

The first steps of establishing a new school-based health center (SBHC) can feel daunting. Below are some of the high-level activities we recommend to get started. These often occur simultaneously or in a different order.

Planning Process

1. Form a **planning committee** that includes representatives from the following groups:
 - School or school district administration and staff, including school health services staff
 - Students and families
 - Local health services providers such as Community Health Centers, County Behavioral Health providers
 - Other community champions such as elected officials and public health leaders
2. Conduct a **health gap and resource analysis**:
 - Review existing school and community health data (CA Healthy Kids Survey; Fitnessgram; attendance, discipline, and graduation rates; rates of obesity, asthma, teen pregnancy, chlamydia, and depression; Medi-Cal rates; immunization and Well Child Check rates)
 - Develop and conduct a youth health needs and assets survey. Assess:
 - What do your students need that your school/district does not currently offer?
 - How can you build on existing programs, staff expertise, and established partnerships to get more health services for your students?
3. Determine what **services** are needed, based on the gap analysis. This may include:
 - Primary care (e.g., physicals, immunizations, sick care)
 - Behavioral/Mental Health care
 - Oral health (prevention and treatment)
 - Health education
 - Youth services such as youth development/leadership programs, Health Care Career pipeline programs, services for homeless/at risk youth

Lead Agency, Structure, & Model

4. Engage potential providers to serve as the **lead agency**. The lead agency structure will greatly affect the services and financing structure of your SBHC. Options may include:
 - Community Health Center
 - School District
 - Local Hospital
 - Public Health Department

5. Determine the **best model** for your SBHC. Consider tours to local SBHCs if possible (CSHA can help!). Possibilities include:
 - School-based health center (on school grounds) – can serve just students or families and broader community (with community access)
 - Wellness center providing supportive services but no licensed medical care
 - School-linked (off school grounds)
 - Mobile van
6. Identify potential **sites and facilities**. Clinics must include sinks in exam rooms and access to a toilet. Common options include:
 - Renovated space on campus: unused classroom, shop building, gymnasium.
 - Portable
 - Stand-alone building constructed for clinic (most expensive)
7. Develop a **funding plan**. Funding will depend primarily on the type of lead agency. The most common sources are:
 - Reimbursement from health insurance payers (Medi-Cal, Health plans, Family PACT, etc.)
 - Grants: Government, foundation, and other
 - In-kind support (e.g., space and utilities from school district and lead agency)



Prepare & Open!

8. Establish mechanisms for coordinating services between and within agencies, including legally compliant MOUs, informed consents, and policies regarding clinic access and cross-agency collaboration. [A California Guide for Sharing Student Health and Education Information](#) provides more information about two laws governing student and health privacy and data sharing: HIPAA & FERPA.
9. **Outreach!** Employ youth leaders as ambassadors and let students, families, and school staff know about the services that will be available. Some strategies include an open house, tours for students, tabling at registration/back to school night, and collaborating with health or science teachers to visit classrooms.
10. Start and then expand services incrementally over time. *It is not all or nothing!*

Get our toolkit *From Vision to Reality: How to Build a School Health Center from the Ground Up*. This resource is available on our website (www.schoolhealthcenters.org) and is free!