SBHCs
(School-Based Health Centers)
101
The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

Learn more: schoolhealthcenters.org
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- Tools & resources
- Technical assistance

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WORKSHOP OBJECTIVES

Provide attendees with tools to:

• Build collaborations between school districts, health providers and other community agencies
• Launch the first steps in SBHC planning process
• Use best practices in SBHC-school integration
INTRODUCTIONS

In the chat, please tell us

• Name
• Agency
• What are you hoping to learn today?
Today

• Overview of existing SBHCs
• Money, money, money
• Planning process/needs assessment
• Stakeholders/partnerships
• Best Practices

Best Practices in Action - NAHC
WHAT IS A SCHOOL-BASED HEALTH CENTER?

• Delivers primary medical care PLUS

• Located on or near a school campus

• Serves students and sometimes siblings, family members, and the community

• Promotes school-wide health
291 SCHOOL-BASED HEALTH CENTERS AND GROWING

SBHCs per county:
- 1-4
- 5-10
- 11-19
- 20-75

Alameda=30
Contra Costa=15
Del Norte=1
Fresno=13
Humboldt=3
Inyo=1
Kern=3
Lake=1
Los Angeles=75
Madera=2
Marin=2
Merced=1
Monterey=2
Napa=4
Orange=9
Riverside=7
Sacramento=2
San Bernardino=7
San Diego=16
San Francisco=20
San Joaquin=6
San Luis Obispo=2
San Mateo=2
Santa Barbara=1
Santa Clara=15
Santa Cruz=7
Shasta=1
Solano=3
Sonoma=4
Stanislaus=4
Tulare=6
Ventura=2
Yolo=1
WHAT SERVICES ARE PROVIDED?

- Medical: 85%
- Mental Health: 70%
- Dental Prevention: 65%
- Reproductive Health: 60%
- Youth Engagement: 51%
- Dental Treatment: 35%
WHO IS SERVED?

83% of SBHCs serve broader community

17% of SBHCs serve students only

School Levels Served:
- High School: 47%
- Elementary School: 26%
- Mobile/School-linked: 16%
- Middle School: 11%
WHO RUNS SCHOOL-BASED HEALTH CENTERS?

- Community Health Centers: 55%
- School Districts: 29%
- Other (e.g., Hospital, Health Dept.): 16%
How SBHCs Are Financed

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

School-based health centers *usually* serve all students at a school even if they are:

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

*And do not charge students or families of students*

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

A significant portion of staff time is spent conducting education, outreach, and case management that is not generally reimbursable.
HOW ARE FACILITIES FINANCED?

Facilities
While some facilities require substantial capital investment, others are much more affordable. Services are housed in a variety of spaces, including:

- Converted classrooms
- On-site portables
- Buildings near the school
- Mobile vans

There are various federal, state and local funding options for SBHC facilities including:

- School modernization or construction grants
- Local bond measures with school construction project allocations
- Facilities grants to clinics and hospitals
- Joint-use agreements between cities and districts
KEY STEPS IN PLANNING

• Create integrated planning process (with youth & family input)

• Discuss why SBHC is needed (Conduct Needs Assessment, gather data)

• Determine Best Model
KEY QUESTIONS

- Who will the SBHC serve
- Services & Staffing Model
- Facilities
- Funding Plan
- Coordination between agencies
Needs Assessment: Existing data sources

CHKS survey

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

County public health indicators

Attendance, dropout rates & School Discipline rates
SBHCS THRIVE ON PARTNERSHIPS

• The best SBHCs are a result of a strong link between the school district and clinic provider. Other beneficial partners can include:
  • Community-based organizations
  • Municipalities
  • County public health departments
  • Mental health providers
• SBHCs work best when well integrated into the school environment
The following graphic describes some of the relationships that may exist between the school and the SBHC:

** These staff members (in grey) are employed by the school district and are critical to integration of services between the school and SBHC.
SCHOOL NURSE

Role:
• Care Coordinator
• Triage
• Liaison
• Champion
• Staff Educator

It is very helpful if the school nurse is part of your planning process from the beginning
**Best Practices in Coordination**

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

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

**Plus Tb tests for teachers/staff**
Consent & Confidentiality

HIPAA / FERPA

Clinic / SBHC Policies
WHAT MAKES SCHOOL-BASED HEALTH CENTERS EFFECTIVE?

Enhanced access to health care

Support for school’s mission to improve academic achievement

Stronger prevention & population health

Integration into the health care system

Intensive support for the highest need students
MORE THAN HEALTH CARE – ITS PUBLIC HEALTH

SBHCs can sometimes see 90%+ of the student body
Ongoing & Mass Screening for medical home, insurance, vaccines, legal needs, etc.
Campaigns of STI testing of student body
Holiday Food, Clothing & School Supply Giveaways
Health Fairs & Wellness Campaigns
Staff Wellness Activities
PBIS & COST Support
School-wide Surveys
PD For Staff & Teachers
Youth Leadership
Youth Engagement Models

- Peer Health Educators
- Youth Advocacy Projects
- Research Teams (CBPR)
- Youth Advisory Boards/Teams
- Health Career Pipeline Projects
SBHCs and COVID

Opportunities:
- Pivoting to telehealth
- Virtual Youth Engagement
- COVID testing & vaccinations
- School/Family Resource Hub
- Greater awareness

Challenges:
- Limitations of telehealth
- Increased need & trauma
- Financial burdens
PARTNER WITH CSHA

• Tour a school-based health center

• Learn about potential partnerships

• Get help in selecting a school-based health model that best fits your needs

• Receive guidance on creating a school-based health center project planning committee

• Access our start-up toolkit and other helpful resources
School-Based Health Centers: Creating Strong Integrated Health Services

- Atziri Rodriguez, MPH- Director of School-Based Health Care
- Jennifer Bryson-Alderman, FNP- Lead NP Clinician
- Terezia Orosz, LCSW- Behavioral Health Clinician
- Tahnee Camacho- Program Manager
“The Native American Health Center is a mission driven community health center with a long history of providing integrated health care. Wellness and holistic care are used as a foundation to serve all people.”
Agenda

- Overview of NAHC SBHC Model
- Integrated Health and Wellness Framework
- Integrated Care Highlights
  - Medical
  - Dental
  - Behavioral Health
- Supporting Integrated Care within your SBHC
- Best Practices & Lessons Learned
Our SBHCs

- 8 School-Based Health Centers across three school districts
- All sites offer medical, behavioral health, health education and youth development services
- 6 out of the 8 sites also include on-site dental services
- Primarily serve middle and high school students, however some sites are accessible to community members
Our SBHC Model

- **All sites are open Monday-Friday 8-4:30pm**
- **16-24 hours of medical services a week**
- **8-16 hours of dental services a week**
- **16 hours of dental services a week**

NATIVE AMERICAN HEALTH CENTER
Our SBHC Model
Integrated Health and Wellness Framework

- Medical
- Behavioral Health
- Dental
- Youth and Community Engagement
- Academic Partnerships
- Community Partnerships
- Social Determinants of Health
Case Study

- 15 y.o AA male- 10th grade
- Presents for care August 2019 for vaccines
  - School has identified gaps
  - Pt has no Vax records – no CAIRs
- Recent move from outside CA
  - Lives with Aunt
- Well-Child Check
  - HEADSSS
  - Screeners
    - Depression, PTSD, Food Insecurity (FI), CRAFFT + other
- Vaccine review
- ROS and PE
Medical Care

Initial Evaluation

- Too anxious for WCC at 1st visit
- Review of screeners for red flags
  - PHQ9 14 w +2 SI
  - +Food Insecurity (Fl)
- Columbia suicide assessment – low current risk
  - Hx SA in 8th grade w/ psych hosp
  - No f/u, no meds, no current psych care
- Fl: does not like his Aunt’s cooking
- **Referral to BH for urgent intake**
Return to Care: Well-Child Visit

- Successful intake with Behavioral Health provider
- Vaccine Hx. unknown
- Diagnosis
  - Well-Child Visit
  - Hypermobile patella bilat
  - MDD w/ SI
- Dental Care Needed
- Special Screen
  - FI, PHQ 9, SHA, PTSD, SBHC Teen Health History + CSEC
Medical Care

Coordinating Follow-Up Care

Medical
- Ongoing work to update vaccine records
- Lab orders for WCC and depression
- Referral to Orthopedics

Dental
- Referral to Dental
- Program staff facilitate the appointment and warm hand off to dental services off-site

Behavioral Health
- Program staff schedules BH intake
- NP/BH clinician in close consultation through live case discussions, chart sharing, and PRN results

Health Insurance
- Referred to program staff for enrollment support

NATIVE AMERICAN HEALTH CENTER
Medical Care

Patient Outcomes

Jan 2020
- SSRI start w/ gradual dose escalation

March 2020
- All services moved to telehealth

June 2020
- Patient in Crisis
  - Facilitate transfer to inpatient psych facility
  - Coordinate Care w/ on-site med and counseling staff
  - Coordinate plan for DC to ensure no gaps in care

July 2020
- Resume Telemed Services
  - Medication Management
  - Counseling

27 Medical Visits
35 BH Visits
3 Dental Visits

NATIVE AMERICAN HEALTH CENTER
BH Provider receives referrals from:

- Self-referrals
  - Students
  - Caregivers
- SBHC Site Staff Members
- Dental Provider
- Medical Provider
- School Staff
- COST

NATIVE AMERICAN HEALTH CENTER
Behavioral Health

BH Provider makes referrals to:

- Specialty Mental Health Providers (Within School)
- Medical
- Dental
- Vision Care (District Nurse)
- Higher Level of Care (Outside of School)
- Youth Groups
- COST

NATIVE AMERICAN HEALTH CENTER
Case Study

- 10 y.o Hispanic female
- Presents for Dental Exam
- Referred from dental screening event at school

Initial Evaluation

- After intra oral exam, multiple teeth with dental decay
- Treatment plan was presented
  - Dental prophylaxis and fluoride varnish application
  - Extraction for non restorable primary teeth
  - Caries Control/Fillings
  - Dental Sealants
  - 6 month recall
Dental Care

Patient Outcomes

18 Dental Visits
for treatment and preventative visits in the last 5 years

Family Dental Care
Patient along with two other siblings established on-going dental care
Supporting Integrated Care

Creating Youth Groups
Focused on health, wellness and social justice

Grant Funding
Can be integrated with school with objectives to increase resources

Outreach & Networking
Find and learn about community resources

Creativity
Build on the skills of staff
Best Practices

- Staff cross-training
- Scheduling multiple services on one day
  - Medical, Dental
  - Medical, BH
- Strong relationships with school staff and administration
- Knowledge of community resources
- Take the time to build rapport with patient and/or family
Lessons Learned

• You cannot bill for MediCal medical and BH services on the same day

• Strong internal systems and workflows are needed to support with integrating care
  • Sometimes challenging at partner sites with different agency systems

• You need to invest time for staff to work together (i.e. case consultation)

• Be aware of staff and resource limitations

• Integrated Care is a continued work in progress
Thank you!

Questions and Answers