Supporting Student Success: School-Based Health Centers and School-Based Mental Health Services, a winning partnership

Paula R. Fields, MSN, BSN, RN
Senior Program Manager
School-Based Health Alliance
Washington, DC
Introductions and Icebreaker

How many of you are:

- Administrators?
- Primary care providers?
- Nurses?
- Behavioral health providers?
- Community or outreach workers?
- Health educators?
- Support staff?
- Other?

Who has a SBHC?
Who has SBMH services?
We are
The national SBHC advocacy, technical assistance and training organization based in Washington DC, founded in 1995

Our Mission
To improve the health status of children and youth by advancing and advocating for school-based health care

Our Goals
1. Support strong school-based health care practices
2. Be the national voice
3. Expand and strengthen the SBHC movement
4. Advance policies that sustain SBHC
Objectives

1. Identify SBHC nuts and bolts including: start up tools, core competencies, business planning and sustainability, models, capacity building, and their correlation to student achievement.

2. List the Standardized National Performance and Business Measures including best practices for SBHCs.

3. Describe at least three ways mental health services may be included in school-based health centers.
2013-14
Census of School-Based Health Centers

2,315 SBHCs in 49 of 50 states and in the District of Columbia, Puerto Rico, and the Virgin Islands.
What attributes for this growth?

- Evidence-based practices
- Academic success as an outcome
- Adaptable models

“Can someone help me with these? I’m late for math class.”
Only when we meet our most vulnerable young people where they are...

Could someone help me with these? I'm late for math class.

...do we afford ALL children the opportunity to thrive
Health Center Location

- In school building or on school property: 94.1%
- Beyond school property: 2.7%
- Mobile program: 3.0%
- Telehealth only site: 0.2%

(n=1,736)

2013-14 Census of School-Based Health Centers
55.9% of SBHCs serve a population other than students enrolled in their school (n=1234)

<table>
<thead>
<tr>
<th>Population</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students from other schools (n=901)</td>
<td>83.6%</td>
<td></td>
</tr>
<tr>
<td>Family of student users (n=903)</td>
<td>65.8%</td>
<td></td>
</tr>
<tr>
<td>Out-of-school youth (n=892)</td>
<td>61.4%</td>
<td></td>
</tr>
<tr>
<td>Faculty/school personnel (n=897)</td>
<td>59.9%</td>
<td></td>
</tr>
<tr>
<td>Other people in the community (n=884)</td>
<td>35.5%</td>
<td></td>
</tr>
</tbody>
</table>
2. Student-Focus
Youth Involvement with SBHCs

- Provide feedback to the health center: 63.9%
- Promote health services provided by health center: 49.5%
- Participate in organizing center-sponsored health education events: 47.7%
- Participate in health center advisory council, committee, or board: 36.2%
- Participate in peer mentoring, counseling, or education: 34.4%
- Advocacy activities: 31.3%
- Participate in the design of health services: 25.2%

(n=1,624)
Test Today: Othello

PSAT Tutoring after school today

Aging Parent Divorcing

Good Morning, Teacher
Providing Comprehensive Care

- Depression screenings: 76.1%
- STD diagnosis and treatment: 69.5%
- Oral health screenings: 66.1%
- Influenza immunizations: 86.2%
- Vision screenings: 84.3%
- Individual chronic disease management: 83.4%
5. Systems Coordination
Parent Involvement in SBHCs

- Provide feedback to the health center: 54.2%
- Promote health services provided by health center: 38.3%
- Participate in health center advisory council, committee, or board: 35.8%
- Participate in organizing center-sponsored health education events: 28.3%
- Advocacy activities: 20.0%
- Participate in the design of health services: 19.6%
- Participate in peer mentoring, counseling, or education: 16.6%

(n=1,624)
The School-Based Provider Village

How do they come together?
SBHC Staffing Profiles (n=1381)

- 29.2% Primary mental health plus
- 37.4% Primary care and mental health
- 33.4% Primary care only
6. Accountability
Accountability and Student Achievement

- National SBHC Standardized Performance Measures (will discuss a bit later)
- Quality Improvement
- Experience of Care
- Coordination
- ABC’s for meds vs. ABC’s for eds
ABC's

Healthcare - Airway, Breathing, Compressions

Education – Attendance, Behavior, Course Progression
SBHCs: The Evidence Base

Use of primary care

Inappropriate emergency room use

- Greater than 50% reduction in asthma-related emergency room visits for students enrolled in NYC SBHCs

Hospitalizations

- $3 million savings in asthma-related hospitalization costs for students enrolled in NYC SBHCs

Access for hard-to-reach populations - esp minorities and males

- Adolescents were 10-21 times more likely to come to a SBHC for mental health services than a CHC or HMO.
SBHCs & Academic Success

- absenteeism and tardiness
- attendance
- in GPA over time
- academic expectations, school engagement, and safety and respect
Care Coordination as Prevention

Mick Wiggins/Getty Images
7. Sustainability
2013-14 Census of School-Based Health Centers

Percentage of SBHCs that Bill Entities for Reimbursement

<table>
<thead>
<tr>
<th>Insurance Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: State agency (n=1,681)</td>
<td>89.0%</td>
</tr>
<tr>
<td>Medicaid: Managed Care Organization (MCO) (n=1,614)</td>
<td>78.1%</td>
</tr>
<tr>
<td>Children’s Health Insurance Program (CHIP) (n=1,375)</td>
<td>71.4%</td>
</tr>
<tr>
<td>Private/commercial insurance (n=1,672)</td>
<td>69.0%</td>
</tr>
<tr>
<td>Tri-care (military insurance program) (n=1,522)</td>
<td>51.6%</td>
</tr>
<tr>
<td>Patients or families (self-pay) (n=1,664)</td>
<td>48.1%</td>
</tr>
<tr>
<td>State programs for the medically indigent (n=1,377)</td>
<td>42.9%</td>
</tr>
<tr>
<td>State family planning programs (n=1,478)</td>
<td>38.2%</td>
</tr>
</tbody>
</table>
2013-14 Census of School-Based Health Centers

Funding Sources

- State government (1,540) 70.9%
- Federal government (n=1,500) 53.6%
- Private foundations (n=1,501) 40.4%
- School/school district (n=1,532) 33.9%
- County/city government (n=1,497) 31.7%
- Corporations/businesses (n=1,477) 17.2%
SBHC Different Models

School-Based Health Center
School-Linked Health Care Programs
Mobile Health Care Programs
Telehealth
Facility – sample
What does the research tell us about school mental health outcomes?

- Improvements in social competency, behavioral and emotional functioning
- Improvements in academics (GPA, test scores, attendance, teacher retention)
- Cost savings!
- Increased access to care → Decreased health disparities

Greenberg et al., 2005; Greenberg et al., 2003; Welsh et al., 2001; Zins et al., 2004; Bruns et al., 2004; Lebr et al., 2004; Jennings, Pearson, & Harris, 2000; see Hoagwood, Olin, Kerker, Kretochwill, Crowe, & Saka, 2007 and Wilson & Lipsey, 2007)
Behavioral Health Specific Tools

- What are the behavioral health needs of the school? Mental Health Planning and Evaluation Template (MHPET)
- What do we already have in place? (SBHC Behavioral Health Protocols)
Mental Health Planning Evaluation Template (MHPET)

34-indicator assessment tool - targets areas of strength and improvement in school-based mental health.

Organized into the following eight dimensions:

1. Operations
2. Stakeholder involvement
3. Staff and training
4. Identification, referral, and assessment
5. Service delivery
6. School coordination and collaboration
7. Community coordination and collaboration
8. Quality assessment and improvement
<table>
<thead>
<tr>
<th>Dimension 1: Operations</th>
<th>Not at all in place</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental health staff works in a confidential space and accesses dedicated phone lines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and file cabinets that can be locked to ensure privacy of records.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. A system is in place to perform administrative functions such as: client scheduling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>data management, and documentation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Following legal and professional guidelines, appropriate case records are developed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and maintained, with methods to ensure privacy and confidentiality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. There are clear protocols and supervision for handling students' severe problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and crises (e.g., suicidal ideation, psychosis, abuse/neglect).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Mental health services adhere to clear policies and procedures to share information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriately within and outside of the school and to protect student and family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>confidentiality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dimension 2: Stakeholder Involvement</th>
<th>Not at all in place</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Mental health activities and services have been developed with input from students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>school leaders, school staff, families and other community members.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Families are partners in developing and implementing services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Teachers, administrators, and school staff understand the rationale for mental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>health services within their school and are educated about which specific barriers to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learning these services can address.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dimension 3: Staff and Training</th>
<th>Not at all in place</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Mental health staff has completed accredited graduate training programs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Mental health staff is licensed in a mental health profession or is actively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pursuing licensure and receiving required supervision toward licensure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental health staff receives training and ongoing support and supervision in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>implementing evidence-based prevention and intervention in schools.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Mental health staff receives training, support and supervision in providing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>strengths-based and developmentally and culturally competent services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Dimension 4: Identification, Referral, and Assessment

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Mental health service providers work with the school to effectively identify youth who present or are at risk for presenting emotional and/or behavioral difficulties.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Mental health service providers and the school have adopted a shared protocol that clearly defines when and how to refer students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mental health staff responds rapidly to referrals and informs school staff, health staff and/or family members on the status of referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>The mental health intake process is comprehensive while minimizing barriers to service for students and their families.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Mental health staff uses brief, validated measures of behavioral and emotional health including risk behaviors (e.g. substance abuse) and strengths, to enhance initial, ongoing, and outcome evaluations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dimension 5: Service Delivery

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>A range of activities and services, including school-wide mental health promotion, prevention, early intervention and treatment services are provided for youth in general and special education.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Mental health prevention and intervention services are empirically supported or based on evidence of positive impact.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Mental health activities and services are designed to meet the needs of culturally and linguistically diverse groups.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Psychiatric consultation is available to provider staff to assist in the assessment and treatment of youth with serious and/or complex mental health issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Treatment plans are uniformly completed and accurately match program services to the presenting needs of students and their families.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Through peer and case consultation and other mechanisms, treatment plans and implemented strategies are frequently reviewed and adjusted to ensure that services are being delivered to address the most important problems/ issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dimension 6: School Coordination and Collaboration

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Mental health staff develops and maintains relationships and participates in training and meetings with educators and school-employed mental health staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Mental health staff provides consultation services to teachers, administrators and other school staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Mental health staff coordinates efforts with school-employed mental health/health professionals (including school-based health care providers if present) to ensure that youth who need services receive them and to avoid service duplication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Interdisciplinary meetings and training are regularly held with all health (if present) and mental health staff of the program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Mental health and health staff (school or community based) provides mutual support and cross referrals (i.e., health staff assess students for mental health issues and refer them to mental health staff and vice versa).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dimension 7: Community Coordination and Collaboration</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>DK</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>29 A regularly updated directory is maintained to assist students and families in connecting to relevant health, mental health, substance abuse, academic and other programs or resources in the school and the community.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>30 Services are coordinated with community-based mental health and substance abuse organizations to enhance resources and to serve students whose needs extend beyond scope or capacity.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>31 Services are coordinated with community-based social service and advocacy organizations that are familiar with the culture and language needs of diverse student and family groups within the school.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dimension 8: Quality Assessment and Improvement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 Guidance is received on mental health programming from stakeholders including youth, families, school staff, and community leaders who are diverse in terms of race/ethnicity and personal/cultural background.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>33 A stakeholder-informed mental health quality assessment and improvement (QAI) plan is implemented that includes measures of consumer satisfaction, individual student outcomes (e.g., measures of behavioral or emotional health), and school-related outcomes (e.g., attendance, behavior, academic performance).</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>34 Findings from the QAI plan are used to continuously improve services.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Behavioral Health Protocols

The following Best Practice Protocols for Delivering Behavioral Health Services in a School-Based Health Center were developed by School-Based Health Alliance to assist both established and new school-based health centers (SBHCs) in developing, improving the efficiency, effectiveness, and quality of their behavioral health services.

While the majority of these protocols are intended to be implemented by behavioral health providers, many specify roles for other SBHC staff. Therefore, it is important that all SBHC staff -- particularly managers, behavioral health providers, and healthcare providers -- become familiar with the best practices and procedures outlined in these protocols.

Although extensive, the protocols do not address every aspect of delivering behavioral health services nor every function assumed by a mental health provider. SBHCs are encouraged to adapt these protocols to address the specific programmatic, clinical, and administrative needs of their SBHC. SBHCs may also wish to use this set of protocols as a foundation for their own, based on the services provided and population served.

The School-Based Health Alliance endorses these SBHC protocols as consistent with established best behavioral health and healthcare practices at national, state, and local levels. These protocols have been reviewed by an expert panel of school-based behavioral health administrators and clinicians.

Download a complete version of the Behavioral Health Protocols here.

You may also download the individual protocols in Word format to make adjustments to fit your SBHC’s needs.

1. Behavioral Health Staffing
2. Behavioral Health Services
3. Behavioral Health Screening and Assessment
4. Behavioral Health Clinical Visit
5. Behavioral Health Integrated Care
6. Behavioral Health Documentation
7. Confidentiality
8. Behavioral Health Referrals
Why SBHC Behavioral Health Protocols?

• Assist SBHCs develop and improve the efficiency, effectiveness, and quality of behavioral health services

• Develop a set of model protocols consistent with established behavioral health and primary care practices at the national, state, and local levels

• Provide a template for SBHCs to individualize protocols specific to their services provided and population(s) served,
Development of Protocols

- Behavioral health consultant
- Inventory of protocols
- Expert panel
- Protocol review tool
- Synthesis of feedback
- Vetting final draft w/consultant, workgroup, and School-based Alliance staff
Expert Panel

- SBHC representatives from the field
  - Child and adolescent psychiatrist
  - SBHC nurse practitioner
  - State DPH mental health consultant
  - County program manager
  - Hospital mental health consultant and behavioral health program manager

- Reviewed and provided feedback on the 10 model protocols
## 1. Behavioral Health Staffing

<table>
<thead>
<tr>
<th>Content</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified staff</td>
<td>MOU, LOA when provided via linkage agreement</td>
</tr>
<tr>
<td>FTE to staff ratio</td>
<td>Medicaid and other 3rd party reimbursement</td>
</tr>
<tr>
<td>Job descriptions</td>
<td>Practice act</td>
</tr>
<tr>
<td>Minimum qualifications</td>
<td>Functional job description</td>
</tr>
<tr>
<td>Documentation: education, licensure, criminal background check, drug and ETOH testing</td>
<td></td>
</tr>
<tr>
<td>Clinical consultation</td>
<td></td>
</tr>
<tr>
<td>SBHC orientation and professional development</td>
<td></td>
</tr>
</tbody>
</table>
## 2. Behavioral Health Services

<table>
<thead>
<tr>
<th>Content</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Required onsite services</td>
<td>• MOU, LOA onsite services through linkage(s)</td>
</tr>
<tr>
<td>• Optional through linkages or referral</td>
<td>• Age and community specific</td>
</tr>
<tr>
<td>• Meet standard of care for children and adolescents</td>
<td>• Record sharing EHR or paper</td>
</tr>
<tr>
<td>• Individual, group, family, telemedicine</td>
<td>• Non-billable services</td>
</tr>
<tr>
<td>• Interventions: evidence-based, culturally competent, and feasible in school setting</td>
<td>• State statutory laws re: confidentiality, mental health, and substance abuse services</td>
</tr>
<tr>
<td></td>
<td>• 24 hour coverage</td>
</tr>
</tbody>
</table>
### 3. Behavioral Health Screening and Assessment

#### Content
- Comprehensive health risk screening and assessment (BF) annually
- Behavioral health assessment, education, referral, document risk factors, follow-up
- Gather information (student, family, teachers)
- Treatment plan and follow-up

#### Considerations
- Behavioral health assessment from PCP referral
- Use established assessment instruments
- MH code(s)
- State rules re: treatment plans
- Measurable goals and objectives
- Care coordination with PCP
- Parental notification
4. Behavioral Health Clinical Visit

**Content**

- Youth friendly, confidential counseling area
- Meets standards
- Explain service scope, consent, and confidentiality
- Individualized comprehensive treatment plans
- Review findings, treatment plan, and progress w/student

**Considerations**

- State laws re: meeting/consulting w/family, school or medical staff
- Future visits should not interfere w/academic classes
5. Behavioral Health Integrated Care

**Content**

- PC and BH use same comprehensive risk assessment
- PCP and BH provider “huddle” re: point person for care
- Warm hand-off
- Integrated treatment plan
- Team conferences / staffings

**Considerations**

- Co-location vs. integration
- Documentation
- Sharing confidential information among all staff, partners
- HIPAA/FERPA
## 6. Behavioral Health Documentation

<table>
<thead>
<tr>
<th>Content</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined PC and BH record</td>
<td>MOU /LOA</td>
</tr>
<tr>
<td>Documentation to be entered in and shared between PC and BH providers</td>
<td>Different EHRs</td>
</tr>
<tr>
<td>Charting errors</td>
<td></td>
</tr>
</tbody>
</table>
7. Confidentiality

**Content**

- Confidentiality policies and procedures (written, posted, discussed w/students, SBHC and school staff)
- Compliance w/local, state and federal laws
- Consent forms allow for general exchange of relevant information between SBHC staff and relevant school staff
- Document when information shared

**Considerations**

- Sharing among SBHC and school staff
- HIPAA / FERPA
- Sharing w/ parents and guardians
- EOBs sent home
8. Behavioral Health Referrals

**Content**

**SBHC Referrals**
- Internal referral form
- Standard referral form
- Inform school staff on how to make a referral
- Inform student and families on self-referral
- Referral follow-up
- Feedback to referral source

**External Agency Referrals**

**Considerations**
- Assuring follow-up is done
- Referral outcome information shared
9. Student Behavioral Health Crisis

**Content**
- Definition of BH emergency
- Safe and secure space
- Student harmfulness
- Imminent harmfulness assess and intervene w/out consent
- Suicide
- Homicide
- Child Abuse and Neglect

**Considerations**
- Staff should not endanger themselves
- School expectations of MH staff needs to be clear
- Back-up plans when MD or BH provider not available
## 10. Behavioral Health Collaboration with School

<table>
<thead>
<tr>
<th><strong>Content</strong></th>
<th><strong>Considerations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Joint needs assessment, campaigns, strategies, planning</td>
<td>• Collaborate with school social worker when possible</td>
</tr>
<tr>
<td>• Services offered by school and mandates</td>
<td>• How SBHC staff can participate in school team meetings</td>
</tr>
<tr>
<td>• Meet with school mental health providers</td>
<td></td>
</tr>
<tr>
<td>• Orient school staff to benefits of BH services</td>
<td></td>
</tr>
<tr>
<td>• Establish referral process</td>
<td></td>
</tr>
<tr>
<td>• Joint plan for BH emergencies</td>
<td></td>
</tr>
</tbody>
</table>
SBHC NUTS AND BOLTS
A MODEL FOR EXCELLENCE:
PLANNING AND SUSTAINING THE MODEL
A Framework for Excellence in School-Based Health Centers

- **Strong Partnerships**: Enduring partnerships with school and community stakeholders create fully engaged and accountable partners who provide the spark of leadership that catalyzes resources, patrons, and institutions.

- **Sound Business Model**: Sound business models require financial planning that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and right-size the role of grants in supporting operations long-term.

- **Measuring Quality Indicators**: SBHCs operate first-rate, high-quality health care practices that meet the comprehensive needs of students and demonstrate the highest level of quality and patient satisfaction.
Nut & Bolt #1
Strong Partnerships

Enduring partnerships with school and community stakeholders create fully engaged and accountable partners who provide the spark of leadership that catalyzes resources, patrons, and institutions.
Potential Partners

Community

- School - district, staff, students
- Parents/ guardians
- Community organizations/ foundations
- Faith community
- Colleges/ universities
- Local nonprofits
- Local businesses/ business associations

Health Care System

- Behavioral health agencies
- Other SBHC-sponsors
- State /local health departments
- Hospitals
- Community health centers
- Pediatricians
- Community dentists
- Medicaid MCOs
- Private insurers
Confidentiality

- Confidential versus non-confidential services
- Informing students of confidentiality procedures and limits of confidentiality
- Access to confidential services
- HIPAA and FERPA
- Release of information
- Providing follow-up information to school personnel and outside agencies
Sharing Information

**School nurses**
- Fall under FERPA if under contract or direct supervision of a school.
- Must receive parental consent before sharing any part of the student’s record.
- Must allow parents to see the student’s record.
- Can share some information with school staff, but only if needed for educational purposes.

**SBHC Staff**
- Fall under HIPAA Privacy Rule.
- May share information with school health providers for “treatment purposes”, without consent.
- May treat minors without parental consent in some situations and required to keep some information confidential, if requested to do so by the minor.
- Many have consents to allow bi-directional information sharing between SBHC, school nurse and primary care provider.
Nut & Bolt #2

Sound Business Model

Sound business models require financial planning that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and right-size the role of grants in supporting operations long-term.
Business Model Purpose

1. Maximize patient revenue

2. Maximize partner ‘in-kind’

3. Right-size role of grants to offset losses
The Blueprint

DESIGN / OPERATE / EXPAND

THE BLUEPRINT
The one-stop shop for school-based health centers

1. PLANNING
Resources for those in the early stages of starting an SBHC

2. IMPLEMENTING
Resources to operationalize and implement an SBHC business plan

3. EXPANDING
Resources to improve or expand existing services
Sustainability Resources

This resource table highlights some of our top tools and resources your SBHC can utilize to build sustainable programs. A more comprehensive library of resources is available on the School-Based Health Alliance’s Blueprint.

<table>
<thead>
<tr>
<th>Sustainability Domain</th>
<th>Resource</th>
<th>Get the Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>Sustainability Infographic</td>
<td>Download</td>
</tr>
<tr>
<td>Strong Partnerships</td>
<td>Integration Rubric</td>
<td>Download</td>
</tr>
<tr>
<td>Strong Partnerships</td>
<td>Integration Self-Assessment Tool</td>
<td>Download</td>
</tr>
<tr>
<td>Strong Partnerships</td>
<td>SBHC Stakeholder Partnerships</td>
<td>Read more</td>
</tr>
<tr>
<td>Strong Partnerships</td>
<td>Partnership Action Plan</td>
<td>Download</td>
</tr>
<tr>
<td>Strong Partnerships</td>
<td>SBHC Sponsorship Fact Sheet</td>
<td>Read more</td>
</tr>
<tr>
<td>Strong Partnerships</td>
<td>Youth Engagement Toolkit</td>
<td>Read more</td>
</tr>
<tr>
<td>Sound Business Model</td>
<td>Cost Survey</td>
<td>Coming soon!</td>
</tr>
<tr>
<td>Sound Business Model</td>
<td>Pro-Forma Financial Template</td>
<td>Download</td>
</tr>
<tr>
<td>Sound Business Model</td>
<td>Pro-Forma Financial Template Manual</td>
<td>Download</td>
</tr>
</tbody>
</table>
## Cost Survey

**SBHC:** Sample SBHC  
**School:** Sample School  
**City:** Washington  
**State:** DC

<table>
<thead>
<tr>
<th>Data Entry Section</th>
<th>Status</th>
<th>2015-16 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. SBHC Operations</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>III. SBHC Financial Parameters</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>IV. SBHC Encounters/Other Visits Data</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>V. Salary Expenses</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>VI. Fringe Benefits</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>VII. In-Kind Expenses: Donated Labor</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>VIII. Supplies and Materials</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>IX. Contracted Services</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>X. Building and Facilities Utilization</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>XI. Building and Facilities Expenses</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>XII. Miscellaneous Expenses</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>XIII. Indirect Expenses</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>XIV. Depreciation Expenses/Opportunity Cost</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>XV. In-Kind Expenses: Donated Supplies, Materials and Equipment</td>
<td>Complete Section</td>
<td></td>
</tr>
<tr>
<td>XVI. Revenue</td>
<td>Complete Section</td>
<td></td>
</tr>
</tbody>
</table>
Nut & Bolt # 3
High Quality Practice

HIGH QUALITY PRACTICE
SBHCs operate first-rate, high-quality health care practices that meet the comprehensive needs of students and demonstrate the highest level of quality and patient satisfaction.
Performance Measures: Quality Counts Initiative

About the Performance Measures: Quality Counts Initiative

When young people access essential health services in schools, they have a greater likelihood of being healthy, safe, engaged, and ready to learn. The School-Based Health Alliance is challenging the school-based health care (SBHC) field to voluntarily adopt and report standardized
Standardized national performance measures for SBHCs

**Core**
- Annual well child visit
- Annual risk assessment
- BMI screening and nutrition/physical activity counseling
- Depression screening
- Chlamydia screening

**Stretch**
- Student disposition log (seat time saved)
- SBHC student user survey
Sustainable business practice measures for SBHCs

- School population enrolled in SBHC
- SBHC client utilization
- Primary care appointment capacity used
- Client health insurance coverage
- Visits reimbursed by health insurance
- Primary care provider efficiency
- Behavioral health provider efficiency
The School Health Assessment and Performance Evaluation (SHAPE) System

- The School Health Assessment and Performance Evaluation (SHAPE) System is a free, interactive system designed to improve school mental health accountability, excellence, and sustainability.
- SHAPE is the web-based portal by which comprehensive school mental health systems can access the National School Mental Health Census and Performance Measures.
- SHAPE is hosted by the Center for School Mental Health and funded in part by the US Department of Health and Human Services.

www.theshapesystem.com
Schools and School Districts can Use SHAPE To:

Document your service array and multi-tiered services and supports

www.theshapesystem.com
MEMBERSHIP APPLICATION

Join the School-Based Health Alliance

The School-Based Health Alliance is the national voice for school-based health care (SBHC) and the home of SBHC professionals and advocates. The SBHC model broadens children’s access to health care and helps them succeed in school. Help our children thrive. Become a member today!

WHY OUR MEMBERS JOIN

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>INDIVIDUAL</th>
<th>ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A national voice advocating for SBHC at the federal level</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Online Advocacy Center designed to simplify engagement with the U.S. Congress</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Subscription to School-Based Health Care eDigest to stay current with breaking news</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Access to members-only content on the website, including The Blueprint, an extensive online tool to help members develop and expand SBHC services in their community</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Professional networking and volunteer opportunities</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Discounts to the annual convention</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Access to SBHC Online Job Board</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Opportunities to participate in private and federally-funded national initiatives</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Letters of support for grant applications</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Time limited technical assistance in program development, finance, sustainability, public policy and advocacy, coalition building, leadership training, and branding</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>10% discount on consulting services (up to $5,000.00)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Opportunity to run for the Alliance Board of Directors and national committees</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

WHAT OUR MEMBERS SAY

“It’s the networking. It’s the advocacy. It’s the people. It’s having a common purpose and a common goal. It’s fabulous.”
— Nancy Passikoff, Des Moines, NM

“Membership with the School-Based Health Alliance has been phenomenal in terms of helping us develop our school-based health center. It has helped us develop a business plan for sustainability and has been instrumental in terms of gaining grant funding.”
— Charlotte Care, Campbell County School District, Gillette, WY

“What I appreciate most is the assimilation of information from the national perspective around what is happening at the federal level because it is so hard in our day-to-day work to keep track of what is happening at the local, state, and national levels.”
— Cindy Flye, Maranacook Student Health Center, Readfield, ME
SAVE THE DATE

June 24-27, 2018

INDIANAPOLIS, IN

NATIONAL SCHOOL-BASED HEALTH CARE CONVENTION

2018

FUELING YOUR GROWTH
In Confidence, Competence, and Vision

INDIANAPOLIS, INDIANA / JUNE 24-27

FUELING YOUR GROWTH
In Confidence, Competence, and Vision
Questions?
Thank You!

Additional Questions? Contact us at: info@sbh4all.org