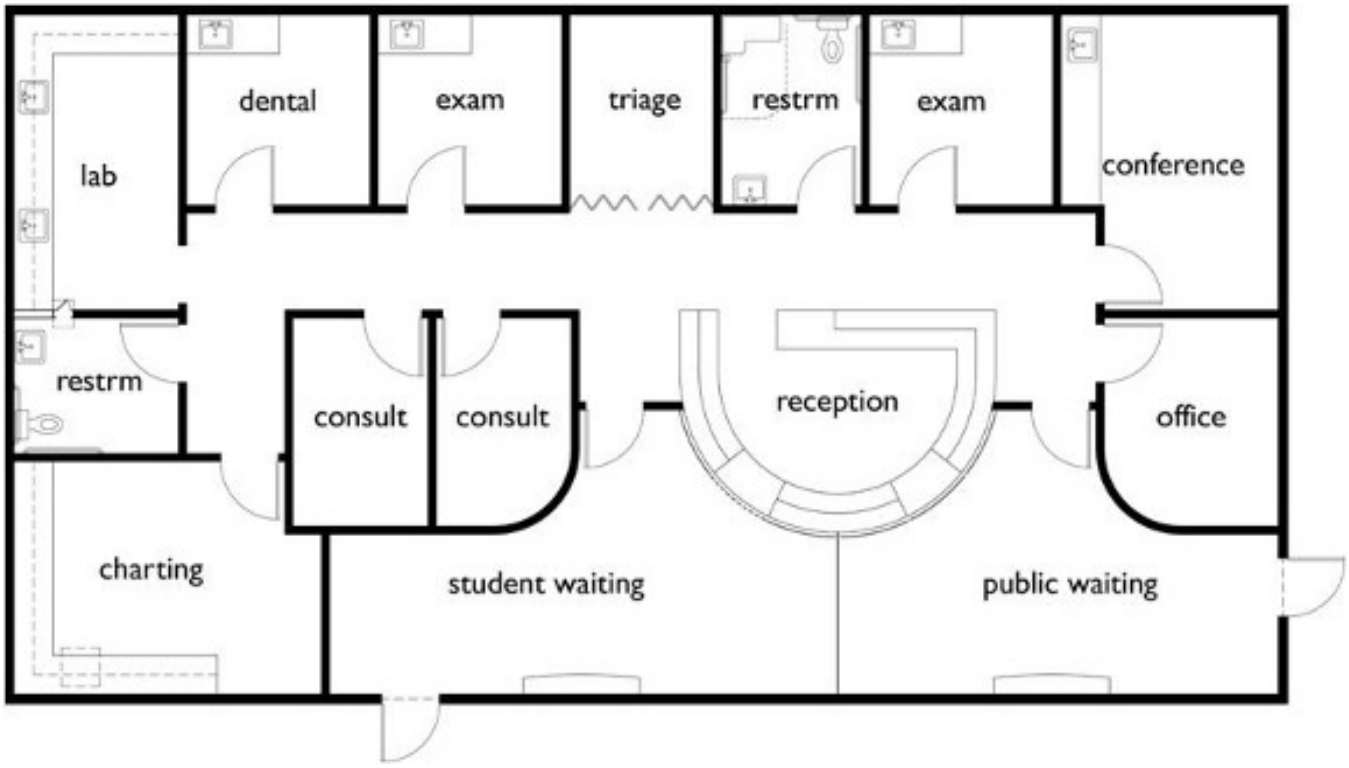
Program/Service/Function	Estimated Square Footage
Waiting/reception area	75 – 200
Office(s)/provider area – each	60 – 120
Sick/resting area (for student cots)	100 – 200
Examination/counseling room(s) - each	80 – 100
Bathroom	50 – 120
Laboratory	80 – 150
General storage	50 – 100
Conference/meeting space/break room	120 – 200

Considerations for Layout

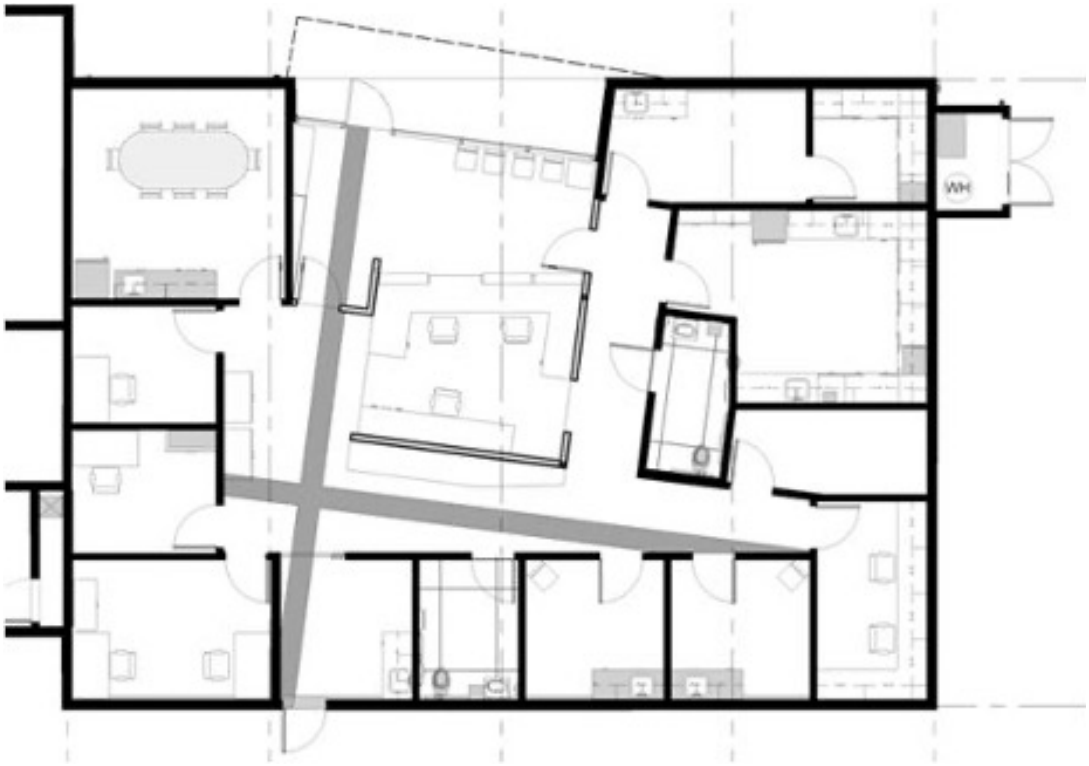
- Program Requirements
- Population(s) Served
- Versatility/Function
- Space Limitations
- Regulations (e.g. ADA, OSHPD 3)

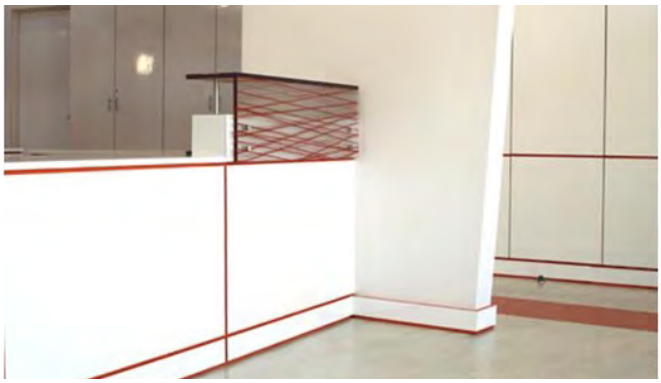
Credit to:
Mara Larsen-Fleming, MPP, MPH, SBHC Program Manager, OUSD
David Byrens, AIA, Principal, Byrens Kim Design Works
Dong Kim, AIA, LEED AP, Principal, Byrens Kim Design Works

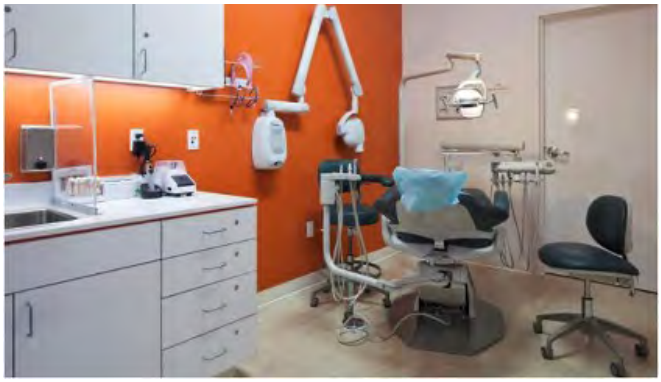
Madison Middle School



Havenscourt Middle/High School Campus

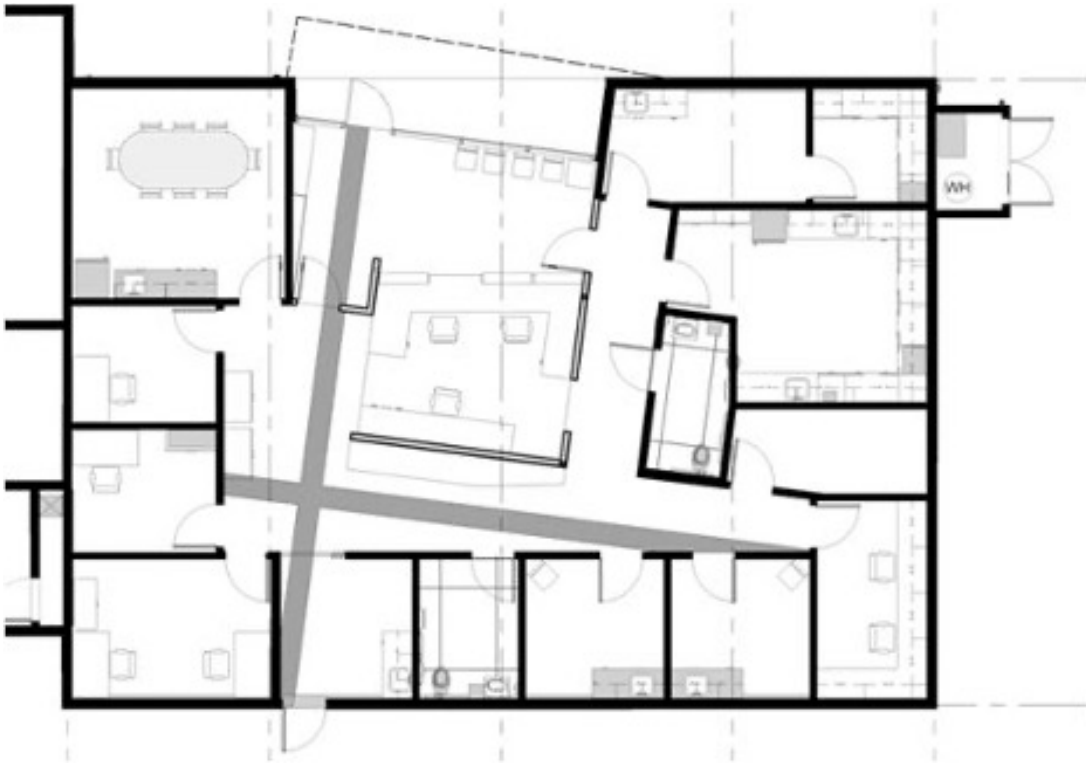




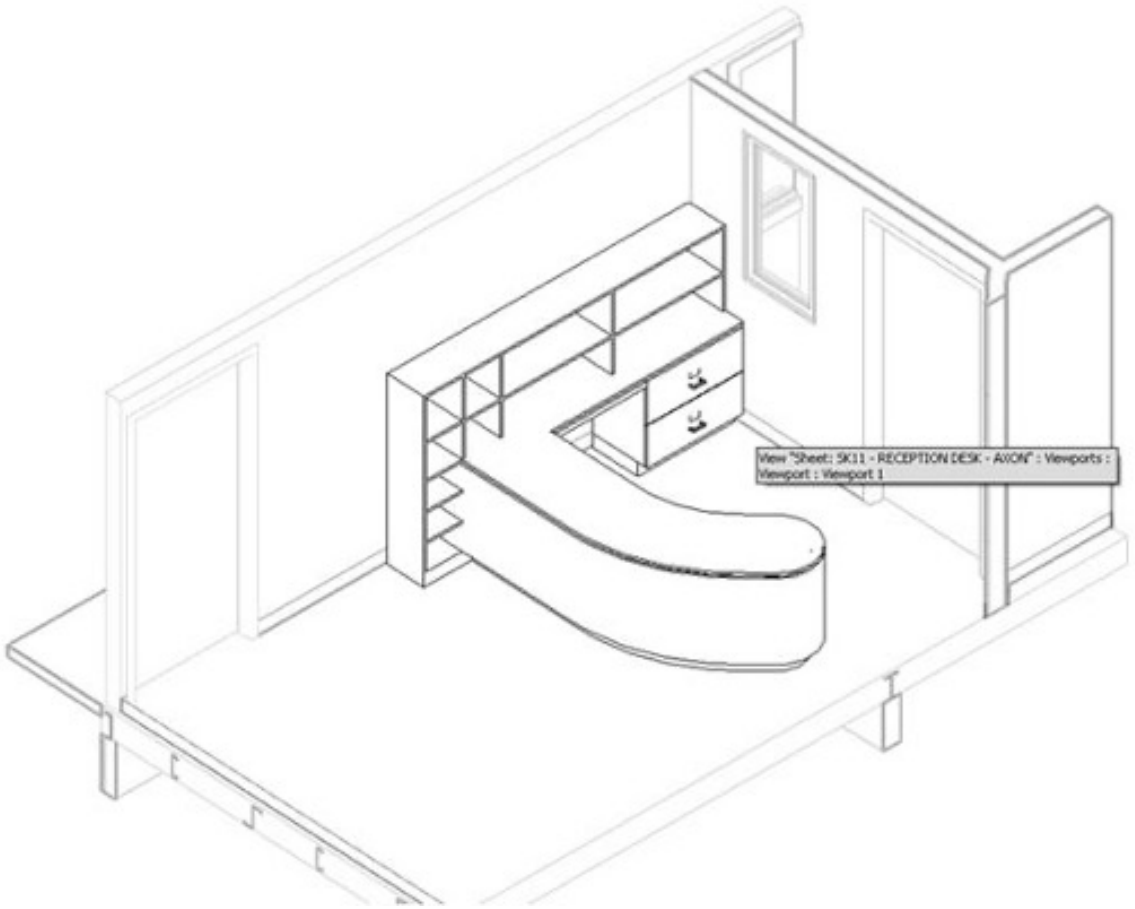


Havenscourt Middle/High School Campus (Continue)

Skyline High School



Skyline High School (Continue)



Key Steps

- Design Phase: Balance ideal layout with ensuring design meets minimal requirements (6 months)
  - Fire code
  - Division of State Architect Pre Application
  - ADA
  - OSHPD 3 (outpatient health facilities)
- Submit drawings for approval by Division of the State Architect (DSA) – Permitting Agency (3-6 months)
- Construction (6-9 months depending on scope)
- Fire Clearance/Licensing (1-2 months)
  - Schedule visit with Fire Department
  - Resolve issues identified in safety report
  - Add satellite site to project scope with HRSA (longer for independent license)

Cost (Outdated Estimates)

- Cost per square foot (Construction Cost) – $350/SF to $450/SF
  - San Francisco Bay Area Cost Index
- Project Construction Cost:
  - Madison Health Center: $950,000
  - Havenscourt Health Center: $840,000
  - Skyline Health Clinic: $386,000
- Average budget = $0.75 – $1.5 Million
  - Includes Hard Cost (i.e. construction) and Soft Cost (e.g. permit, design, management, etc.)
- Considerations for Cost Impact

Collaborative Process – Roles and Responsibilities

- Facilities Department – Project Manager
- SBHC Program Manager
- Architect
- Contractor
- Lead Partner Agency
- Site/School Administrator
- Community

Lessons Learned (Process)

- Include lead partner agency in design process as early as possible: Clinic Manager, Medical, Facilities, IT Directors, etc.
    - Needs to meet licensing requirements
    - Needs to account for staff needs/flow of services/privacy & confidentiality
    - Change orders are costly
- Consider needs of others that will live in space (e.g. School Nurse & Mental Health Clinicians)
- Including broader community builds buy-in and relationships, but takes additional time (structured process is key!)
- Get in touch with Fire Department early in order to identify potential issues

Lessons Learned (Process)

- Consider separate community entrance
- Consider confidentiality needs at different school-levels.
    - Will teens as well as younger children with parents need to use services?
    - Consider co-locating with other youth development services to reduce stigma (have defined area for confidential services)
- Dental operatories are expensive & have another layer of regulation
    - 2 dental chairs for efficiency

Anticipate facilities needs associated with EHR implementation

- Budget up front for security, furniture and equipment
- Make sure to include licensing requirements: clean and dirty sinks in lab, eye wash station in lab, sinks in exam rooms, etc.
- Do sweat the small stuff: Sound-proofing, sink in triage room, ventilation, lighting, pass through from bathroom to lab, no carpeting.

DSA BU 16-02

BULLETIN: REVIEW AND APPROVAL OF CONSTRUCTION OF SCHOOL-BASED HEALTH CENTERS ON PUBLIC SCHOOL CAMPUSES: 2016 CALIFORNIA ADMINISTRATIVE CODE

PURPOSE: To provide an overview of Division of the State Architect (DSA) approval requirements for construction and alteration of buildings on public school campuses for use as school-based health centers (SBHCs).

BACKGROUND: With an increase in community interest and federal funding for SBHCs, many districts are providing healthcare facilities on their school campuses. SBHC services are available to students and, in some cases, to members of the public. The services may include medical care, mental health / behavioral health services, and dental care. The most common types of organizations that operate SBHCs are:

- Federally qualified health centers
- School districts
- County health departments
- Hospitals

1. Overview of Facilities Requirements for SBHCs

DSA has jurisdiction over public school construction projects (kindergarten through 12th grade and community colleges), reviews and approves project plans for compliance with Title 24 building standards (California Code of Regulations), and provides construction oversight. Most SBHC facilities projects are under the jurisdiction of DSA because they are located on public school campuses. When a proposed SBHC facility is to be housed within a new building (to be built) or housed within an existing building (to be altered) on a public school campus, the school district owner is responsible for obtaining DSA approval of the design and construction work, in accordance with Section 3 of this Bulletin.

In addition, many SBHC facilities projects may require review by the California Department of Public Health (CDPH) and compliance with Title 24 OSHPD-3 requirements, as outlined in Section 4 of this Bulletin.

In all cases, the school district and the non-school district entities that are involved in the project should work in close partnership with each other, with DSA and any relevant state and local government entities, to ensure that the facility meets all relevant requirements.

2. General Requirements for School Buildings:

DSA oversees construction projects on California public school campuses by providing plan review and approval, and construction oversight of projects, in response to applications from California school districts.

DSA's oversight for structural safety of school facilities is governed by the provisions of the Field Act contained in the California Education Code, Sections 17280, et. seq. In summary, the Field Act imposes the following requirements on California schools aimed at ensuring structural safety of school buildings:

- Licensed design professionals must prepare drawings and specifications (construction documents) for proposed construction work.
- Construction documents have to be verified by DSA for compliance with applicable building codes.
- A project owner (school district) must hire a DSA-certified project inspector to oversee construction and a testing laboratory accepted by DSA to perform necessary tests and special inspections. The inspector must be approved by the project design professional(s) and DSA.
- Changes to approved construction documents for DSA-regulated portions of the project shall be approved by DSA prior to commencement of work.

- At the conclusion of construction, the design professionals, the inspector and the contractor shall file verified reports with DSA indicating that the work has been performed in compliance with the DSA-approved construction documents.

3. Types of Projects Requiring DSA Review:

Typically, the following types of projects require DSA review and approval for compliance with Title 24 (California Building Standards):

- New construction of school buildings and structures.
- Alterations to school buildings.
- Installation of new and relocation of existing relocatable school buildings.
- Rehabilitation, defined as retrofitting of an existing nonconforming building (or a school building conforming to earlier code requirements) to bring the building, or portion thereof, into conformance with current safety standards.

Any time the SBHC facilities are to be housed within an existing school building, or will be housed within a stand-alone building located on a school campus, DSA review and approval must be obtained, unless the project meets the provisions of DSA Interpretation of Regulations (IR), as described below.

There are two types of exemptions that may be applicable to SBHC facilities:

1. Alteration projects with estimated construction cost below a specified amount may be exempt from DSA review when certain requirements are met. For detailed information regarding this type of exemption, refer to Section 1.1, IR A-10: Alteration and Reconstruction Projects – Exemption from DSA Approval.
2. In the event that the SBHC facilities will be housed in a stand-alone relocatable building on an existing school campus, and the district elects to utilize the provisions of Education Code section 17296, the building construction may be exempted from being reviewed and approved by DSA (a relocatable building has an integral floor structure which is capable of being readily moved; a relocatable typically consists of two or more factory-built modules). In this case, the governing board of the school district must make a resolution to utilize Education Code section 17296, and shall ensure that the construction of the SBHC facility proceeds with all applicable approvals, including approvals by the building department of the appropriate local jurisdiction.

   Additionally, the provisions of Section 4-310, Part 1, California Administrative Code shall be met. SBHC buildings not approved by DSA shall not be used by students and teachers for school purposes, including housing the school nurse and his/her office for treatment of students and teachers. The buildings shall be fenced (without gates) from the school campus a minimum distance equal to the height of the structure. The school board shall pass a resolution stating the building will not be used for school purposes by students and teachers. The building shall be posted with a sign pursuant to Education Code section 17368.

   If and when the SBHC function of the facility is discontinued, the school board must remove the relocatable building from the campus or rehabilitate it for school use in accordance with Section 4-307, Part 1, California Administrative Code.

4. Supplemental Title 24 Requirements:

Community clinics, which provide healthcare services at many SBHCs, are licensed by CDPH, and their facilities require an architect or local building department's confirmation of compliance with the Title 24 (California Building Code) for OSHPD-3 facilities. OSHPD-3 requirements for clinics are applied to facilities that are licensed pursuant to Health and Safety Code section 1200 (which includes primary care clinics and specialty clinics) or Health and Safety Code section 1250 (which includes outpatient services of a hospital).

DSA BULLETIN BU 16-02

REVIEW AND APPROVAL OF CONSTRUCTION OF SCHOOL-BASED HEALTH CENTERS ON PUBLIC SCHOOL CAMPUSES: 2016 CALIFORNIA ADMINISTRATIVE CODE

Compliance with Title 24 standards for clinics is the responsibility of the SBHC operator and its design professional(s). DSA review does not include verification of compliance with Title 24 standards for clinics (OSHPD-3).

5. Resources

For more information regarding SBHCs, visit the California School Health Centers Association at www.schoolhealthcenters.org, or contact by phone at (510) 268-1260.

For a detailed description of DSA review and approval process, visit the DSA website www.dgs.ca.gov/dsa. For questions related to the plan review and construction oversight, contact the DSA Regional Office with jurisdiction over the county in which the school district is located (see DSA Regions Map).

If a licensed community health clinic will provide services at the SBHC, it should review the CDPH requirements, including OSHPD-3 compliance, which are in addition to DSA requirements. This information is available at:

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx

https://hcai.ca.gov/wp-content/uploads/2020/10/2019_1226.6-Primary-Care-Clinic_Checklist_123121-1.pdf

APPENDIX L

Sample Patient Satisfaction Surveys

Sample Evaluation/Patient Satisfaction Surveys

Parent Satisfaction Survey

Dear Parent/Guardian, Date_____

The _____ School Health Center is conducting an evaluation of our services to your son or daughter. We are interested in your opinions about our services.

Your participation in this survey is voluntary. All your answers will remain private and no one other than the administration of the health center will see your survey.

Thank you for your participation. We appreciate you sharing your thoughts about your child's health care.

If your child has been to the Wellness Center, please answer the following questions.	
1. What services did your child receive at the Center? (Check all that apply)	
❒ Illness (flu, cold, stomach ache or something more serious)	❒ Counseling for personal or emotional problems.
❒ Chronic health problem (asthma, depression, headaches)	❒ Yearly physical or sports physical
❒ Vision or hearing exam	❒ Treatment of injury or acciden
❒ Dental exam	❒ Pregnancy test
❒ Acne or skin problem	❒ Services for pregnant teens
❒ Nutrition counseling	❒ Information for parents about your child or health care in general
❒ Drug/alcohol prevention	❒ 0ther, please tell us_____
❒ Counseling for substance abuse (tobacco, alcohol, drugs)	
2. How much do you think your student was helped by the Center? ❒ A great deal ❒ Somewhat ❒ Very little ❒ Not at all ❒ Don't know	
3. Did you feel that the staff was courteous to you? ❒ Yes ❒ No ❒ Don't know, I never met the staff	
4. Did the staff at the Center explain your child's medicine or treatment clearly? ❒ Yes ❒ No ❒ My child did not receive medicine or treatment	
5. Did the staff at the Center refer you to other services not provided by the Wellness Center? ❒ Yes ❒ No ❒ Don't know	

6. How would you rate the following aspects of the Center?	Excellent	Good	Fair	Poor	Don't know
Communication with parents	❒	❒	❒	❒	❒
Appearance of the clinic	❒	❒	❒	❒	❒
Convenience of the location	❒	❒	❒	❒	❒
Hours that it is open	❒	❒	❒	❒	❒

Quality of medical care received	❒	❒	❒	❒	❒
6. Do you agree or disagree with the following?			Agree	No opinion	Disagree
a. The Center encourages students to be more responsible for their health.			❒	❒	❒
b. Students miss less school because of the Center.			❒	❒	❒
c. The care at the Center is confidential (private).			❒	❒	❒
d. The Center has saved you a trip to the doctor, the school or the hospital.			❒	❒	❒
e. The Center is a valuable service to the school community.			❒	❒	❒
7. Are there any services that you would like the Center to provide? ❒ No ❒ Don't know ❒ Yes If yes, please describe _____					
THANK YOU					

Student Satisfaction Questionnaire (High School)

Grade level_____ ❒ Male ❒ Female ❒ Other Date_____

Is this your first visit to the health center this year? ❒ YES ❒ NO

If no, how many times have you visited the health center? ❒ 0-1 ❒ 2-5 ❒ >5

It is very important to us to know how you feel about the services you received today. Your answers to the following questions help us know how we are doing and how to improve our services.

During my visit.....

1. The clinic staff was courteous and friendly to me. ❒ Yes ❒ No ❒ Don't Know

Comments_____

2. The health care provider answered all of my questions. ❒ Yes ❒ No ❒ Don't Know

Comments_____

3. My privacy was respected. ❒ Yes ❒ No ❒ Don't Know

Comments_____

4. I waited too long to be seen by the health care provider. ❒ Yes ❒ No ❒ Don't Know

Comments_____

5. Did you receive medication or a prescription? ❒ Yes ❒ No ❒ Don't Know

If yes please answer #6.

6. The health care provider explained to me why I needed the medicine and how to take it, using words I understood. ❒Yes ❒No ❒Don't Know

Comments_____

7. Would you recommend the health center to your friends? ❒Yes ❒No ❒Don't Know

Comments_____

8. Could you have gone somewhere else in your community to receive the same type of service provided here at the school health center? ❒Yes ❒No ❒Don't Know

9. Why do you like to come to the health center at your school? (Check all that apply)

❒I like its location ❒I don't have insurance ❒I don't want people to know about my medical care

❒Its free (no cost to me) ❒I trust the staff ❒ Other _____

10. What other information or services would you like available in the health center?

_____

Thank you for completing the questionnaire.

Student Satisfaction Questionnaire (Middle School)

Grade level_____ ❒ Male ❒ Female ❒ Other Date_____

Is this your first visit to the health center this year? ❒ YES ❒ NO

If no, how many times have you visited the health center? ❒ 0-1 ❒ 2-5 ❒ >5

It is very important to us to know how you feel about the services you received today. Your answers to the following questions help us know how we are doing and how to improve our services.

During my visit.....

1. I waited too long to be seen by the health care provider. ❒ Yes ❒ No ❒ Don't Know

Comments_____

2. The health center staff was friendly to me. ❒ Yes ❒ No ❒ Don't Know

Comments_____

3. The health care provider answered all of my questions. ❒ Yes ❒ No ❒ Don't Know

Comments_____

4. My privacy was respected. ❒ Yes ❒ No ❒ Don't Know

Comments_____

5. I received the services I wanted today. ❒ Yes ❒ No ❒ Don't Know

Comments_____

6. Would you recommend the health center to your friends? ❒ Yes ❒ No ❒ Don't Know

Comments_____

7. Were you satisfied with the health center? ❒ Yes ❒ No ❒ Don't Know

Comments_____

8. Please tell us about any improvements you would like to see, or things you do not like.

_____

_____

Thanks.....You're Awesome!!

Sample School Staff/Teacher Survey

Date_____

We are evaluating our role at your school in providing health care services to the students. We are very aware of your commitment to the students and how hard you work at your school and are concerned about your perception regarding the availability of our services, which include the physical health and mental health of the students. We want to communicate more effectively with you, so that services are not duplicated and we can better serve the students.

Please take a moment to fill out this questionnaire and return it to the health clinic or put it in the school nurse's mailbox.

1. Have you ever referred a student to the School Health Center?

Yes No Didn't know about service

Comments: _____
_____

2. If yes, did you receive any feedback stating the student was seen?

Yes No

Comments: _____
_____

3. Do you know that providers are available to discuss issues regarding students with you?

Yes No

Comments: _____
_____

4. Would you like the school health center staff to do a presentation in your class next year?

Yes No

If yes, name of teacher_____ Extension_____

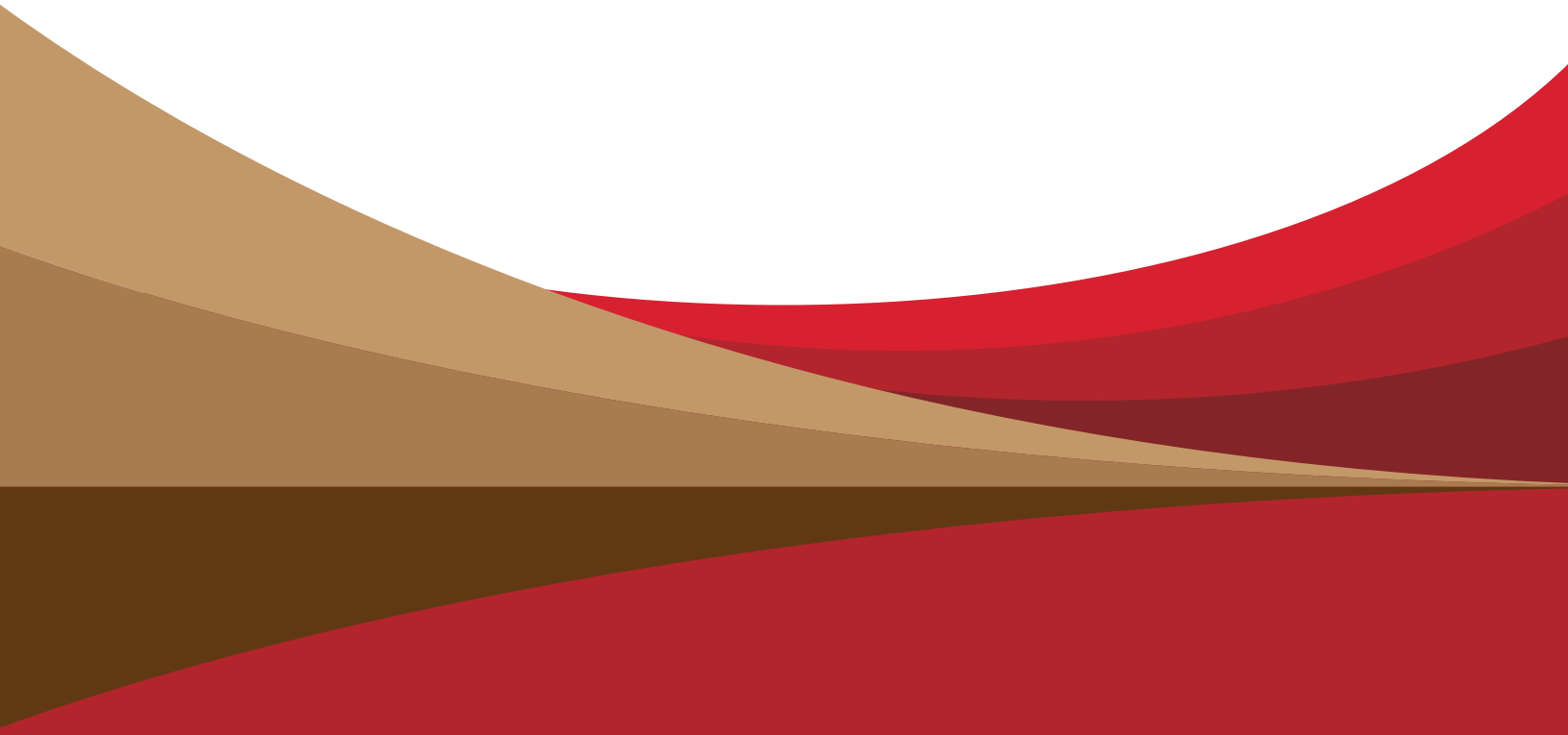
5. Do you know the difference between the School Nurse and the School Health Center?

Comments: _____
_____

6. Do you have additional suggestions for us?

Comments: _____
_____

Thank you!



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