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

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Washington, DC

SCHOOL·BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

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?

![School-Based Health Alliance logo] SCHOOL·BASED HEALTH ALLIANCE — Redefining Health for Kids and Teens

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.

SBHC 101

2,315 SBHCs
in 49 of 50 states

and in the District of Columbia, Puerto Rico, and the Virgin Islands.

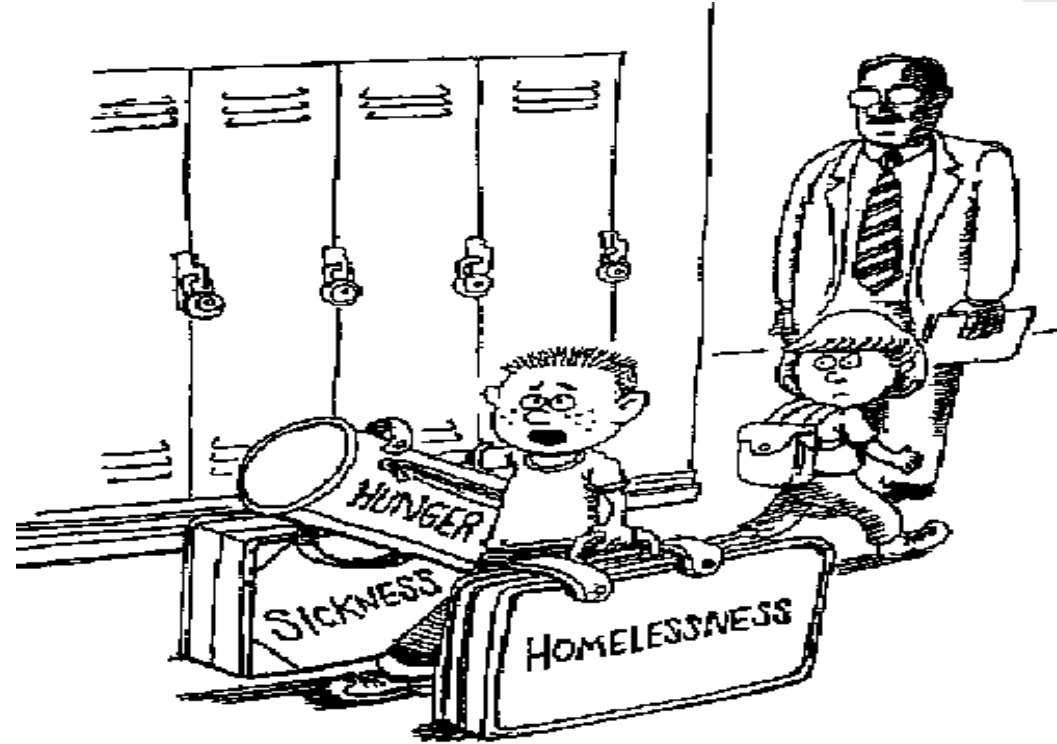# Our Organization has Contributed to Growth of SBHCs, 1987-2016
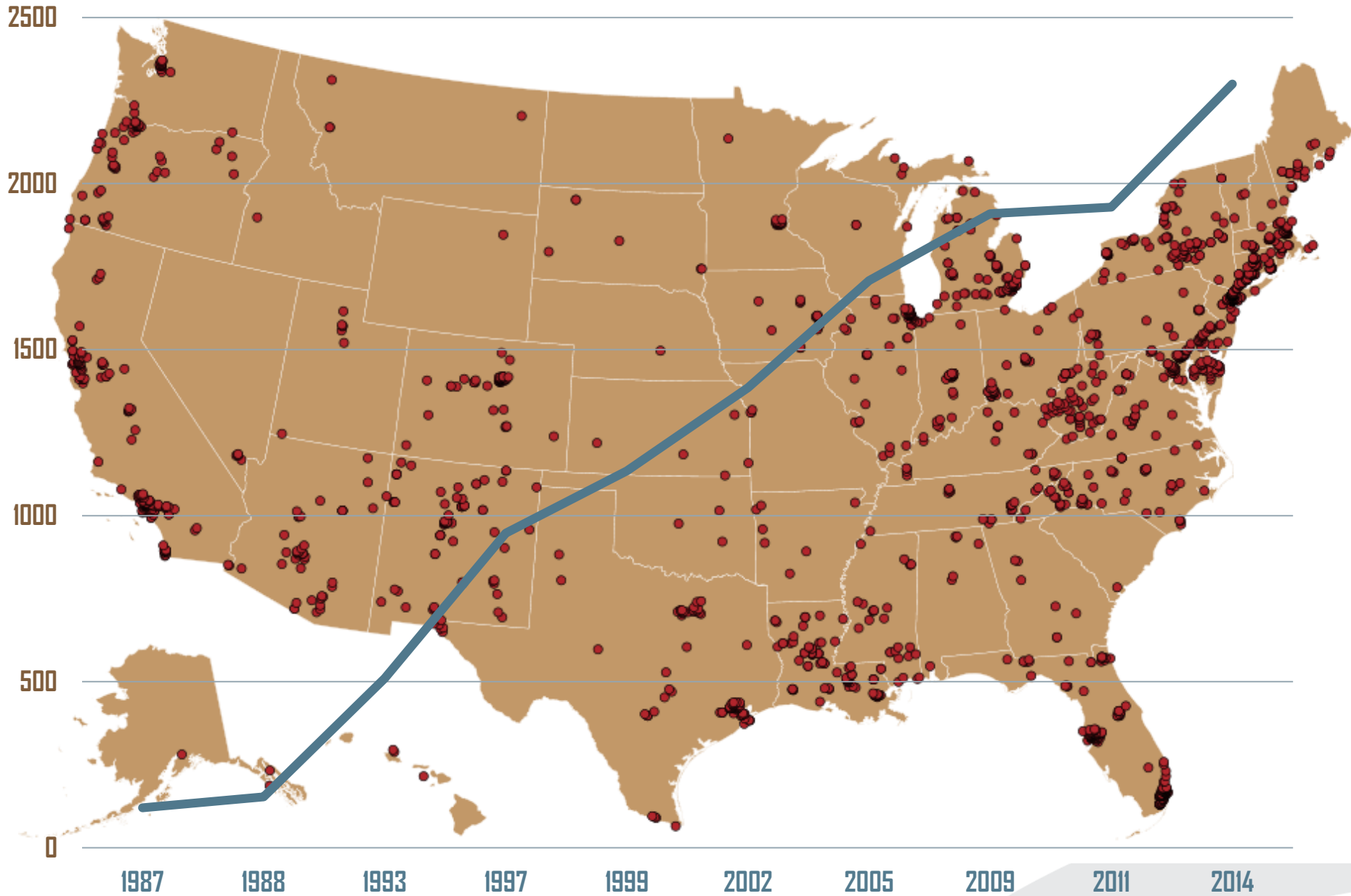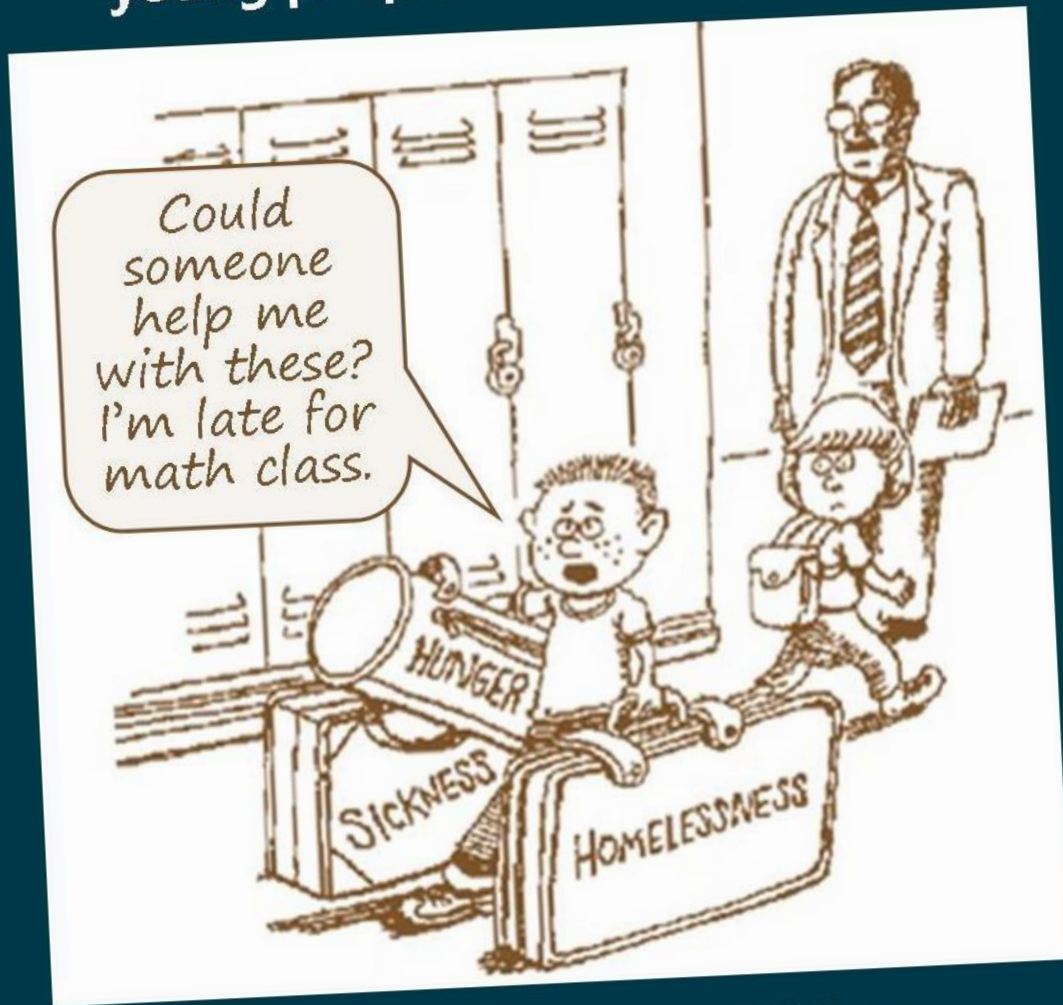
What attributes for this growth?

- ✓ 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...

...do we afford ALL children the opportunity to thrive

SCHOOL·BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Working at the intersection of health and education

–

Addressing unmet needs that interfere with learning and lead to addiction and other social issues
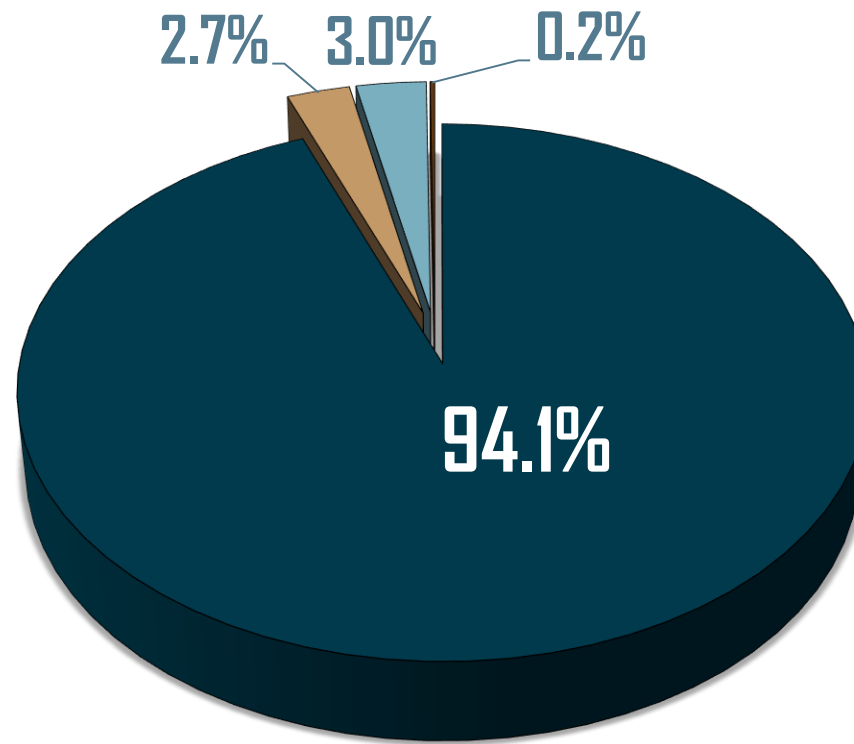
–

Supporting prevention and developmentally appropriate treatment within the safe and confidential setting of

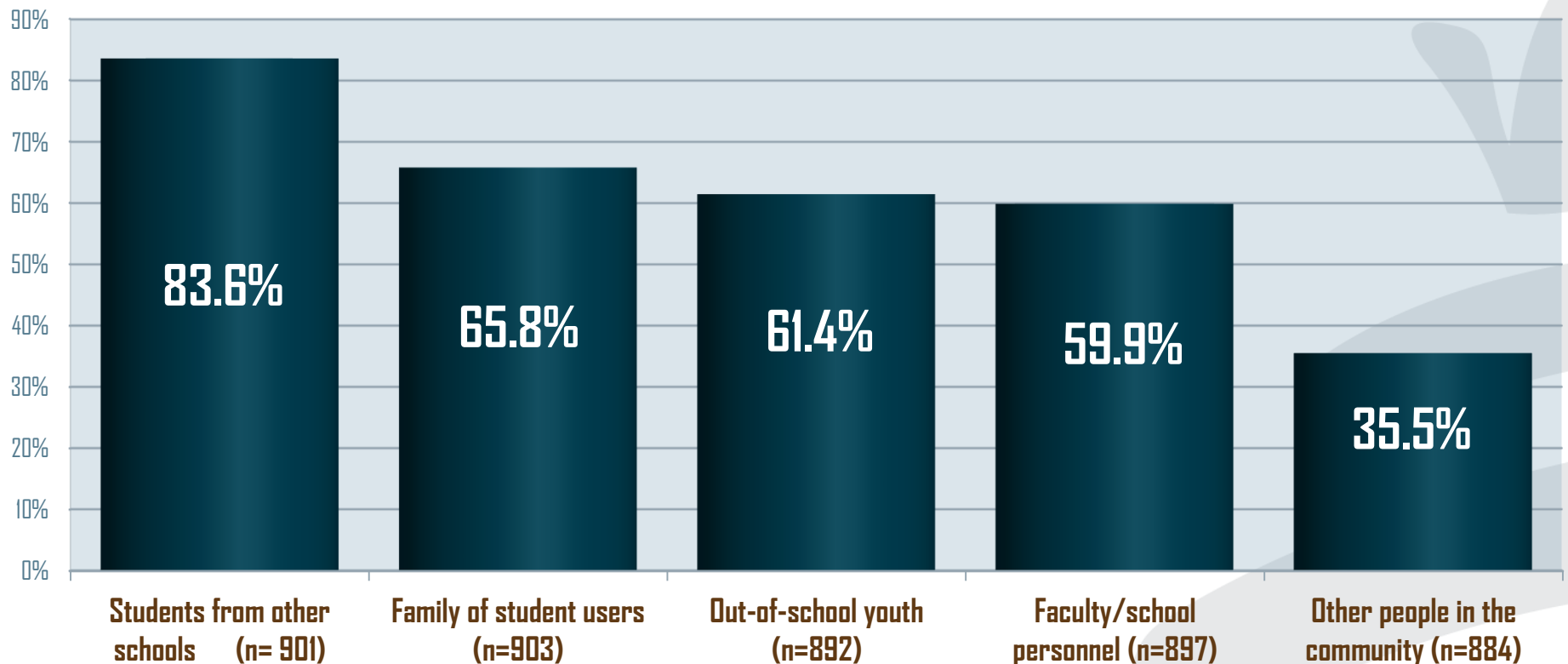SCHOOL-BASED HEALTH CENTERS

1. Access

Health Center Location

2.7%   3.0%   0.2%

94.1%

- ■ In school building or on school property
- ■ Beyond school property
- ■ Mobile program
- ■ Telehealth only site

(n=1,736)

SCHOOL-BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

55.9%

of SBHCs serve a population other than students enrolled in their school

(n=1234)

Populations eligible for care at SBHCs serving non-students

	83.6%	65.8%	61.4%	59.9%	35.5%
	Students from other schools (n= 901)	Family of student users (n=903)	Out-of-school youth (n=892)	Faculty/school personnel (n=897)	Other people in the community (n=884)

2. Student-Focus

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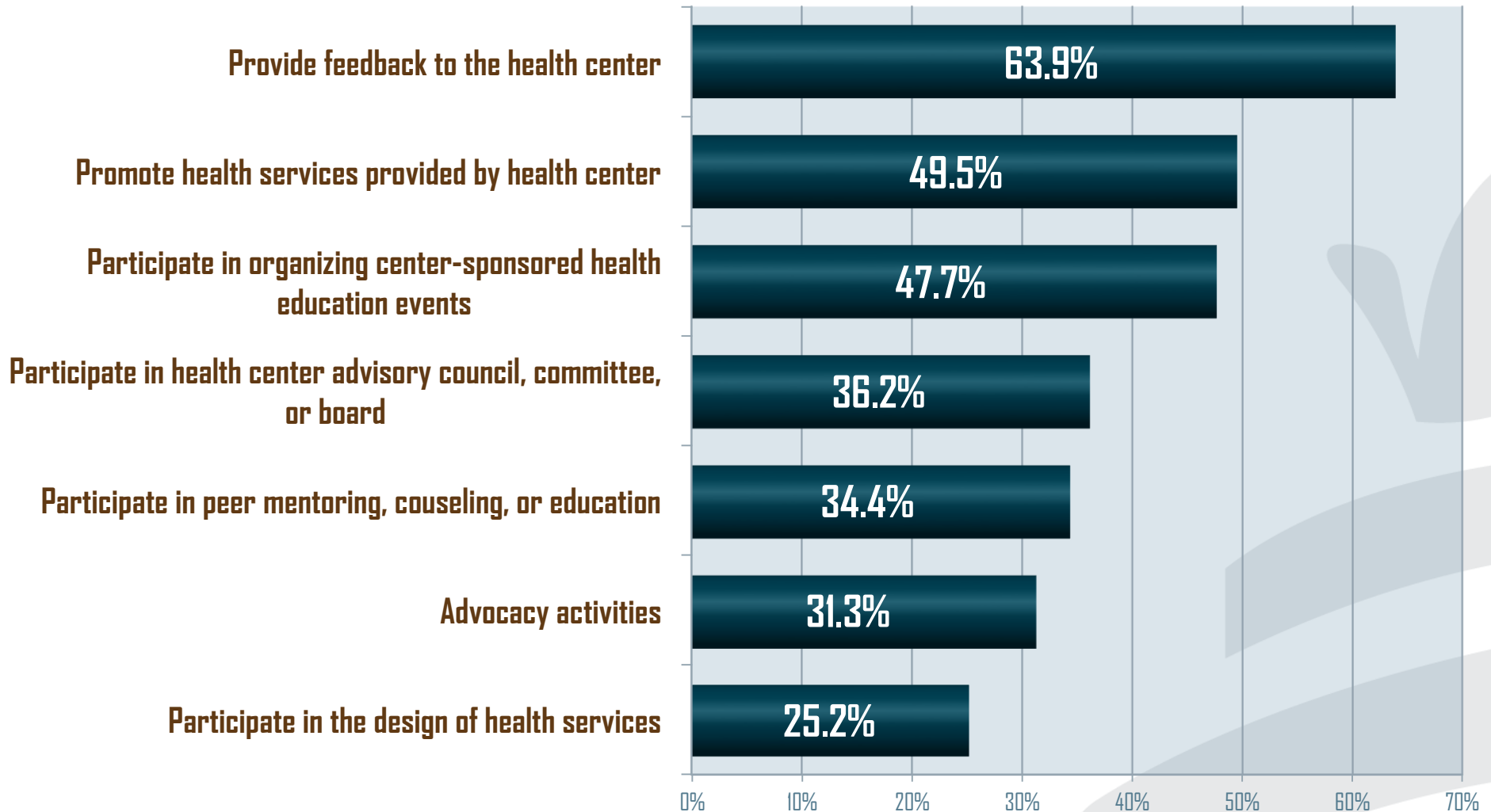
Category	Percentage
Provide feedback to the health center	63.9%
Promote health services provided by health center	49.5%
Participate in organizing center-sponsored health education events	47.7%
Participate in health center advisory council, committee, or board	36.2%
Participate in peer mentoring, couseling,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

(n=1,624)
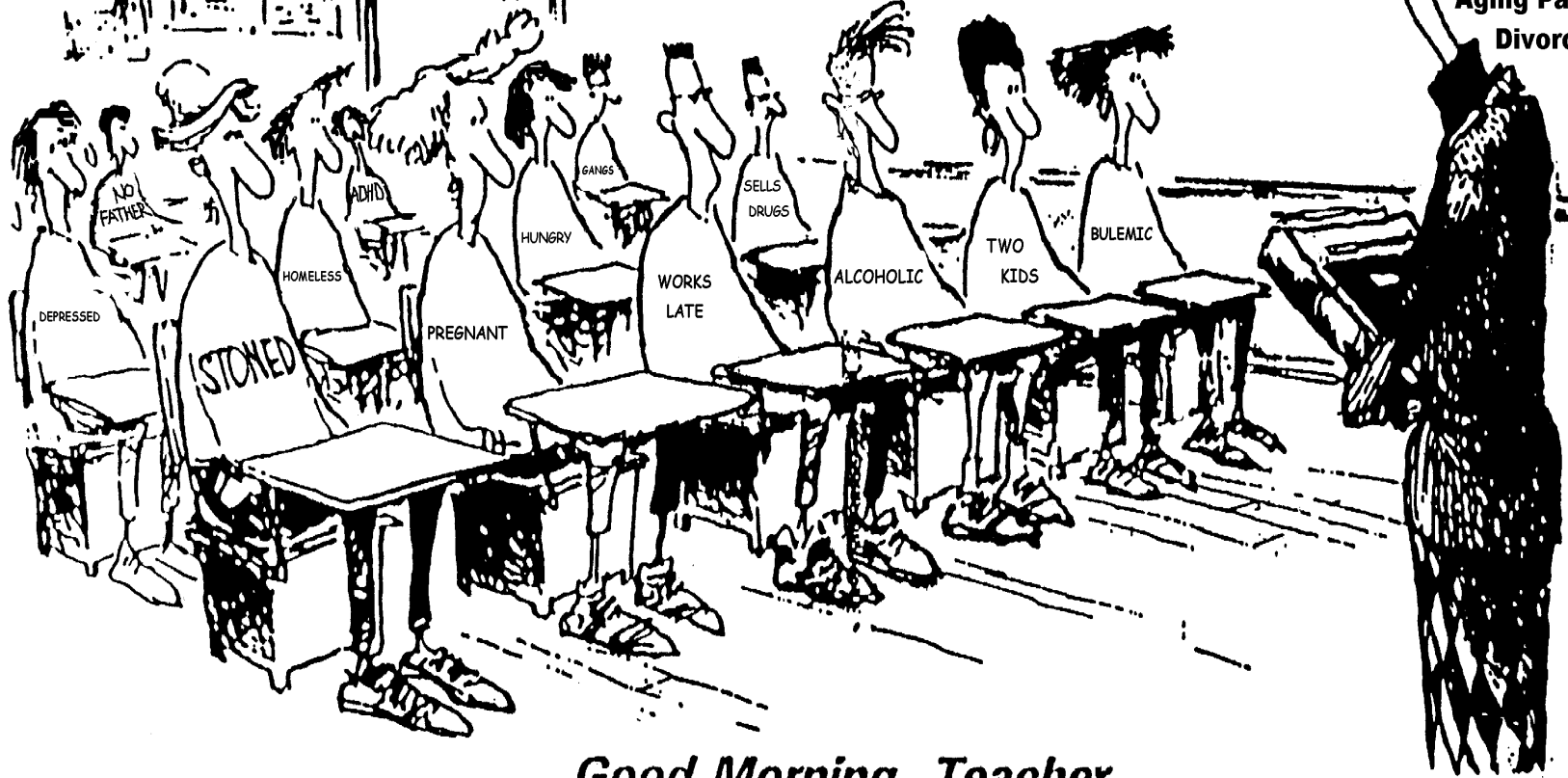
Providing Comprehensive Care

76.1%
depression screenings

69.5%
STD diagnosis and treatment

66.1%
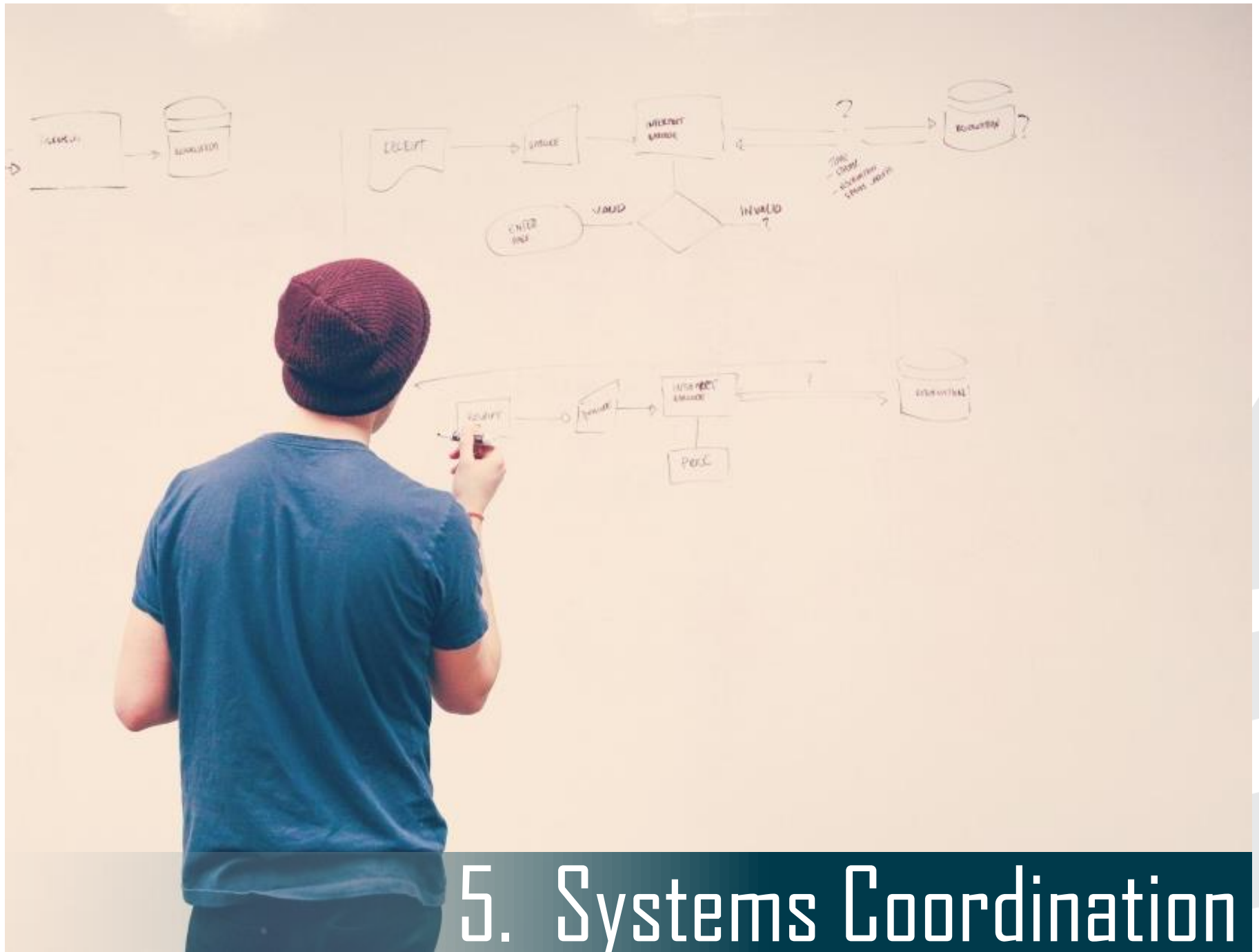oral health screenings

86.2%
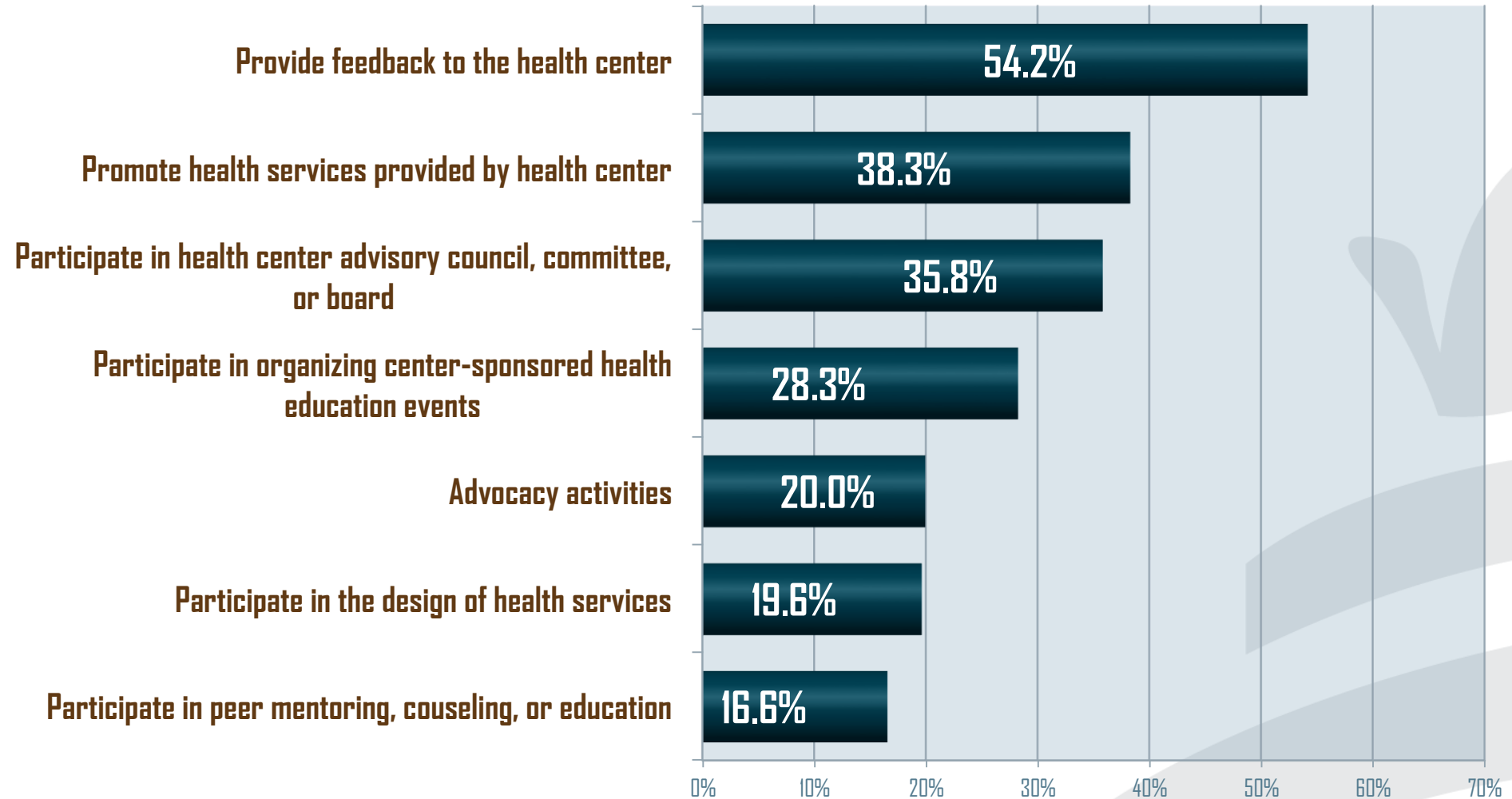influenza immunizations

84.3%
vision screenings

83.4%
individual chronic disease management

5. Systems Coordination
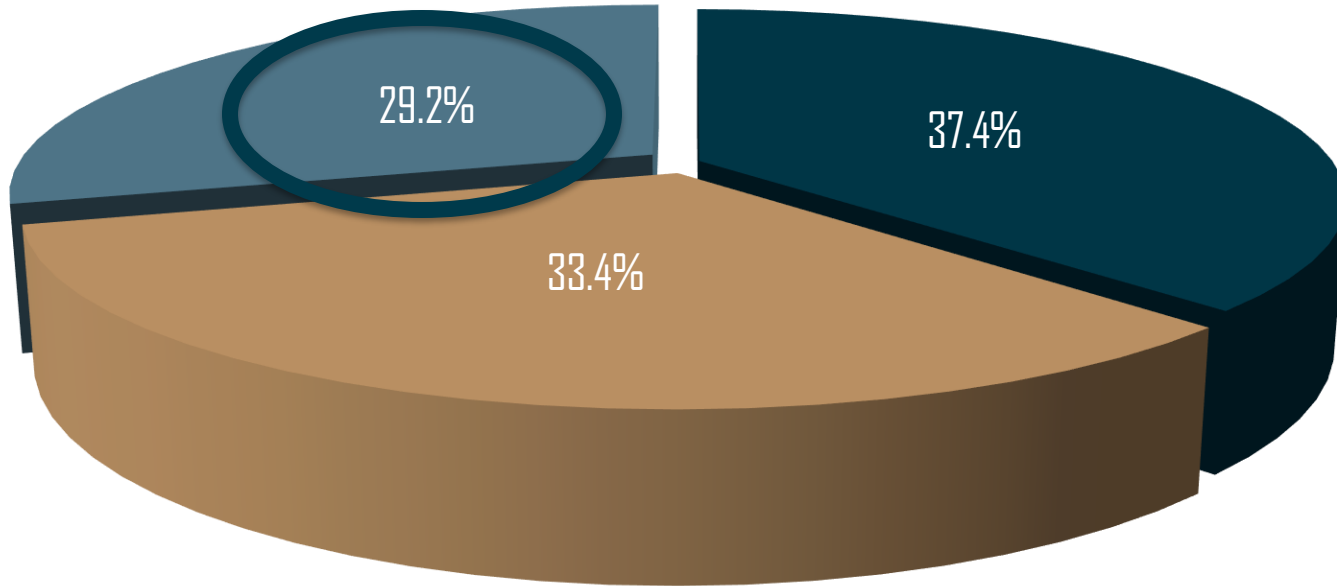
Parent Involvement in SBHCs

Activity	Percentage
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, couseling, or education	16.6%

(n=1,624)

The School-Based Provider Villace

How do they come together?

SBHC Staffing Profiles (n=1381)

37.4%

33.4%

29.2%

■ Primary mental health plus   ■ Primary care and mental health

■ 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

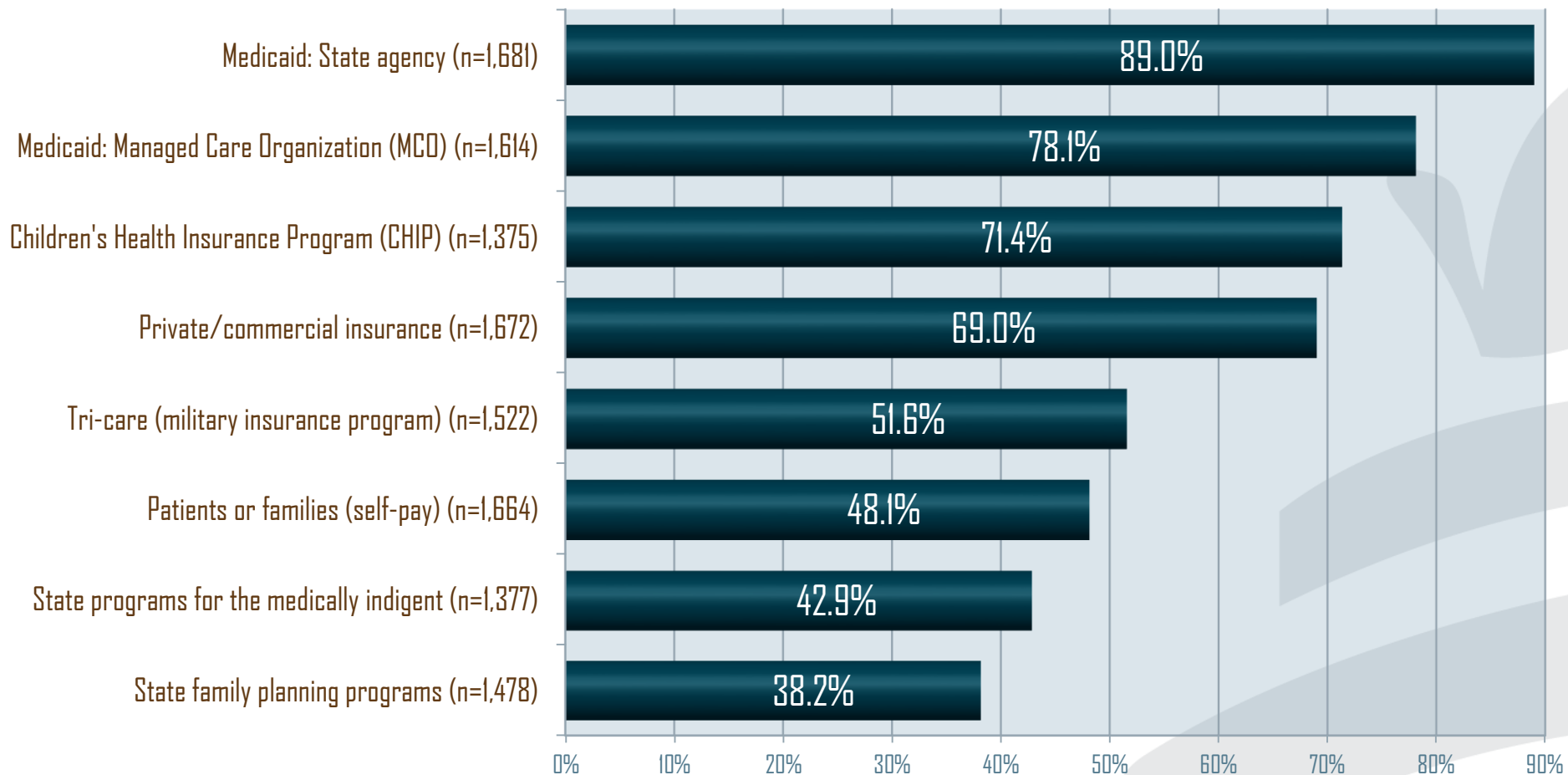⬆ academic expectations, school engagement, and safety and respect
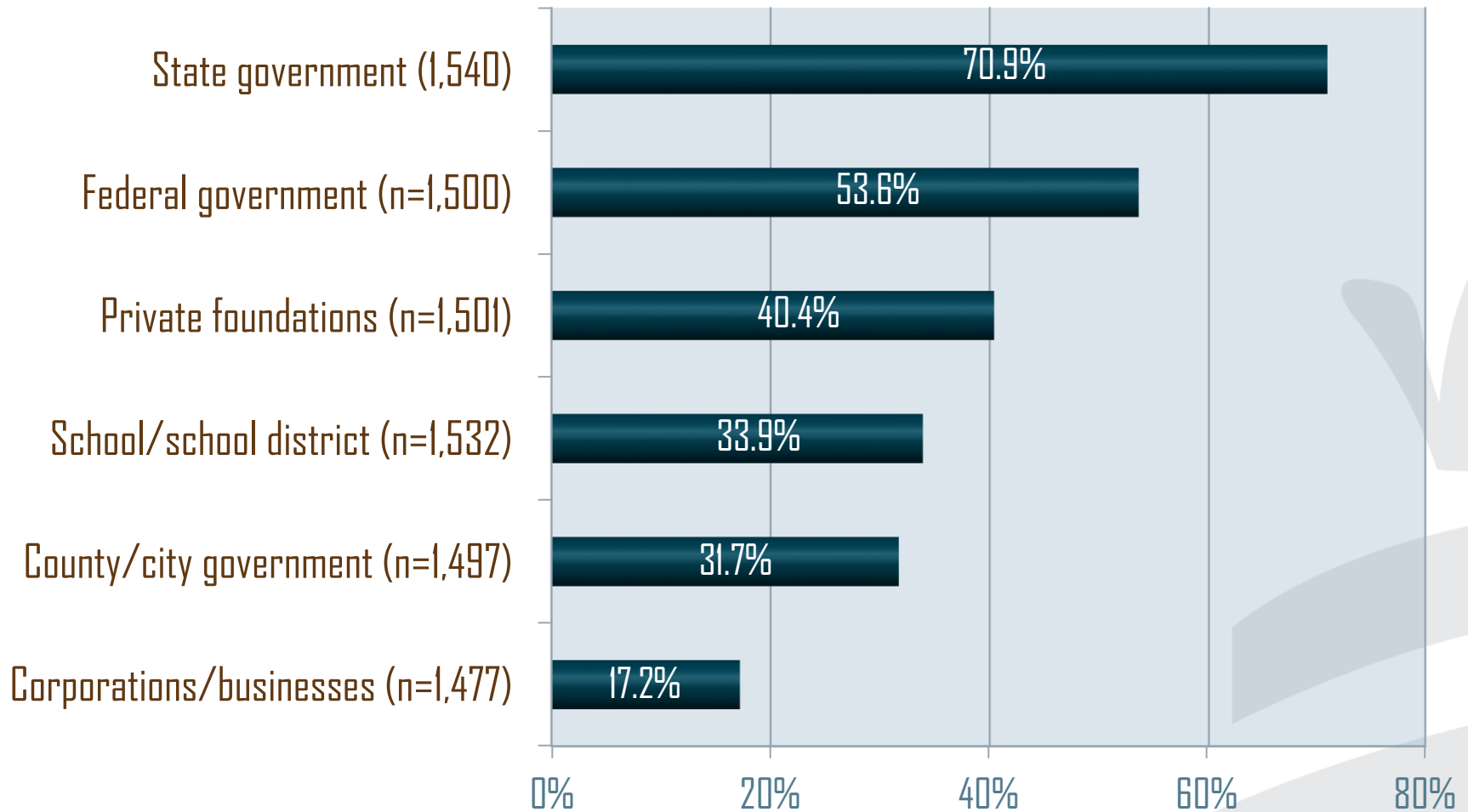
Care Coordination as Prevention

7. Sustainability

Percentage of SBHCs that Bill Entities for Reimbursement

Entity	Percentage
Medicaid: State agency (n=1,681)	89.0%
Medicaid: Managed Care Organization (MCO) (n=1,614)	78.1%
Children's Health Insurance Program (CHIP) (n=1,375)	71.4%
Private/commercial insurance (n=1,672)	69.0%
Tri-care (military insurance program) (n=1,522)	51.6%
Patients or families (self-pay) (n=1,664)	48.1%
State programs for the medically indigent (n=1,377)	42.9%
State family planning programs (n=1,478)	38.2%

Funding Sources

| Funding Source	Percentage
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

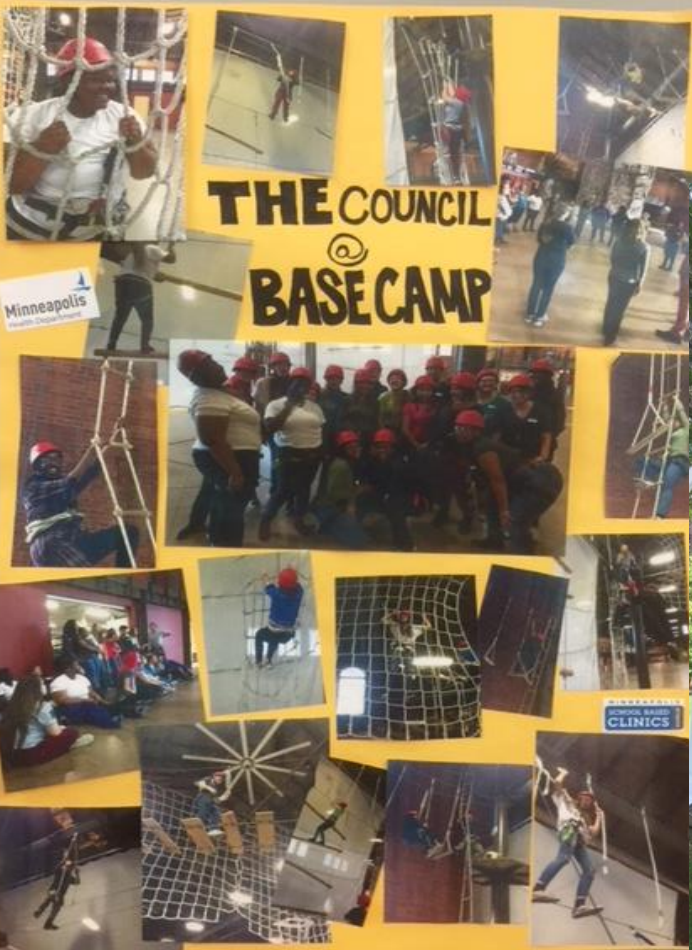Mobile Health Care Programs

Telehealth

Facility – sample
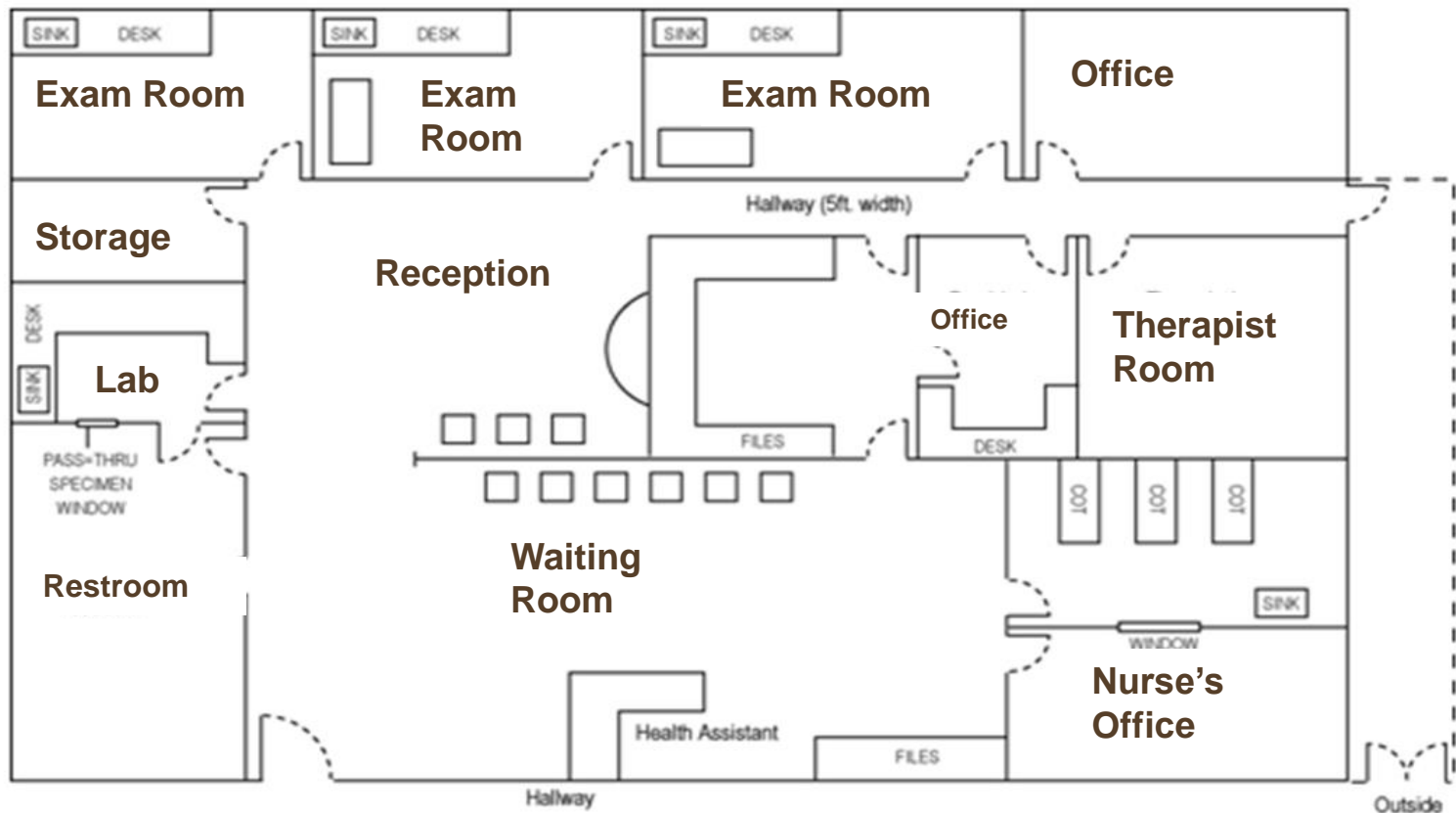
WELCOME BACK TEDDIES
check out your SBC

MENTAL HEALTH
ROOM: 143
PHYSICAL HEALTH
SEXUAL HEALTH
SPORTS PHYSICALS
TESTING
NUTRITION
HEALTH EDUCATION
IMMUNIZATIONS
COST & CONFIDENTIAL

Suggestions
Sugerencias
Ideas

THE COUNCIL @ BASE CAMP

R.U.F
Roosevelt Urban Farm

GROWN HERE

ALL STUDENTS WELCOME

MINNEAPOLIS
roosevelt
SCHOOL BASED CLINICS

HEALTH
start
CLINIC

HEALTH SERVICE

DIRTY ONLY

FAST FOOD

1370
CONFERENCE
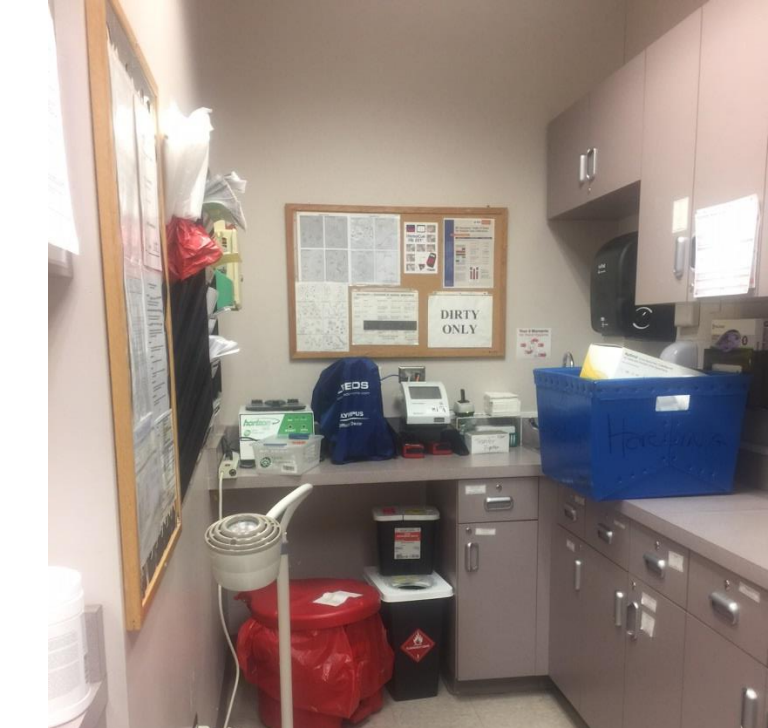
What does the research tell us about school mental health outcomes?

- 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; Lehr et al., 2004; Jennings, Pearson, & Harris, 2000; see Hoagwood, Olin, Kerker, Kratochwill, Crowe, & Saka, 2007 and Wilson & Lipsey, 2007)
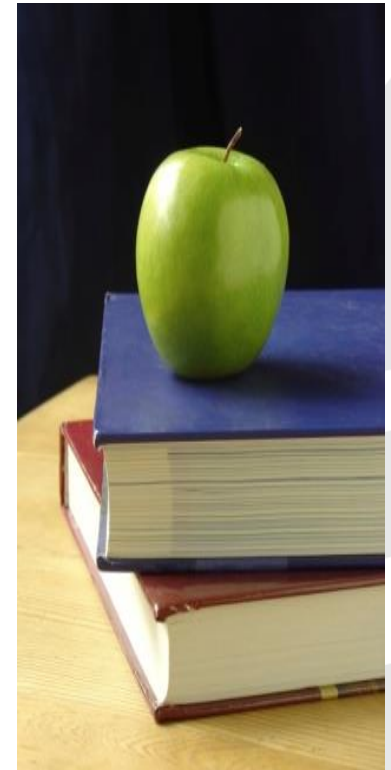
Behavioral Health Specific Tools

- 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

		Not at all in place					Fully in place	Don't Know	
Dimension 1: Operations		1	2	3	4	5	6	DK	
1	Mental health staff works in a confidential space and accesses dedicated phone lines and file cabinets that can be locked to ensure privacy of records.	○	○	○	○	○	○	○	
2	A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	○	○	○	○	○	○	○	
3	Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	○	○	○	○	○	○	○	
4	There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	○	○	○	○	○	○	○	
5	Mental health services adhere to clear policies and procedures to share information appropriately within and outside of the school and to protect student and family confidentiality.	○	○	○	○	○	○	○	
Dimension 2: Stakeholder Involvement		1	2	3	4	5	6	DK	
6	Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	○	○	○	○	○	○	○	
7	Families are partners in developing and implementing services.	○	○	○	○	○	○	○	
8	Teachers, administrators, and school staff understand the rationale for mental health services within their school and are educated about which specific barriers to learning these services can address.	○	○	○	○	○	○	○	
Dimension 3: Staff and Training		1	2	3	4	5	6	DK	
9	Mental health staff has completed accredited graduate training programs.	○	○	○	○	○	○	○	
10	Mental health staff is licensed in a mental health profession or is actively pursuing licensure and receiving required supervision toward licensure.	○	○	○	○	○	○	○	
11	Mental health staff receives training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.	○	○	○	○	○	○	○	
12	Mental health staff receives training, support and supervision in providing strengths-based and developmentally and culturally competent services.	○	○	○	○	○	○	○	

	Dimension 4: Identification, Referral, and Assessment	1	2	3	4	5	6	DK
13	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.	○	○	○	○	○	○	○
14	Mental health service providers and the school have adopted a shared protocol that clearly defines when and how to refer students.	○	○	○	○	○	○	○
15	Mental health staff responds rapidly to referrals and informs school staff, health staff and/or family members on the status of referrals	○	○	○	○	○	○	○
16	The mental health intake process is comprehensive while minimizing barriers to service for students and their families.	○	○	○	○	○	○	○
17	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.	○	○	○	○	○	○	○

	Dimension 5: Service Delivery	1	2	3	4	5	6	DK
18	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.	○	○	○	○	○	○	○
19	Mental health prevention and intervention services are empirically supported or based on evidence of positive impact.	○	○	○	○	○	○	○
20	Mental health activities and services are designed to meet the needs of culturally and linguistically diverse groups.	○	○	○	○	○	○	○
21	Psychiatric consultation is available to provider staff to assist in the assessment and treatment of youth with serious and/or complex mental health issues.	○	○	○	○	○	○	○
22	Treatment plans are uniformly completed and accurately match program services to the presenting needs of students and their families.	○	○	○	○	○	○	○
23	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.	○	○	○	○	○	○	○

	Dimension 6: School Coordination and Collaboration	1	2	3	4	5	6	DK
24	Mental health staff develops and maintains relationships and participates in training and meetings with educators and school-employed mental health staff.	○	○	○	○	○	○	○
25	Mental health staff provides consultation services to teachers, administrators and other school staff.	○	○	○	○	○	○	○
26	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.	○	○	○	○	○	○	○
27	Interdisciplinary meetings and training are regularly held with all health (if present) and mental health staff of the program.	○	○	○	○	○	○	○
28	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).	○	○	○	○	○	○	○

Dimension 7: Community Coordination and Collaboration	1	2	3	4	5	6	DK
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.	○	○	○	○	○	○	○
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.	○	○	○	○	○	○	○
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.	○	○	○	○	○	○	○

Dimension 8: Quality Assessment and Improvement	1	2	3	4	5	6	DK
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.	○	○	○	○	○	○	○
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).	○	○	○	○	○	○	○
34 Findings from the QAI plan are used to continuously improve services.	○	○	○	○	○	○	○

SCHOOL·BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

donate

Home

Behavioral Health Protocols

The following *Best Practice Protocols for Delivering Behavioral Health Services in a School-Based Health Center* developed by School-Based Health Alliance to assist both established and new school-based health centers (SBH develop and/or improve 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 other SBHC staff. Therefore, it is important that all SBHC staff -- particularly managers, behavioral health providers 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 fu role assumed by a mental health provider. SBHCs are encouraged to adapt these protocols to address the specifi programmatic, clinical, and administrative needs of their SBHC. SBHCs may also wish to use this set of protocols 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 and healthcare practices at national, state, and local levels. These protocols have been reviewed by an expert pan 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

Content

- Qualified staff
- FTE to staff ratio
- Job descriptions
- Minimum qualifications
- Documentation: education, licensure, criminal background check, drug and ETOH testing
- Clinical consultation
- SBHC orientation and professional development

Considerations

- MOU, LOA when provided via linkage agreement
- Medicaid and other 3rd party reimbursement
- Practice act
- Functional job description

2. Behavioral Health Services

Content

- Required onsite services
- Optional through linkages or referral
- Meet standard of care for children and adolescents
- Individual, group, family, telemedicine
- Interventions: evidence-based, culturally competent, and feasible in school-setting,

Considerations

- MOU, LOA onsite services through linkage(s)
- Age and community specific
- Record sharing EHR or paper
- Non-billable services
- State statutory laws re: confidentiality, mental health, and substance abuse services
- 24 hour coverage

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

Content

- Combined PC and BH record
- Documentation to be entered in and shared between PC and BH providers
- Charting errors

Considerations

- MOU /LOA
- Different EHRs

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

Content

- Joint needs assessment, campaigns, strategies, planning
- Services offered by school and mandates
- Meet with school mental health providers
- Orient school staff to benefits of BH services
- Establish referral process
- Joint plan for BH emergencies

Considerations

- Collaborate with school social worker when possible
- How SBHC staff can participate in school team meetings

SBHC NUTS AND BOLTS
A MODEL FOR EXCELLENCE:

PLANNING AND SUSTAINING THE MODEL
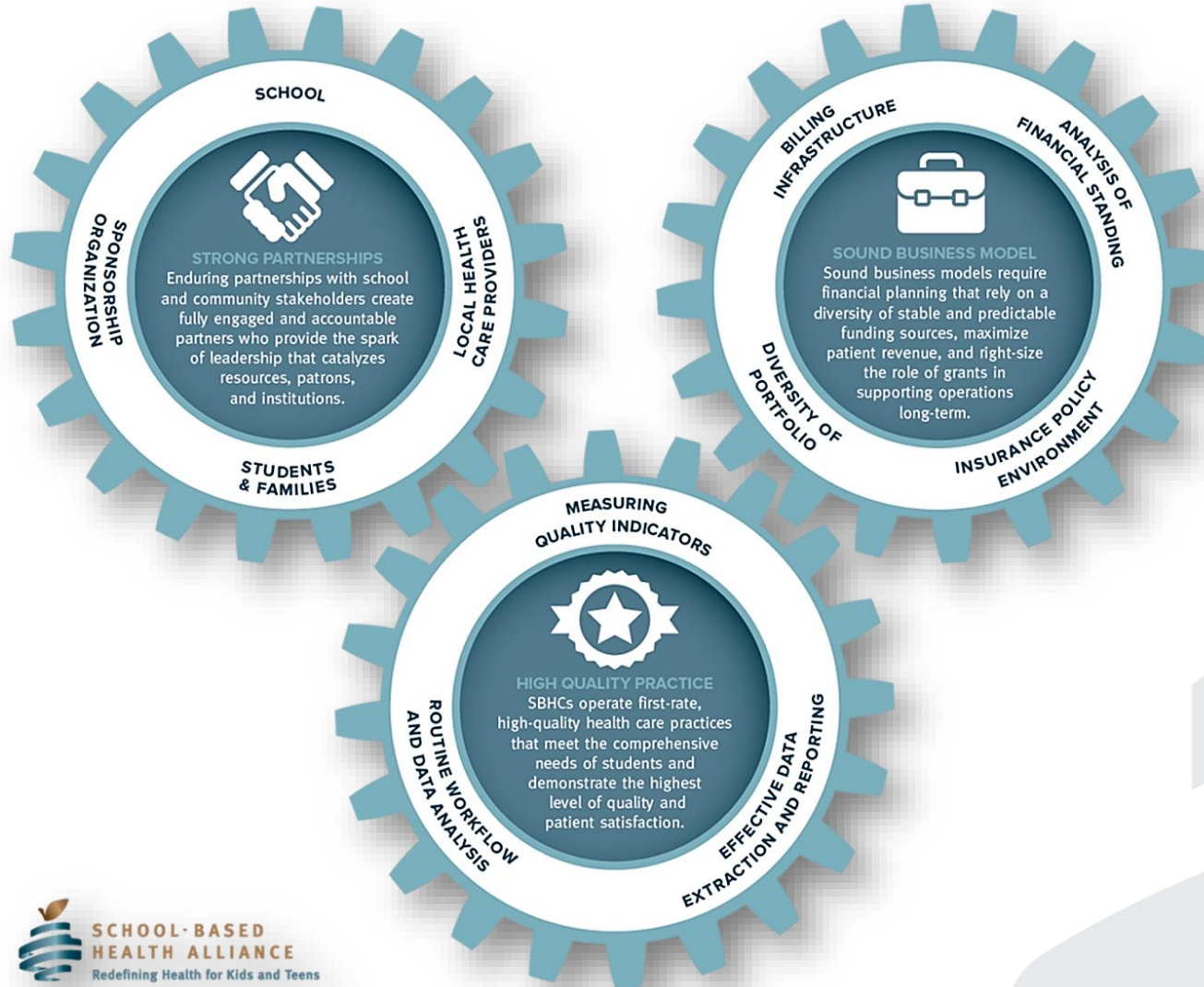
Nut & Bolt #1
Strong Partnerships

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.

SCHOOL

SPONSORSHIP ORGANIZATION

LOCAL HEALTH CARE PROVIDERS

STUDENTS & FAMILIES
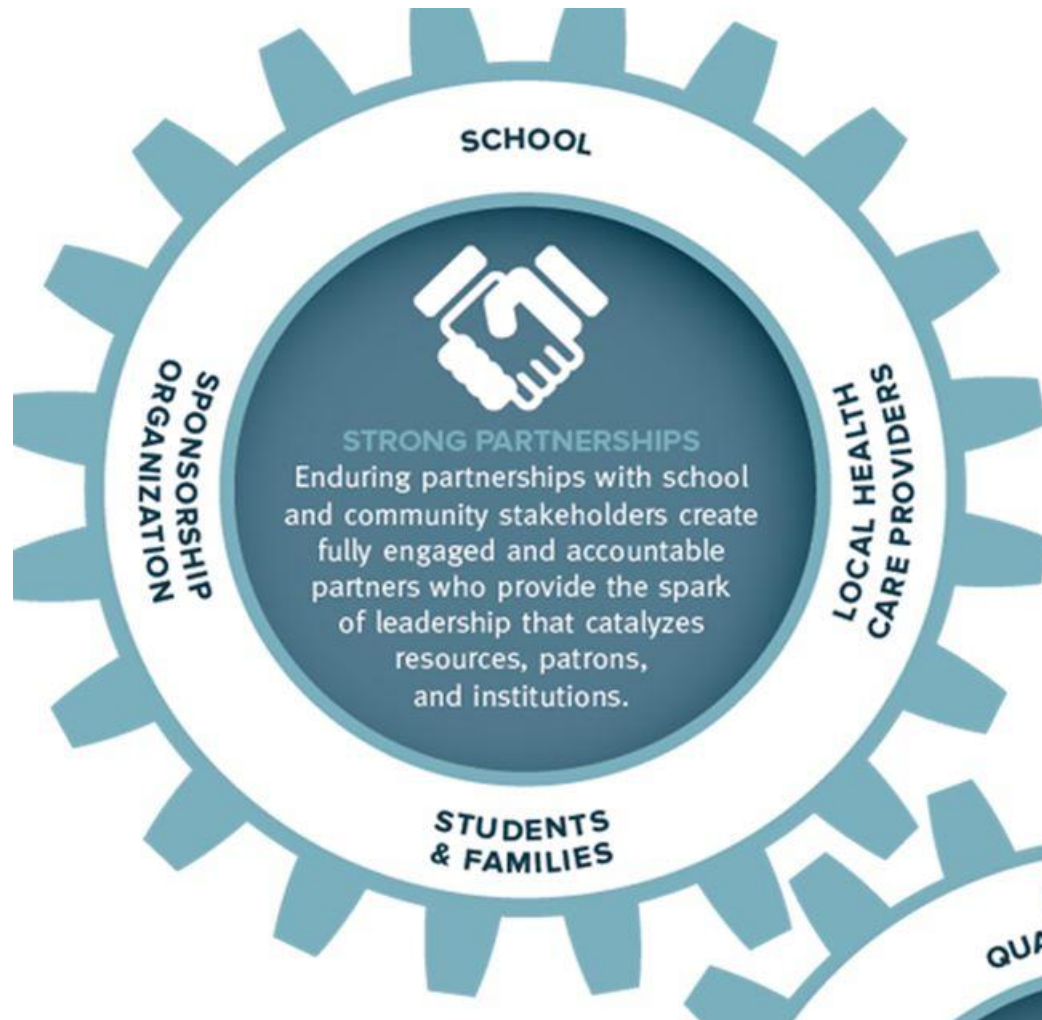
Potential Partners

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.

- <u>Must</u> 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

SCHOOL·BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

BILLING INFRASTRUCTURE

ANALYSIS OF FINANCIAL STANDING

DIVERSITY OF PORTFOLIO

INSURANCE POLICY ENVIRONMENT

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.

Search: [_____]

Sustainability Domain ⬍	Resource ⬍	Get the Resource ⬍
Overview	Sustainability Infographic	Download
Strong Partnerships	Integration Rubric	Download
Strong Partnerships	Integration Self-Assessment Tool	Download
Strong Partnerships	SBHC Stakeholder Partnerships	Read more
Strong Partnerships	Partnership Action Plan	Download
Strong Partnerships	SBHC Sponsorship Fact Sheet	Read more
Strong Partnerships	Youth Engagement Toolkit	Read more
Sound Business Model	Cost Survey	Coming soon!
Sound Business Model	Pro-Forma Financial Template	Download
Sound Business Model	Pro-Forma Financial Template Manual	Download

Cost Survey

Cost Survey

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

Data Entry Section	Status	2015-16 School Year
I. Demographics		Complete Section
II. SBHC Operations		Complete Section
III. SBHC Financial Parameters		Complete Section
IV. SBHC Encounters/Other Visits Data		Complete Section
V. Salary Expenses		Complete Section
VI. Fringe Benefits		Complete Section
VII. In-Kind Expenses: Donated Labor		Complete Section
VIII. Supplies and Materials		Complete Section
IX. Contracted Services		Complete Section
X. Building and Facilities Utilization		Complete Section
XI. Building and Facilities Expenses		Complete Section
XII. Miscellaneous Expenses		Complete Section
XIII. Indirect Expenses		Complete Section
XIV. Depreciation Expenses/Opportunity Cost		Complete Section
XV. In-Kind Expenses: Donated Supplies, Materials and Equipment		Complete Section
XVI. Revenue		Complete Section

Nut & Bolt # 3
High Quality Practice
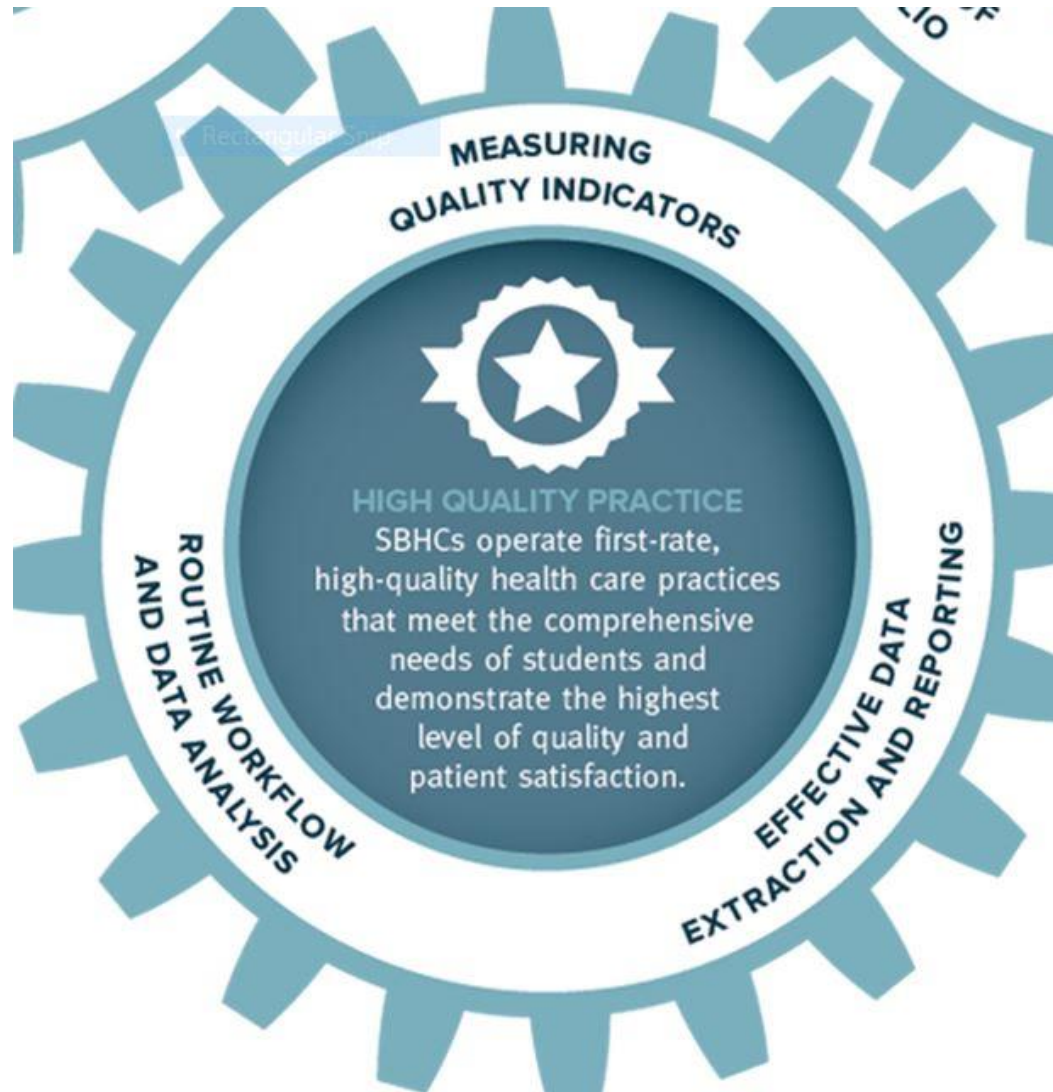
SCHOOL·BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

About   Initiatives   School Health   Resources   Training   Advocacy   Members

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

CHLAMYDIA SCREEN
ANNUAL RISK ASSESSMENT BMI ASSESSMENT WELL-CHILD VISIT
ANNUAL RISK ASSESSMENT CHLAMYDIA SCREEN
DEPRESSION SCREEN CHLAMYDIA SCREEN
CHLAMYDIA SCREEN
ANNUAL RISK ASSESSMENT WELL-CHILD VISIT
QUALITY COUNTS

Quality Counts

Why Quality Counts

Measure Selection Process

Core Performance Measure Definitions

Stretch Measures

Setting Up For Success

Compare Your Data Nationally

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

CSMH - SHAPE

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

BENEFIT	INDIVIDUAL	ORGANIZATION
A national voice advocating for SBHC at the federal level	✓	✓
Online Advocacy Center designed to simplify engagement with the U.S. Congress	✓	✓
Subscription to School-Based Health Care eDigest to stay current with breaking news	✓	✓
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	✓	✓
Professional networking and volunteer opportunities	✓	✓
Discounts to the annual convention	✓	✓
Access to SBHC Online Job Board	✓	✓
Opportunities to participate in private and federally-funded national initiatives		✓
Letters of support for grant applications		✓
Time limited technical assistance in program development, finance, sustainability, public policy and advocacy, coalition building, leadership training, and branding		✓
10% discount on consulting services (up to $5,000.00)		✓
Opportunity to run for the Alliance Board of Directors and national committees		✓

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*

Questions?

Thank You!

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