

Gina ([00:00:00](#)):

Thanks so much Olivia. Welcome everyone to today's webinar on school and health center partnerships. There may not be a more important moment than now for us to be discussing the important collaboration and the impact that it has on our school-aged children and communities around the country. Thank you for making time out of your busy schedules to be here today. Next slide, please. I'd like to acknowledge the Health Resources and Services Administration that was able to provide funding to help support today's webinar. Next slide. And I'd like to remind folks that when you register for today's webinar, we hope you're also registered for the May 17th session, which will be a little bit more nuts and bolts about school-based health centers and working specifically within communities.

Gina ([00:00:53](#)):

I would like to let you know that as Olivia mentioned, we did receive many questions from registrants headed into today's webinar. Those questions will be addressed in today's content as well as in content that we are preparing for May 17th. We hope that you will join us. Next slide, please. Today's webinar wouldn't be possible without collaboration between the National Association and the School-Based Health Alliance. You can see from this slide that there are 21 national organizations that the Health Resources and Services Administration specifically funds to support and assist community health centers around the country in various ways. And we want to thank the School-Based Health Alliance for their excellent partnership today and always.

Gina ([00:01:40](#)):

Next slide. I believe that Olivia mentioned to you that the archive we're recording from today's session will be available on the Health Center Resource Clearinghouse. So this is a one stop shop where training and technical assistance materials are closely curated. And we make sure to elevate the most tailored items for you to use. So, please check this out when you go to look at today's archive. Next slide. Okay, let's get started. Let's have this conversation about community partnerships in which we bring school-based health services to our school-aged children.

Gina ([00:02:24](#)):

Next slide. Today's target audience are the many community health centers across the country. We know that many of you are already operating some level of school-based health service, or you have a partnership under development, which is what makes today's topic so timely, or you're here to get ideas on how to get started. Your timing is great. Community health centers serve 28 million patients annually, of which 8 million are children. So about 28%. And this is the 2020 UDS data that you see here on this slide. We know that due to the pandemic, there was a slight dip in overall patients. But now as folks are coming back into care, those delays are hopefully loosening up. And we are confident that this number will certainly increase in the years going forward.

Gina ([00:03:25](#)):

Community health centers are a critical safety net, a critical medical home for members of communities in rural, and in urban, and suburban locations, across the lifespan, across the income, and insurance status. And this is just a reminder of the mission and the target population for our community health centers. Next slide. One important facet of the Community Health Center Program is that community health centers are required to be governed by a patient majority board of directors.

Gina ([00:04:05](#)):

We bring this up today because we hope there are members of health center boards of directors on today's call. And if not, and you represent a community health center, please be sure you initiate conversation with your boards of directors about the strategic and important value of school-based services. It is quite often the community health centers boards of directors who will look at the community needs assessment data, hear from members of the community, already have connections with local school systems and raise this important need to either stand up a school-based service line or think more broadly about supports for school-aged children and their families. The National Association of Community Health Centers is very pleased to offer support and training to community health center boards of directors.

Gina ([00:04:59](#)):

Next slide please. And we want to be sure that community health center boards feel confident in their ability to address school-based healthcare needs in their community. We encourage boards to really think about what might be possible for the workforce, for the health center as an overall organization, and most importantly for your community. Next slide. If you are here from a community health center board of directors and you'd like some more assistance or support to help with those conversations, please don't hesitate to reach to NACHC, we're happy to provide assistance to health center boards around the country. This slide is an indication of some of our resources.

Gina ([00:05:50](#)):

Next slide, please. Okay. We've set the stage. Now, I'd like to ask Olivia to release a couple of polls. You're going to see them pop up in your chat box. And so, if you could look into your chat box and look through these questions and see where you fit, this is our attempt to understand who's here today on the call and why you're here on the call. So first, we ask you to please select your organization type. Are you representing a school or a school district? Are you a federally qualified health center. Section 330 funded or a lookalike? Are you some other healthcare provider? Maybe you're in a community where there is no community health center and you're thinking about what might it take to start one. Are you with a Primary Care Association in a state or a region, or are you another National Training and Technical Assistance Partner? Let us know who you are.

Gina ([00:06:49](#)):

And I believe Olivia's collecting our responses. While she's doing that, let's look at poll question two. What is your primary funding source? When you think about providing school-based health services, are you funding that through an existing community health center base grant or perhaps you're currently using supplemental pandemic or COVID related funds to get started in a one time manner? Are you active with philanthropic organizations or fundraising? We know that many school-based health center start that way as well. Maybe you're looking at Medicaid and Children's Health Insurance Program revenues as a way to help subsidize this work. And it's okay if you don't know. You can indicate that too.

Gina ([00:07:35](#)):

And then finally, our third and final polling question. Why are you interested today? Did you apply to the Bureau of Primary Health Care at HRSA to be a school-based health center but you weren't funded? The good news is there is additional funds coming out for the approved but unfunded list. Maybe you have a need in your community, and that's why you're here to learn more. Maybe you'd like some tips or inspiration on partnerships. We hope that you'll find that here today. Maybe you're looking to expand.

Gina ([00:08:09](#)):

So let's see. Olivia is showing us the results here. So we mostly have health centers, it looks like. We've got some other entities and we've got some school folks. Thank you for being here. Primary funding source is as we would expect existing Section 330 community health center funds, some other funds. And a lot of folks don't know. That makes sense too. And let's see. Question three. Why are you interested today? So it looks like an interest in building new partnerships, expansion, and you've identified a need. And folks who aren't sure, or the no answer, I think I'd like to offer to you we hope that you leave today's webinar more informed and inspired than when you joined us at the top of the hour.

Gina ([00:09:04](#)):

Well, thanks. We're warmed up and we're ready to go. It's my pleasure now to turn the webinar over to my colleagues at the School-Based Health Alliance. I'd like to introduce you to Paula Fields, the vice president of programs and technical assistance at the School-Based Health Alliance. Paula has over 25 years of experience in school-based health center technical assistance. She has consulted nationally around the promoting, planning, and implementing of school-based services. Paula holds a Master of Science in Nursing and is a registered nurse. And I would say, Paula most importantly, you volunteered your service for eight years on the board of directors for Federally Qualified Health Centers. Thank you for that service to your community and for bringing school-based health services to your community. Over to you.

Paula Fields ([00:09:55](#)):

Thank you Gina. It is thrilling to be joined by each of you to talk about how we can work together to support students through school-based health. We are so excited to see over 650 folks registered. Thank you to Gina, Ted, Olivia, and [Mark 00:10:11] for your work and sponsorship of today's workshop. With me today are my colleagues from this School-Based Health Alliance who also help plan and will help facilitate today's meeting, Shameka, Andrea, Tammy, and Emily. If you would, please go to the next slide. Thank you. And then on the next slide, we are also honored to be joined by three health center staff and their education partners who work day in and out to make a difference in the everyday life of students. We look forward to them sharing more about their partnership journeys with you and hopefully spark some ideas.

Paula Fields ([00:10:49](#)):

To get us started on the next slide, we are the School-Based Health Alliance based in Washington, DC, that serves as a national voice for school-based healthcare. The reason I am here is because we believe that all children and adolescents deserve to thrive. But too many struggle because they lack equitable access to healthcare services. School-based healthcare is one solution, bringing healthcare to where students typically spend the majority of their time in schools. Since 1995, the School-Based Health Alliance has supported and advocated for high quality healthcare in schools. Our focus includes policy, standards, data, and training to support and grow school-based healthcare, particularly school-based health centers.

Paula Fields ([00:11:34](#)):

And when you go to the next slide, you'll see that when health and education come together, great things happen. Attendance improves, chronic conditions are better managed, acute issues get quick expert attention. And we all know that healthy students make better learners. As a nurse that started in

school-based healthcare over two decades ago, I remain a fierce advocate because I've seen what it makes possible. To the student who came in and said a frog peed in his eye while he was cleaning out a pond on his family's farm, that pee ended up being a toxin from the frog's parotid gland, the same one that makes sometimes your dog sick, and it was an urgent eye issue. The grandparent couldn't drive to take for the needed care. And the coordination that happened between the grandparent, the school nurse, and the community partner to engage the primary care provider and eye specialist resulted in no long term vision issues. To my own son who needed healthcare when his father nor I could go getting because we were both at work in another town in another state.

Paula Fields ([00:12:36](#)):

And that's what happens when we work together and while I remain a fierce advocate for access to school-based healthcare. Today, we will start by sharing resources and tools to support health center and school partnerships working together to support students. You will hear what is working for your peers. And we recognize that each community is unique. And as you join us today, we encourage you to bring the knowledge of your community and see what ideas you think may work to try one. So, we are often asked why partner. And the easiest way for me to explain this is, imagine going to school sick, depressed, or with a toothache. Can you thrive or even get through the day? Unfortunately, that's the reality for many students in America. And that's where school-based healthcare comes in, helping students access care when they need it and where they need it.

Paula Fields ([00:13:26](#)):

In many schools, mental health providers and school nurses are stretched in. Supporting students by adding community sponsored school-based healthcare to existing school health services results in a win-win for students by removing the barriers to access and other things such as lack of insurance. And parents and guardians happen in this work. School-based healthcare exists on a wide range scale. And it's based on the needs and the community resources.

Paula Fields ([00:13:55](#)):

It's really important to start where you are and build relationships. Once those relationships are built, you are in a unique and strategic position to grow. It is the most important message that I want to share with you, is to start where you are and work towards the vision of where you ultimately want to be. Let's talk a bit more about the types of school-based health services. On the screen, you see a diagram showing the intersection of health and education. On the right is a list of some of the school-based health services that set in the intersection represented in blue. Many of those services are required by law for the schools to address to ensure free and appropriate public education. Sometimes you'll hear that referred to as FAPE.

Paula Fields ([00:14:43](#)):

You're probably familiar with many of these such as school nurses and school counselors. We consider school-based healthcare within these school-based health services, including school-based health centers. With school-based healthcare community providers, like nurse practitioners, physicians, physician assistants, and mental health counselors deliver care to students. We'll get to that more in a minute. But for now, I want to give you a glimpse to the types of school health services. So, on this screen, you'll notice there is a list of services that give examples of school-based healthcare that can be offered by community healthcare providers and partnerships with schools. Health centers also known as

Federally Qualified Health Centers or community health centers are a type of partner that can bring this care to your schools.

Paula Fields ([00:15:32](#)):

Do you know that over half of school-based health centers nationwide are sponsored by health centers? School-based health comes in many shapes and sizes. We've seen a whole range offered from health centers locating a service at the school, such as for rotating oral health services to full service brick and mortar school-based health centers. We receive several questions around starting and sustaining a school-based health center. Today our focus is on building partnerships. Partnerships are one of the first steps in working together. We plan to dive deeper into starting school-based health centers at the May 17th workshop.

Paula Fields ([00:16:08](#)):

So this next slide represents questions that we are often asked around parental consent, sexual and reproductive health, and a school-based healthcare provided by the community replace existing services. So let's talk about this for a minute. Parents and guardians decide what services are or are not beneficial for their children. And their consent is required for care. Available services are not provided without permission except as allowed by state minor consent law. Law is different across states, so be sure to check your state laws. We received a question around scope of services and asking if school-based healthcare services provide care to individuals beyond students. And the answer to that is some do and some don't.

Paula Fields ([00:16:56](#)):

This is determined at the local level. Remember these do not replace required school health services for FAPE, that free and appropriate public education, but instead supports and enhances. School-based healthcare does not replace parents and guardians, school nurses, counselors, pediatricians, or other services. It is important to recognize that parents, guardians, educators, and healthcare workers all want the best for children, adolescents. And building partnerships is the first step in working together. In general, school-based health centers are reimbursed through Medicaid and the funding sources that you see on the screen. They typically can't be reimbursed for the school's Medicaid, that often we call Medicaid in schools, for services that are required to be provided by the school such as IEP or individual education plans, nursing, physical therapy, occupational therapy. So, health centers don't typically offer these services on behalf of the school. And I say typically because, like I said, all of this is decided at the local level.

Paula Fields ([00:17:59](#)):

As we talk about school and community partnerships, where can you start? My question is, where do you want to go? Some may start with one time efforts around something like vaccinations or sports physical clinics. We saw a lot of vaccinations as we've been through the pandemic. Others may provide mobile services on a rotating schedule for dental or vision. Behavioral mental health is often the first service added because there are huge needs and doesn't require a lot of upfront expenses or space. This is especially easy to add with telehealth, with the caveat if there's qualified staffing available. When starting with mental health, we have seen that health centers and school recognize that students need more and they begin planning for comprehensive school-based health centers.

Paula Fields ([00:18:47](#)):

Others may have a bricks and mortar comprehensive school-based health center. A school-based health center is a shared commitment between the school and community healthcare organization working with students and families. They provide access to care on site at the school, support students' health, wellbeing, and academic success by providing array of services such as medical, mental health, dental, vision, and other unique services. Some start with primary care only. And with primary care particularly offered by health center, students see a clinician offering the first layer of behavioral mental health. They'll conduct screenings and can do brief interventions, and of course make referrals to mental health as indicated. So with that, we're going to uphold question. Thinking about school and health center partnerships, do you currently offer any of these services? The first ones are school-based healthcare services such as those immunization clinics, sports physicals, or vision and dental. Not consistent hours but on the... that you can do once or on a rotating schedule. The second one is a full service school-based health center with primary care, 30 or more hours a week. It can include other things. And the last one, though you currently don't provide school-based healthcare services, but we're excited you're here because you're thinking about it. So if you would pick, which of these best describes your current school and health center partnerships? Okay. So far about 66 of you say you currently don't have. I'm glad you're here and I hope you take many away. I see some have school-based health centers and school-based health services. All right. So as the poll stays open, we're going to move on. As you identify partnership opportunities, we want to talk a little bit about the partnership continuum. All partnerships aren't created equal, they vary by intensity and complexity and formality. Some are duration specific, purpose, and potential for sharing of information resources and power. The partnership continuum represents categories of relationships with loosely defined characteristics. It's important to determine what type of partnership you are seeking. And you can start really small, from working together to grow really big. With that, we want to recognize that successful collaborative partnerships are critical to the longterm sustainability of both school-based healthcare and school-based health centers.

Paula Fields ([00:21:38](#)):

How will collaboration help your school-based health services achieve those outcomes for students? Do you share the same mission and goals? We receive the question around how would a faith-based health center address potential limitations in the faith elements of its mission when working with a public school. We've seen a wide variety of community partners working together to support students, including faith-based. And this is an example of where you'll need to be very clear on your roles and responsibilities. However you decide to work together, it's important that everyone understands and agrees the purpose of collaboration, the degree of commitment, and the expectation of the partners who are involved. Each of us can probably think of at least one collaboration where some of these principles were violated. And I think we can all agree that if these principles were honored, that the partnership would've been more successful. Early in my career, I was charged with opening our organization's first school-based health center. I didn't understand how schools worked or the key players to engage. But I was lucky. The school nurse introduced herself. She wasn't upset. And she said, "We have one thing in common and we all want what's best for students." And since that time, I always go back to, "Let's agree, we want to work towards what's best for students." And then we can work through any of those other things or stuff that comes up as long as we keep coming back to what's best for students. On the next slide, you'll see a list of potential partners to engage as you go through the planning process. I would encourage you to think about, is there anyone that jumps out to you that you want to engage with soon? There are many important school staff. Some of those include the ones you see on the screen, the student assistant team, the school nurse, school social workers. Who else or what other positions come to mind?

Paula Fields ([00:23:28](#)):

Being a nurse I recognize how lucky I was to have a school nurse and soon thereafter a principal to teach me the ropes of working within the education system and the wisdom to focus all things around students. I share this with you in hopes that you can learn from it, or hopefully you can smile and shake your head knowing you've already figured it out. The saying from Helen Keller rings true, "Alone we can do so little, but together we can do so much."

Paula Fields ([00:23:54](#)):

So here is our next poll question. What is the status of your current partnership? No health center school partnership, existing partnerships you want to improve, or existing partnerships you want to expand? Okay. It looks like existing partnerships, good, or overall we have some partnerships either that you want to improve or expand, and some with no partnerships. Thank you for responding to that. With that, let's talk a little bit about working with the education sector. We had a question around talking points when reaching out to education, and we also had questions from education on reaching out to health centers. So a few tips to think about. Avoid large amounts of health data and lingo. I know our CEO and president Robert Boyd always says, "Don't give me the acronyms, spell it out for me." So I'm going to start with acronyms. He can laugh.

Paula Fields ([00:25:33](#)):

I always reflect on the ABCs of the meds versus ads. So, for the medical folks, you might remember a long time ago we were taught the ABCs in CPR, and that meant airway, breathing, and circulation. Those are old terms and they've changed. But when you talk about the ABCs for education, attendance, behavior, and course progression is what they will mean to them. And that was something that I learned that was an aha for me. Education uses data in different ways from the health sector. They focus on data such as attendance, demographics, grades, schedules, and assessments when sharing health related data. Remember to stick to lessons more. Focus on data that makes the connection with priorities of the school, and find ways you can connect the health data with learning, academic achievement, attendance, and really use concrete examples like safe sit time, dropout, alternatives to discipline, and graduation rates. Next we will share some resources that are available to you. Don't worry about writing them down. We have direct links in the PowerPoint that you have received or will receive shortly. There is a lot to consider and navigate. When you look back at the last few slides, what information can you share and how can you keep it all straight when you're working with partners? That's where MOUs or memorandums of understanding come in. These are the cornerstone to your partnerships with schools. Read these up. And with that, whenever we think about the MOUs, we really want to establish the relationship between the partners and formalize the commitments and agreements. And we'll share also in the resources a link to sample MOUs.

Paula Fields ([00:27:20](#)):

We've launched our Children's Health and Education Mapping Tool in 2014 and have updated the tool layers data traditionally reported in separate silos and allows the user to view it at a local, state, and national level. So for example, we recently added information on health centers and indicate which schools have existing relationship with those health centers. So an example might be, if you are a school district or school administrator, you can go into the children's health and education mapping tool and find your local health centers, get their contact info, and see if there are other schools they're working with. We also have a Hallways to Health toolkit that can help...

PART 1 OF 4 ENDS [00:28:04]

Paula Fields ([00:28:03](#)):

We also have a Hallways to Health toolkit that can help with partnerships, and provides opportunities to use these partnerships for school wide wellness benefits. And if you go to the next slide, you'll see a picture of what the Hallways to Health toolkit looks like, and you'll see the sections around building a wellness team. Engage the community based organization, engaging parents and guardians and school partners. And then another resource on the next slide that we developed a few years ago are around powering up partnerships in your community between health centers and school, and uniting for young people's success. Partnerships can seem like a big task, but it doesn't have to be. Start from where you are.

Paula Fields ([00:28:45](#)):

This resource explores the value of school and health center collaboration, and gives you additional ideas and tools. And last but not least, we developed this guide with NACHC. Although its content is about vaccinations, the ideas and resources apply to building almost any kind of health center partnership between schools and health centers. We embedded the resource links, including a link to the School-Based Health Alliance's website, where you can find many of the resources and direct links to the resources shared today. And as a reminder, this will be included in the PowerPoint.

Paula Fields ([00:29:26](#)):

So we have talked a lot about partnerships, and before we transition today's faculty, let's talk about potential next steps to consider. Beginning from within by convening a planning committee. Create your buy-in and support for your health services by involving the who already share an invested interest. The children's health and education mapping tool can help you conduct and do an asset mapping to identify resources and those potential community partners, in addition to community needs, if that's something that's helpful to you. So with that, let's transition now to hear from health center staff and education partners who work day in and out to make a difference in everyday lives of students. My colleague Andrea Shore has joined us now, and will facilitate. Andrea, take it away.

Andrea Shore ([00:30:19](#)):

Hey, thank you, Paula. Hi, everyone. It's such a pleasure to be here today. And I have the exciting job of facilitating the sections today with our three communities we're going to hear from. So we're going to hear from three health centers and their education partners, and our first team up today is going to be with Allison Kilcoyne, who's the VP for Integration and Community Programs at North Shore Community Health in Boston, Massachusetts. And with her today is William Krol, who is the Dean of Students at Peabody Veterans Memorial High School. And that's in Peabody, Massachusetts. So we're going to go ahead and have Allison kick us off, and then I'll chime back in and help offer some questions, I'm sorry, to the faculty to go ahead and answer. Go ahead, Alison.

Allison Kilcoyne ([00:31:13](#)):

Great. Thank you. So I have a PowerPoint presentation and my colleague Bill Krol is here. He is more than a blank space. He's right there. So, happy to have him. So I was asked to come and present on addressing hesitation within the educational system. And I think one of the things that I've learned over the years in building programs and collaborations is we do have to change our thinking. And so I renamed our presentation to Creating Opportunities for Collaboration with the Educational System,



because I think that really talks about how we create programs working with our educational partners. So really we're going to look at hesitation to school-based health centers and school-based healthcare within the educational system, identify ways to build trust with stakeholders. And then talk a little bit about a case study, which is personal to me. And really, how I've learned is by doing, and also making mistakes, and continuing forward.

Allison Kilcoyne ([00:32:21](#)):

So I am from a federally qualified health center north of Boston called North Shore Community Health. And we have three main sites in Salem, Massachusetts, Peabody, and Gloucester, where we do comprehensive healthcare for medical, behavioral health, and dental. We have seven school sites, two bricks and mortar school-based health centers in Salem and Peabody High School, and then five integrated behavioral health clinicians in other schools in the Salem district. We have about 13,000 patients in our health center, which encompasses about 13 to 15 square ... 15 miles, and do about 88,000 visits per year. People have told me we are a s'medium health center, so not small and not medium.

Allison Kilcoyne ([00:33:10](#)):

And then our student health center at Peabody Veterans Memorial High School, I always have to say it is also the high school I graduated from a while ago. So it's near and dear to my heart. Opened in April of 2015 after a three year planning. And the school has ... This is from last year's data, about 1400 students. And if you look briefly at the data, what you'll see is our percentage of low income students and students with high needs is higher than the average in the state.

Allison Kilcoyne ([00:33:43](#)):

I really like this graphic from the school-based Health Alliance, and it shows these cogs and how in order to have a successful school-based health center, all of these parts are needed to work well together. And what I like to focus on is the partnerships here. That's what we're talking about today, and specifically the school partnerships and the sponsoring organization partnerships. In my case, that's the federally qualified health center, and how that ... how we work together to really spark programs and take care of youth and children. I think one of the most important ways to approach building in a school-based health ... building school-based health centers is to start with the why. I think this really follows the thread of what Paula talked about earlier, is not really starting with the what, starting with why do you want school-based health services?

Allison Kilcoyne ([00:34:42](#)):

And this is a graphic from the Golden Circle, according to Simon Sinek. If you haven't seen his Ted Talk, it is worth your 15 minutes of your time. But really, if you start with the what, the school-based health center, and work backwards, you're limiting possibilities. But if you really start with your purpose and the why are you doing something, that is how you can gain collaboration and find your alignment with different disciplines. And so here is my why, is that? I believe that youth deserve access to all the service they need, all the services they need in order to thrive, and that school-based healthcare and school-based health services create that access in a high quality, efficient, safe, and youth focused way.

Allison Kilcoyne ([00:35:29](#)):

I think aligning mission and vision is also really important, and really exciting is this recent press release. And so when we think about what is the north star, where are we headed towards with school-based

healthcare? Why? The HHS secretary and the Secretary of Education really came out and said what I believe, which is that they believe that in expanding school-based health services, that really ensures that children have of the health services and the supports necessary to build resilience and thrive. So I couldn't have said it better myself.

Allison Kilcoyne ([00:36:13](#)):

So in order to come together and plan these programs, we really need to develop trust. And trust is a concept that is explained very well in this book by Steven Convey, that change only happens at the speed of trust. And I would extend that to say that trust only happens at the speed of relationships. And so, in order to build, we are all human, so we can make plans, and spreadsheets, and whatever it is that takes to make a program, but it's the humans behind it that have the motivation to build. So I always start with trust. And really, thinking about trust, specifically in health and education, we are mission driven, passionate humans who care about what we do. And so you're taking something that's so valuable to you, and you're making it vulnerable to someone else. And that's a really hard thing to do at times.

Allison Kilcoyne ([00:37:22](#)):

When we look at trust, this Four Dimensions of Trust by Charles Feltman really resonates with me as a non-educator going into an educational system and thinking of about how we're going to work together, because it looks at sincerity, reliability, competence, and care. And really that sincerity. Do what you say you're going to do, and mean what you say. Reliability, that you meet the commitments that you make. I think in a school, what that looks like is do you show up. Do you show up consistently for your partners in the school and for the students in the school, and having that visibility. That competence, you need to know what you're doing, and can people trust that you have the ability to do what you're saying and you're proposing that you do. And then care, and do you have other people's interests in mind when you make these decisions and actions? So keeping all of these things in mind, as you approach moving into school-based healthcare.

Allison Kilcoyne ([00:38:31](#)):

And so then we collaborate on the how. And again, communication is key. Finding the people with those shared values. So I look at, for school-based health centers and healthcare, it's equity, collaboration flexibility. One day in a high school is one day in a high school. You never really know what is going to happen the next day. I've been doing school-based health center, healthcare as a nurse practitioner for over 20 years, and I'm still surprised. I think that I've seen everything after all of these years. And I'm still surprised sometimes as to the issues that are brought to my attention.

Allison Kilcoyne ([00:39:14](#)):

And in a school building, you may think that at the person that you should really collaborate with is the principal. But as we know, building principals are probably the busiest people in the building. And so who are the other people that you can collaborate that really will be champions of whatever it is that you want to do. And they may not be who you think they are. And maybe it's convening a work group, joining an existing group, offering some services, but not solving the problems for the school. We're listening. We are taking notes. We're following up. And it's not a quick process. I think one of the things that I've learned is that it's an evolving process, is building those collaborations and school-based health services, and a long term relationship, and that commitment to that.

Allison Kilcoyne ([00:40:12](#)):

Again, then moving to the what. Schools need help. We know that they do. I think the pandemic has taught us that they welcome services and help in the health realm. And so how can we help? How can we move forward with what is our agency's purpose, and what is the school's purpose, and how do we come together? And development, it can be a school-based health center, but it also can be participation in helping writing policies or programs, or coming in for a health fair. And sometimes you can still meet resistance and conflict, and always returning to the why in level setting, and saying, "Wait, we are actually both here for the same reason. We may be just looking at it from two different perspectives."

Allison Kilcoyne ([00:41:04](#)):

So I'm going to say, this is the case. I was asked to think of a case study. I have a lot, but I ... from just my years at Peabody High School, and prior to that. But I named it, "We want this, but not that." And so when we look at a history of our health center at Peabody High School, in 2013, the district got some youth risk behavior survey results that were surprising around behavioral health, students seeking behavioral health services in the nurse's office, and just a high level of depression, and suicidality, and substance use compared to the state and the national data. And so the school's why was kids are suffering, we need help. We don't know what to do.

Allison Kilcoyne ([00:41:55](#)):

They approached our CEO of our FQHC, who said, "Our model of service delivery is a comprehensive school-based health center. That's what this agency can offer you. Are we interested?" And they moved forward with the planning group. The school committee voted to start looking for funding. And the program manager was hired in August 2014. That was me. And we opened the doors in April 2015.

Allison Kilcoyne ([00:42:25](#)):

And so when we think about we want this, but not that, and from the two main amps, if there's no other word to find, from a school administrative purposes, they wanted health services, but not all health services, because sexual reproductive health, sometimes we don't want to ... Sometimes that's uncomfortable. We want our students to have access to services with some teachers, and then some [inaudible 00:42:49], but they also need to be in class. So we want students to have confidentiality, but we're uncomfortable not knowing what's going on with our students in the building. And we want collaboration, but this is a school.

Allison Kilcoyne ([00:43:02](#)):

And then on the health center side, and we could say that this is also the Allison side of my fixed mindset at the time was like, we only do comprehensive health. We don't do this or that. We do holistic health. Students need full access to the health center. Not just when you think they need it, they need full access. And we provide confidential services, and you can't know about that. But we want collaboration, but this is health healthcare. And so when we take a step back and look at it, and I have done this over the years, what we see is we want the same thing. We want health services. We want access. We believe in confidentiality. And we believe in collaboration. We're just looking at it from a different operational how, but the why is aligned.

Allison Kilcoyne ([00:43:57](#)):

And so, dissimilar to the school nurses and school adjustment counselors, school nurses see that they are the healthcare provider in the building, and they are responsible for all the health in the building. And they already provide healthcare. But yeah, they needed help specifically at Peabody High with their immunization compliance. And the school adjustment counselor said, "We have to already provide these services. How are we going to know what students are getting your behavioral health services and not ours? And we need to know when kids are struggling, because we are responsible for all of the kids in the building. And we're busy, but we can't keep up with the need." So again, there is a shared understanding of how we as a health center could come in and alleviate some of the stress and actually help in immunization compliance, and in helping with some of the overwhelming need.

Allison Kilcoyne ([00:44:59](#)):

And so reminding ourselves that conflict happens when values aren't aligned and we're not clearly stating them, and not remembering that we're in it for the same reason, and getting stuck in our own way. I have been there, and I think most people that are just trying to do this work have been there. We get stuck. So taking that step back. And so when I took a step back, many times I look at mission statements. And so up here is the Peabody school's, inspire, empower, and challenge our students to pursue excellence in reaching their potential. Professional educators and community partners collaborate to ensure success at the highest level in a safe, student-centered environment. And then our community health center's mission is to build healthy communities by providing exceptional care to all. And when I look at the intersection of that is what we really believed in our school-based health center, was to provide high quality, comprehensive healthcare to students in order to support optimal health and academic outcomes, that we're doing both. We're caring about their health and their education.

Allison Kilcoyne ([00:46:14](#)):

And so the collaboration, I do say this to myself a lot, is clear is kind. It is a quote from Brene Brown. I do love her work on leadership. So we look at the Peabody High School, collaborate to ensure success at the highest level in a safe student centered environment. And then for the school-based health center, support optimal student health and academic outcomes. The schools want to maximize class and time. And we agree, and we want to maximize the quality of in class time. Schools want to ensure that their students are safe and accounted for during the school day. And we want to make sure that students feel safe accessing the care that they need.

Allison Kilcoyne ([00:47:03](#)):

And schools really ... This is a learning moment for me, is that schools really need to be aware of what is happening in emergent situations because they feel a responsibility for every student in that building. And we as healthcare providers also want to make sure that we communicate with our educational partners when there is an emergent situation. And as you can see, as we begin to collaborate, this is where we would then form the how and the what. The processes, the policies, everything comes from this shared understanding of why we are doing what we're doing.

Allison Kilcoyne ([00:47:52](#)):

So I would say for me ... and we'll have time for a few questions, but really, the tips to take away are to focus on the student and shift your perspective. It is very easy to have a fixed mindset from your role and how you are showing up in a room. But it is really important to shift that perspective. And then come to what is it that you agree on when you're in conflict. And sometimes things can get really

difficult, and heated, and tough, but what is it that you're in agreement on? And really, create a shared vision for the students' success, with the understanding that there are many paths to get there.

Allison Kilcoyne ([00:48:34](#)):

So I may think that a school district needs a bricks and mortar school-based health center, but the nurse's office and the school administration may say, "We just need to ... Help us do flu shots, and COVID shots, and immunizations because that's how we'll keep our children healthy," and that's what we can do right now. I think that's the beginning of the collaborative relationship. And I think always start with the why, and then move to the how and the what, and that will make things clearer.

Allison Kilcoyne ([00:49:06](#)):

And so I like this quote. I like to end presentations ... I like this quote with Colin Powell. "Leadership is all about people. It's not about organizations. It's not about plans. It's not about strategies. It's about people motivating people to get the job done. You have to be people centered." We have to be relationship centered in order to build trust and to help our youth. That's all I have to say.

Andrea Shore ([00:49:36](#)):

Oh, thank you so much, Allison. That is amazing. Amazing. We love when Allison presents. Thank you so much. And I do invite everyone to please drop any questions right into the Q&A as presenters are speaking, as we'll have a little bit of time after each pairing of presenters. And then if we have a little bit of spare time at the end, we'll come back to some. But we certainly can do some follow up by email, as well. So I do have a few questions that have come in, and our first is for our fabulous education partner, Bill. We'd love to hear from you. As the education lead in this partnership, can you share with the audience, how has your thought changed over time with having a school-based health center in your school? And what's the most important thing you've learned as an educator?

William Krol ([00:50:27](#)):

Well, thank you for having me today. It's great to be here, and I think ... I do think that my ... I've had a complete 180 in how I view our student health center. I can't imagine. I will take exception to one thing that Allison said. I do think deans of students are actually the busiest people in a school. But no, working with our partners in the school-based health center, I've come to think of them in the same ... as needed as the library, our school buses, our school cafeteria. I just can't imagine ... I can't imagine not having them. There were some growing pains when we started, absolutely. Like most people, I think we were somewhat reticent, what were we going to do, what was going to happen? Are kids going to be taken out of class?

William Krol ([00:51:21](#)):

We've communicated. I think the communication piece was really key. I still have Allison's slide up there about it's continually meeting, having critical conversations about what our expectations are. I think also, Allison's slide where we pulled out the words that we really wanted for kids. And I think when we got down to it, we were all on the same page, and it ... especially now with society, the pandemic, and such, it's just so important to have this here on site for our kids. Like I said before, I hope I'm answering the question. I can't imagine our school without the school-based health center.

Andrea Shore ([00:52:07](#)):

Thank you so much, Bill. Thank you. And, Allison, this question came in, which I think builds off of ... And, Bill, please chime in if there's anything you'd want to add to this, too. This comes to ... You started with the why, and I think this really hits on the what a little bit, Allison, how do you get to there? This is regarding assessing the needs and interests. What are some of the ways you've solicited feedback from students, families, and school staff along the way? Any specific examples of what you've done, and key questions you asked when you were building that partnership to determine what services were needed in the schools? I'd love to hear that.

Allison Kilcoyne ([00:52:44](#)):

Yeah, I think the first thing that comes to my mind is probably before we had a physical health center, I was there trying to just meet people. And I had this little office in the back of the main office that had copy machines in it and stuff. And I had a student that came by, and she said, "I hear you're doing a health center." And I said, "Yeah." And she said, "How come I didn't know about that? I'm a student. Why didn't you ask the students?" It was like, "You're right." And so from that conversation, we started to do a youth advisory council, and we started to bring in the youth to talk about what is it that you think the school needs to help you? And so we have ended up having a very successful youth advisory council at Peabody High School. Every year that there's been a conference, a national conference, we've had multiple students go through.

Allison Kilcoyne ([00:53:46](#)):

We've had two graduates of Peabody High School serve on the National School-based Health Youth Advisory Council. And every year, they do different projects. And one of their favorite projects is the Valentine's project. Bill can talk about the Valentine's. Every year, the youth advisory writes a Valentine on a little heart and hangs it in the cafeteria so every student can look and see their name. And every year, the cafeteria is just ... has like doilies of hearts with people's names on it. And that was really born out of the students coming to the health center and saying, "This is our health center, and we want everybody to feel like they belong in the school." And so [crosstalk 00:54:39]-

Andrea Shore ([00:54:38](#)):

Love that.

Allison Kilcoyne ([00:54:39](#)):

That, I think, engaging students from the beginning ... Bill, I don't know if you have any other [crosstalk 00:54:48]

William Krol ([00:54:47](#)):

Yeah, no, the thing I did want to ... The thing I did want to add, maybe, one of my misconceptions was I think our student-based health center serves our whole student body. And it's not just ... I think some people may have a misconception that it only services our economically disadvantaged youth, or ones without it. I think in these times, also, it's really important, and it was eye opening to me, just how many students need ... avail themselves of these services from all over the spectrum. And that's the community piece of it. I know even with the youth advisory council we have, there's a great, wide spectrum of students who are on that council. And that's just a wonderful thing.

Andrea Shore ([00:55:34](#)):

Bill, any other ... Last question to you for our last minute. Would there be anything else there when you're assessing needs with the health centers coming in for ways you would recommend approaching the school staff to ask them, what are some of the best ways to engage and find out what they want?

William Krol ([00:55:50](#)):

Well, I think with the school staff, I think surveying them in the beginning is really good because you can really glean a lot of information from that. And bringing the school staff-

PART 2 OF 4 ENDS [00:56:04]

William Krol ([00:56:03](#)):

... gleaned a lot of information from that. And bringing the school staff in as partners, which I think we did, we did a good job of that, with Allison and her gang bringing us in and having those critical conversations. Because for me, I'm converted. And it didn't take long to convert me, but I was reticent at first, like I said. I mean, I think we see that in most... "Well, who are these who are these interlopers coming in and telling us what we need? We have a nurse's office. We have adjustment counselors, we can handle those things." But it really does take a village, I think. And these are the kinds of things, and it all... the communication and trust. And change happens at the speed of trust. And I think that trust, it was a couple years in the making, but I couldn't speak to a person in the building who would say, "Well, we really don't need a student based health center here." Teachers are involved, all staff are involved and are familiar with and get help from a school-based health center. It really is something great. And for me, has... it helps our students immensely. It helps with the, for us, even the nuts and bolts, the operation of our school. And I can't say enough great things.

Andrea Shore ([00:57:36](#)):

Great. Well, thank you both so much. Really appreciate it. And your expertise and sharing your stories. And we're actually going to give participants a four minute break, just so you can stretch. And so we're going to go off screen for a couple minutes, but feel free to go grab water, stretch, et cetera. And we'll see you in a few minutes.

Andrea Shore ([00:57:57](#)):

Okay, I'm going to invite everyone back. Welcome back. We're really excited to bring on our next presenters to share their stories. We're thrilled. We're moving on to another part of the country. Now we're going to be in Denver. Heading to the Midwest, from the East Coast. Really pleased to be able to introduce to you today, Dr. Sonja O'Leary, who's the medical director of the School-based Health Centers with Denver Health and Hospital Authority in Denver. And then Jade Williamson, who's the manager of Healthy Schools in the Student Equity and Opportunity team within Denver Public Schools. We welcome you both today, and I'll pass it over to you to go ahead and start presenting.

Sonja O'Leary ([00:58:46](#)):

All right. Thank you so much for the introduction, Andrea. Can I have next slide? Today, Jade and I will be going over a few big topics. One is an overview of Denver Health and Hospital Authority, an overview of Denver public schools. We'll then talk a little bit about our school-based health centers within Denver Public Schools. Our service highlight will be around our new school-based health virtual care program. And we will talk about the important topic of collaboration between the school-based health centers and schools.

Sonja O'Leary ([00:59:19](#)):

Next slide. Denver Health is an integrated healthcare system that includes a freestanding hospital, trauma center, Rocky Mountain Poison Control and Drug Safety, and a comprehensive nurse line. In terms of our outpatient services, we have 10 neighborhood clinics and 19 school-based health centers. All these clinics are federally qualified healthcare centers. Our collective mission is to take care of and keep healthy the community of the Denver Metro area, especially the uninsured and the underinsured. Next slide.

Jade Williamson ([00:59:53](#)):

Thank you, Sonja. And I will go ahead and give us a brief overview of our school district here in Denver. DPS is the largest school district in Colorado. We have just over 90,000 students, 60% of which qualify for free and reduced lunch. About 12% of our students are students with disabilities. And about 36% of our students are English language learners. We have a total of 207 schools, and we are, what's known as a portfolio district, which means that we have a variety of different school models. And really the key piece there is that, with each school model, comes at varying level of autonomy that they have as they implement their schools and curriculums. Next slide, please.

Jade Williamson ([01:00:42](#)):

We are very proud to say we have a very long history with school-based health centers in our district, and with Denver Health as our medical partner. We opened our first school-based health center in 1987. And we are very proud to announce that we just opened our 19th location this past February, in partnership with Denver Health. Next slide, please.

Jade Williamson ([01:01:04](#)):

This slide just really shows the locations of our school-based health centers, which are all brick and mortar campuses. They vary in size from the smallest, which is a few rooms, to some of the largest that have six exam rooms, if you can believe it. So the footprint really varies by location. The great thing about our expansion over the last many years is that we now have school-based health centers in every region of our district, so it really spans the footprint of our city and really allows greater access for our students. And in addition, many of our sites are on what we consider campuses, which means it's a school building that actually has a variety of schools who share a physical location. So it's created even greater access for our schools. Next slide, please.

Jade Williamson ([01:01:56](#)):

We continue to grow in the number of students that are being served. Sometimes our school-based health centers are referred to as the best kept secret because, as people learn about them, they realize the value that they play for both schools and students and families. So we see about 13,000 students each year, some of our centers see more than others. And our school-based health centers provide about 40,000 visits each year. Next slide.

Sonja O'Leary ([01:02:24](#)):

All right. And so, as already discussed, our school-based health centers provide primary medical and behavioral healthcare, including well child checks, acute care, immunizations, substance abuse treatment, and psychiatric services. In addition, we also provide adolescent specific health education.



We have dental at certain sites. And we have a very robust outreach to the enrollment team to get patients and families insured or on some kind of plan. Next slide.

Sonja O'Leary ([01:02:54](#)):

All DPS students have access to our school-based health centers, and this includes our early childhood education students who are either in community based sites or at a DPS school. Patients can access the center that is most convenient to them. And we can serve as a student's medical home, or we can just be part of the medical village where we work in conjunction with another provider. Students must be consented into most services each year by their parent and guardian. And we do have the consents available online as well as paper consents. But some services allow students to consent for themselves, including some mental health service and confidential services as well. Most important for us, there are no charges for any of these services, regardless of insurance type or no insurance. Next slide.

Sonja O'Leary ([01:03:47](#)):

All right, now that we've discussed overviews of our system, we'd like to highlight our school-based health virtual care program. This has been a fun program to bring to fruition. Essentially, we are a virtual urgent care program that is a tool in the school nurse toolbox. School RNs, as you all know, have many important roles, and one is triaging patients when they come in with physical and mental complaints. What we provide is the diagnosis treatment and medication order, or possibly even in person visit referral that is needed to take away the pain, to fix the itchy bug bite, to calm down the red allergic eye, or to get them an equipment, to get them physically seen. The purpose of all this is so that even more kids can stay in school and get the healthcare that they need. We started this in about fall of 2021, where we expanded from our 19 brick and mortar schools, to 13 additional DPS schools. And this spring, we have expanded to another seven making our virtual care a total of 20. And we would like to continue expanding as we go on, but this new patient base increases us with another 8,000 students. This quote below essentially says that telehealth expands reach and depth of services to keep kids in school. Next slide.

Sonja O'Leary ([01:05:10](#)):

This is just a map of the Denver metro area. And what you can see is the blue, which are in person school-based school centers, the green are the virtual care sites from the fall and the red are the virtual care sites that we started this spring. So really trying to have that comprehensive approach throughout all quadrants of the city. Next slide.

Sonja O'Leary ([01:05:35](#)):

With virtual care, there's a lot of cool technology, or what we call peripherals that we get to use. We use a Firefly digital video otoscope to look inside student's ears, and that's transmitted to a Denver Health provider. We can listen to heartbeat and breath sounds using a 3M Littman echo digital stethoscope. And finally, of course we have a scale, since, as we all know, pediatric dosing is weight based. Next slide.

Sonja O'Leary ([01:06:04](#)):

And here's the picture of the otoscope below. But I wanted to walk you through a visit to hopefully have you better understand our process. But first I wanted to give you our three overall goals. One is for appointments to take less than 15 minutes from start to finish. Two, to involve the parents, if they wish to be involved. And finally, to make sure to look at any health maintenance issues that patients need addressed, like vaccines, for example. We start over here on the left where a student will visit the school

RN. And the RN makes the decision that the student would benefit from a virtual a care visit. The RN then checks to see if the student has a consent on file. And if not, we have folks who are able to either help the parent get that consent in, or for now we can do verbal consent so that the patient can be seen. And if desired, a parent and guardian can be included in the virtual visit through a WebEx link. The school nurse then makes an appointment themselves via the EpicCare link for an on demand appointment and a provider will show up. The provider will then talk to the school nurse, get vital signs, weights, and then we'll make an assessment and a diagnosis. If needed, the provider will then write an order, via Epic, for over the counter medication like ibuprofen, diphenhydramine, hydrocortisone. And then the RN is able to administer any over-the-counter medication.

Sonja O'Leary ([01:07:35](#)):

But the last piece is important too, which is that the student is connected to a future follow-up appointment with their medical home, if need be, to ensure any additional health needs are met. Now we would like to talk about our DPS partnership and health partner who makes these innovative programs possible. So take it away, Jade.

Jade Williamson ([01:07:56](#)):

Great. Thank you, Sonja. We figured we would wrap up our portion of the presentation today, talking about some of the tactics that we've used here in Denver that have made our school-based health center system so successful. And the first really is that, as our system continue grow, not only in the number of patients served, but the number of physical locations, we really collectively understood the need to have someone on the district side who's really focused on supporting the whole system.

Jade Williamson ([01:08:26](#)):

And so back in 2009, I was actually lucky to be hired into the district to serve as the district liaison to school-based health centers. So as part of my role here, I support their entire system. We were able to do this through some initial funding through Denver Health, through a grant they had received. And we really believe that it was important that this person, this liaison, was a district employee. As we know, school districts are very complicated systems, much like healthcare, and so having someone who is really on the inside, who could help navigate the system was really important. We always say that school-based health centers are a medical model in an education setting. And it's really important to have someone who understands both.

Jade Williamson ([01:09:08](#)):

As the liaison to school-based health centers, my role is really to help the development and implement of the program. Doing everything from working closely with our medical partner to develop the long-term strategy, down to the day to day operations. Each day I get requests from the field to help problem solve issues, to help connect them to other folks within the district, to really remove barriers, to ultimately serve students. I meet frequently with our school-based health team, in fact, I meet with the leadership team weekly. And we do that to both proactively prevent problems, but also to really just continue to figure out how to process and improve over time. Next slide please.

Jade Williamson ([01:09:53](#)):

The other thing that was mentioned earlier in this webinar that is really, really important is that we found it really beneficial to connect the work of school-based health centers, to the larger strategic goals of the district. We know that school-based health centers are just one of many programs operating in

our schools and serving our students. And it's really imperative that we connect the work to the larger goals of the district. Because ultimately, our strategic goals are our measures of success and accountability. And so we've done a really good job in Denver over the years, connecting the work of our school-based health centers, to those larger goals around the health and wellbeing of our students. We know healthy students are better learners, and coming back to that and connecting it to our goals has been key.

Jade Williamson ([01:10:36](#)):

In addition to the large strategic goals, we've also found it important to speak the language of schools when we talk about our school-based health centers. And the issues that are most important to building leaders and to teachers and to parents, it's around attendance and academic performance and creating the conditions by which students can engage in extracurricular activities. So that's the language that schools speak and school-based health centers work aligns perfectly with that. And I always like to say that school-based health center sustainability is about more than dollars. Sometimes we think that dollar are what we need to be successful. And I would argue that engagement and commitment are sometimes more important than the dollars. Next slide please.

Jade Williamson ([01:11:21](#)):

And then lastly, one of the things that we've done here, that's been a really in important tactic, is really creating a model of shared decision making. It really allows players on both sides to really be committed to the success of our centers. And so we have three levels here. We have a high level decision making group, which is called the Health Services Council. And this is really a group that's focused on the high level strategy and the long term vision of the system. We have a middle group, which is really about the operations and it's about collaborative problem solving. And it's really about issues that are going to impact the entire system. And then we really have site-based management, which really includes players around a specific location that we're going to try to problem solve and work out the daily issues. All of these include players from both our medical partner and from the district, which we think is key. Next slide please.

Jade Williamson ([01:12:19](#)):

And lastly, because we know that success is very much determined on utilization and that students are actually getting the services they need. And so we are always trying to raise awareness and engagement around our school-based health centers and have tried that a variety of ways over the years. We use a lot of channels to do that, including our formal communication channels. We invite school-based health center members and from our medical partner to sit on internal committees and work groups. We develop ongoing relationships with key departments like our early childhood education and our athletics department. And we also do a pretty significant amount of youth engagement. And then lastly, we're always including consents in everything we do. We want to get those out and in front of parents. And so we've included them in our school registration. We table at school events and we'll essentially go anywhere that we're at asked to market our school-based health centers, because we know they're such a valuable resource. Next slide.

Jade Williamson ([01:13:21](#)):

And finally, I think the thought that Sonja and I just wanted to share, because we really believe in it, is that really fostering positive relationships between school-based health centers and schools should be

intentional, continuous and collaborative. We really do value our part partnership and we see each other as vital to the long term success. Thank you.

Andrea Shore ([01:13:41](#)):

Thank you so much. Wonderful. We have so many questions coming in. That was so great. Thank you. I'm going to pick a few. And I do want to call out to participants, but I think it's really great about what we've heard today, one when key piece is that, Bill is located at a school when he spoke before. And then we've got Jade who's from the Denver Public School central office. So there's so many ways that a health center can end up engaging and building partnerships, and it's so many different tiers within a school district. And so I think that's really exciting that we've got both perspectives today. Jade, I'd love to hear a little bit more from the central office perspective. One, are there any tips that you might give the audience on getting through any initial barriers of who to try to reach out to if they were trying to engage with the central office? And any tips towards how you might recommend eventually trying to get dollars and support for a liaison like yourself, that position?

Jade Williamson ([01:14:45](#)):

Yeah, absolutely. Great question. I mean, I think initially what comes to mind is around owned something that Allison said earlier, which is around who are the folks at the central office that the work directly aligns. I personally sit in our Health Services team centrally. And so that's where you'll see our manager of nursing services and other health related professionals. It's a great place to start because obviously there's a direct alignment between the work and there's so much collaboration. But I think what it really comes down to is really finding someone internally who really understands school-based health centers. And who's really a champion. I think one of the things that folks will share, and Sonja would probably share this, is that I am a big believer in the model. And as a result, can be a strong advocate. I think the funding piece, I think looking collectively for grants or other funding sources, obviously Denver health was able to write into some initial funding in one of their early grants and that's how our work began. And then really what the district saw was that there was huge power in having someone who really was the go to person. And so we have funded this position since then, just as a way to really make the system so efficient and effective. Yeah.

Andrea Shore ([01:16:00](#)):

Wonderful. Thank you. And Dr. O'Leary, as you can imagine, there's a lot of technical questions about billing and sustainability. And there are so many models we see across the country of how school-based healthcare and school-based health centers are funded, but would you be able to speak a little bit to particularly your telehealth program? What are some of your streams of revenue and sustainability?

Sonja O'Leary ([01:16:26](#)):

Yeah, sure. And maybe I'll start with the program overall. And so I saw that there was a question around how do you stay sustainable, especially about requiring any copay or payment from patients? And so to clarify, we do charge insurance, right? So we charge Medicaid and we charge commercial insurance. Part of having that outreach and enrollment team is to make sure that families have insurance so that we can also get paid for the services that we do. We do realize that's not going to sustain our entire program. And so probably a good 25% to 30% of our program is either money from the state through the 330 funding or from grants. And so the virtual care program actually came out of the ARPA funding as an opportunity to use telehealth to engage a different subset of schools and students who we didn't have access to prior. For our district, because we are in a large metro area, we only serve Denver Public

Schools students, but I do know that other school-based health centers will provide care for parents and communities, especially in rural locations.

Andrea Shore ([01:17:48](#)):

Great. Wonderful. Thank you. And then a workflow and operations question is, how do you provide and what are the guidelines for a school nurse on when to engage virtual care? How are those developed and what are some of the examples of how to know when to engage care?

Sonja O'Leary ([01:18:06](#)):

Yeah, we actually are in the process of continually trying to improve our services and making sure that the school RNs are aware of what's possible. We actually just had a meeting earlier today. But it's a constant back and forth. But when we bring out the equipment, at that time, we talk about, "Well, here's an example of a visit that you could engage the urgent care provider for ibuprofen or Tylenol," and that sort of thing. We do a lot of teaching and learning and a lot of back and forth and improvement. Lot of QI stuff, we're learning a ton about this program right now. I hope that answers the question. Jade, I don't know if you have anything else to say about the question.

Jade Williamson ([01:18:56](#)):

Yeah. I just think of what I would add is part of what we do on the education side is really, as we are training new school nurses, it's really around their scope of practice. And so where school-based health centers can be beneficial in that. I will tell you that our nurses who have never worked in a school with a school-based health center, have a lot of questions about where their practice may end and where school-based health center's practice may pick up. But once they begin working with one, they don't ever want to be in a school without one because they realize how beneficial the relationship is. And so I think our virtual care, since it is a new thing, is no different, there's that learning piece that's happening. And I think Sonja and her team have been fantastic at really walking our nurses through what would be an ideal patient or student issue that will be beneficial for a virtual care visit.

Andrea Shore ([01:19:48](#)):

Wonderful. Thank you. And the last question, which I think is the magical question. So I'll just ask you to do your best, Dr. O'Leary, is about how many students does a provider see in a day if they are... and we can take the scenario if they're full working full time for school-based health center or virtual care.

Sonja O'Leary ([01:20:10](#)):

Yeah, yeah. That is the golden question sometimes. I mean, we realize that when you are in a school-based health center, all the supports are really stripped down to the essentials. And so there is going to be more for you as a provider to do. For example, getting the medications, making sure you're doing all the right joint commission things to be official. Sometimes I'm giving vaccines. And so, for now I think 12, 13, 14 patients a day is sometimes a good place for practitioners to see patients. Sometimes they're more than that. And days can be super crazy, especially when kids are coming in saying they need something immediately. But I don't feel it should be at the standard of a regular FQHC, which is much higher. Especially because I've worked in both worlds and I know what it's like to work in a school-based health center and how much more work you have to do with each patient.

Andrea Shore ([01:21:14](#)):

Thank you. You said exactly the closing piece I would hope you would say, it is very different than at a traditional setting. It is not going to be the same number of patients. And especially I see questions coming in from people in rural areas. You might have one staff person working in the school, collaborating with the school nurse or medical technician, if there's not a school nurse or whomever might be a health professional in the school. It really varies and definitely expect to spend more time. We have very different formulas that we use to try to gauge finances and sustainability on the number of visits. Wonderful. Thank you both so much. I really, really appreciate your time and I'm going to invite our last group of presenters to join me on the screen and we can go the next slide. Thank you so much.

Andrea Shore ([01:22:05](#)):

Okay. We're moving to another state in the country, we're going to New Mexico. Beautiful New Mexico. And we're going to hear from Matthew Probst, who's medical director and chief quality officer with El Centro Family Health in northern New Mexico, and Christopher Gutierrez, who is superintendent of schools. Talk about a busy job right now. With West Las Vegas School District in Las Vegas, New Mexico. I will go ahead and pass it over to this team.

Matthew Probst ([01:22:37](#)):

Thank you so much, Andrea. And thank you all for being here. You're my people. And for those of you that have seen the providers documentary, really where I want to start today is talking about where we are. We heard it so well earlier, what do we plan to do and how do we plan to do that? Well, where we are is out at the ranch and so very, very rural place and frontier community. And as I say in the provider's documentary, I say, there's so much beauty here, but there's so much pain. And our kids did such a wonderful job this last summer in capturing the beauty in terms of really the abundance that is here in this southern part of Rocky Mountain chain. And Las Vegas, not the big city, Las Vegas, Nevada, the original Las Vegas in the wild wild west is where this mural was painted and where West Las Vegas School District is. And it's just a plentiful place, abundant in natural resources and wildlife and history and culture. That's the beauty. But it is a place of pain as well. And so we are in a state that ranks 49th in child wellness this year for 2021, New Mexico does, according to KIDS COUNT.

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Matthew Probst ([01:24:02](#)):

21... Mexico does, according to kids count. An improvement from 50th in 2020. However, not that we really got better, we got worse. It's just that Mississippi got worse faster than we did. That's the reality of where we are. In a county that is one of the highest social vulnerability indexes in the country and struggling a lot with that. In Las Vegas, a city which by census numbers and while I've lived here and I moved here [[inaudible 01:24:32](#)] 17,000 people two decades ago and is now down to around 12,000. As we are losing more people in rural America, two specific categories, rural and youth, majority of that population being youth that we lost and in a city that's got a lot of division.

Matthew Probst ([01:24:50](#)):

We've got a river that divides us. There's two school districts, even though there's only 12,000 people here. We've got a mountain chain that divides the east and west side of northern Mexico and a system... That stuff as we heard earlier, Northern and Southern New Mexico. This is not Carolina, where there really is North Carolina and South Carolina. It's just the way that we phrase things that we put things. Those are the challenges, next slide.

Matthew Probst ([01:25:21](#)):

Who, that's where, but who, and for those of you that have seen that documentary, that providers, you may recognize up in the top right hand corner, Tiffany and our Semillas De Salud program. The young... The kid with the stethoscope... That's Keana and she's not a kid anymore. She's 21 now, but our story really started back in 2008, working with West Las Vegas school district at this site, as it may sound pretty daunting... Everything I said, in terms of the adversity we face, then you get to the ranch, to the valley. The valley is a very, very rural frontier community compared to Las Vegas. There is no school based health center and it was my very first clinic. We have a community health center. My very first assignment as a new grad physician assistant. We were being interviewed for a documentary [upon 01:26:17] expert and way back then.

Matthew Probst ([01:26:21](#)):

I was very excited to make a difference. The person doing that asked me, but there's so much disparity. What's the hope for the community. I immediately thought of these kids. That's where we started our grow your own health professional workforce program. We started doing health education in the school to fill the gap. There wasn't health class in schools, the way it was when I grew, grew up and really try to expand clinical rotations and growing our workforce for our 24 clinics in our federal health center was really the starting point there. Keana is now, as I said, 21, and she will be finishing her... I always thought she was going to be a nurse like her mom who started as my community health worker, and then became an MA and then is now an RN, but Keana chose the dental route and she'll be finishing her dental certification next month. Next slide.

Matthew Probst ([01:27:22](#)):

What happened next in 2011. Things changed in New Mexico. Before you could run your own school based health centers as a school. That changed here in this state in 2011. We have the oldest school based health center that's been around for decades in New Mexico in Española, New Mexico, but when this opportunity came, a new RFP with the state of New Mexico, we applied for every school based health center in our seven county service area. I know that sounds big. It is. It's 24,000 square miles the size of West Virginia [inaudible 01:27:56], West Virginia. There's a lot more cows than people that square miles. We were awarded all the school based health centers, so we have nine now and they are all patient centered medical homes. We do it absolutely comprehensive. Our model is a little bit different and I'll talk about that more as we go. Next slide.

Matthew Probst ([01:28:21](#)):

In 2016, my educational partner... I love that slide earlier with the intersection. We cannot separate health education. We all know that. My school partner that's with me here, [inaudible 01:28:32] superintendent, Gutierrez, king superintendent. He had been the principal of the school prior to that and at West Las Vegas, where we did have a school based health center in the district, in town, in the city of Las Vegas. We have one for the middle school and high school, not out at the valley in the frontier community, as I said, but there, he was the principal of the middle school prior to that, and always a very great partner in encouraging students to access school based health center.

Matthew Probst ([01:28:59](#)):

I will say from 2019 to 20... From 2011 to 2016, we had expanded access. Our first year of getting in that school based health center, we doubled patient visits compared to previous year when they were run by the school. The next year, we tripled that number, so we are providing six time access to care in just

those first couple years, but Super G as I call him, wasn't satisfied with that. That was great for the kids I on campus. When he became the superintendent, it really became more about how can every child or all the elementary schools and all the way out to the valley, have access to school based healthcare. Next slide.

Matthew Probst ([01:29:41](#)):

In 2019 together, we found a way, and this is hundred percent communities [inaudible 01:29:47] being held there. Again, the who and thinking about the students and so much of it starts with focus and what are we doing? It's all about the kids, right? This textbook, A Call To Action To End Childhood Trauma, a book called Anna, Age Eight, and then A Plan of Action, A Game Plan, a hundred percent community on how to do that. That became our focus and not just providing medical and behavioral health and dental care, but what we know as addressing the social determinants of health. Next slide.

Matthew Probst ([01:30:23](#)):

For us, that became providing access to care. Now, not just for everyone at West Las Vegas, but to every student in San Miguel county. 100% means access to 10 vital services for every resident in our county we get. Just in time for a pandemic. In 2020, when we were needed most, we started utilizing our hub and spoke model. I heard it earlier about less patients, but depends on the model. Our hub and spoke model has proven otherwise. Our West Las Vegas school based health center is the busiest of all of our 24 clinics, most productive interpretation encounters. It's not whittled down. We have a full healthcare team and to include community health workers and medical assistant, etc., and can see up to 30 medical patients a day, not to mention another seven or eight behavioral health. Utilizing that hub and spoke model, we were really able to expand access beyond not just West Las Vegas, but every school in the district, in the county and beyond the county lines to some of the rural communities and surrounding communities that do not have school based health centers in surrounding counties.

Matthew Probst ([01:31:38](#)):

2020 was the start as you can see from the data here of expanding access to care, even while folks who are doing school from home and in lockdown, and then 2021, we see even expanded access as well. We do provide services five days a week. Next slide. We heard this so well earlier. Everyone, we hear that over and over again. This is the story of race. That's basically [inaudible 01:32:10] goes there in the deformation. Our state champions, cheerleader, and such a charismatic kid on no one's radar in high school as a at risk kid. I will always say, I do sideline medicine for West Las Vegas and many of the schools in our communities. I always worried more about her behind me than I did the football players on the field in front of me, because they have pads and helmets and she would be flying 15 feet up in the air. Just what a wonderful young person. Unfortunately, at age 19, she died of [fentanyl 01:32:49] and that's the story. We started saying, we need to provide this access to not just medical and behavioral health and dental care, but to all those vital services to every child. The truth is, they're all at risk. With that, we have a video. Hello, everybody! Look at this crowd. Wow. We are 100% San Miguel. 100% San Miguel is a part of something bigger. It's a part of 100% New Mexico. We have, from every sector, United with one vision and one purpose and that is to provide our youth opportunity to end childhood trauma. To end it for everyone, not for 10 or 20 or 40 or 60%, for a hundred percent access of vital services for everyone. Medical and dental care, behavioral health, food, housing, transportation, youth mentoring, community schools, job training, early childhood services and parent support.

Matthew Probst ([01:34:35](#)):



When we do that, each of us within those areas, working together to weave our resources together within those 10 areas and then we come together in those sectors and we weave together, we create a strength, a safety net for our community. That's what we do. That's what 100% San Miguel is. That's what 100% New Mexico is. Everyone is a part of that. The truth is there's no division. The truth is that Chile Verde plant unites us. The truth is that New Mexico is one north and self. The truth is that the mountain unites us. The river unites us. That is the truth. That's what this mural is about. Our youth have brought this out better than I could ever imagine. Our youth are saying, "I'm letting go of that." We are one, we are one.

Matthew Probst ([01:35:57](#)):

The bravery of you all to do this and to keep this memory of everything Grace was alive and she is still flying. She is still flying here today. Thank you all. We can all get through it together. We can thrive together. We can survive together.

Speaker 1 ([01:36:29](#)):

The power of art and culture to bring people together is more powerful than almost anything else. We can see people celebrating and happy, seeing neighbors and friends that they haven't seen in a long time. This kind of project is really just a catalyst for other projects to bring together 100% community. People dancing and celebrating and listening to the music from our culture, from our heritage is a great way to do display the power of community and creates this hunger for more in the community. I think we're going to see a lot more events like this happening in the future.

Speaker 2 ([01:37:03](#)):

This is what the 100% mural project is all about. Here in beautiful Las Vegas and Miguel county, we bring together community, families, poets, people from all our different sectors come together to share in a vision and there's nothing like a mural on a two story wall to give people a shared vision.

Matthew Probst ([01:37:41](#)):

All right, next slide please. They say if a picture's worth a thousand words, a short documentary's worth a million. I hope that gives you an idea. Again, what's this about? It's really about everyone, because to have child wellness, everyone has to be okay... Their parents, their grandparents, many of them raising their grandkids, everyone in the community. What's the new service that we brought, that our presentations about us community youth center and with that, all kinds of things. Next slide, please. Including back to my passion, workforce and our seeds of health, or Semillas [inaudible 01:38:23] program really going next level now in our fourth year, and thanks to support from [inaudible 01:38:29] for a grant and collaboration with the university of New Mexico office of equity and [inaudible 01:38:37], doing great things. Semillas is now accessible to everyone in New Mexico, through project ECHO. Anyone ever heard about project ECHO and using telehealth technology to make it accessible, health career clubs and pure health education accessible to everyone. Next slide. With that support. On here, you see our US Senator, Ben Ray Luján, our sheriff, my staff, superintendent [Cherez 01:39:09], our DEA, our city councilman, our county manager, our commission chair, all staying together that we need to support this with resources and access on our side is one thing. Something like Semillas ECHO and Health Career Club and for health education, but can that child that wants to be a future health professional, access it from their site. Working with commissioner [inaudible 01:39:37] to say, how do we bridge that digital [inaudible 01:39:40]. Next slide. Full circle back to the valley and I'll do my best not to cry, but we now have 10 school based [inaudible 01:39:53]. We're breaking ground out in the valley

and expanding school based health to those kids that are the most vulnerable into that community that needs us most. Thank you.

Andrea Shore ([01:40:07](#)):

Thank you, Matt, so much. Beautiful stories. Thank you so much for sharing that. Really appreciate it. Thank you. Beautiful. I have a few questions that came in. Christopher, I'd love to ask a few to you first from the education perspective, could you share what you see as some of the greatest assets and greatest challenges to bringing a new health service or new health school health program to a school with a community partner?

Christopher ([01:40:42](#)):

When it comes to school based health services, I think the main goal is the students, the kids, our community and we are 100% community to where we are trying to bring those vital services to our kids and our families, however we can, or/and wherever we can. When it's coming to opening up a new school based health centers, I believe it was a push that was needed and we fought to get it. We asked, and we got what we needed to open it up. As Matt said, we're breaking ground here real soon. We're right on task to get that place open and moving forward for all these vital services for our kids.

Andrea Shore ([01:41:36](#)):

Wonderful, thank you. This question to Matt, then... Christopher, if you have anything to add, please do. Someone mentioned that they're having some challenges with the new health services, a new clinic at school, working on marketing and the school isn't quite at the level of engagement yet with referrals and advertising. Any suggestions on how to get the school to help participate in the marketing efforts or how to reach parents in some additional ways from both the health center side and the school side. Matt, maybe you have some thoughts on that.

Matthew Probst ([01:42:09](#)):

Yeah, I'll start by saying our greatest relationship is maybe not with our educational partner, although Super G is such a great... My wife would say, "Maybe we have a bromance even". He's a great partner, but the kids are your greatest. You got to get with the kids. The biggest things I've ever seen happen in school board meetings is not when I'm presenting or... It's when the kids go before the school board or to their parents or to whoever it is. They're your greatest advertising and you know what they love? They love their Instagram and their social media, so I will just tell you, that's one of our deliverables this year for our operational plan for school-based health centers. We're creating our social media campaign and platform for our school-based health centers. Who is the kids and that's the target audience. There're immeasurable, valuable resource in all things school-based health centers, including marketing.

Andrea Shore ([01:43:12](#)):

That's great. Yes. Christopher, anything you'd add to that, especially when trying to reach parents of some of the... We love the youth engagement and particularly with the adolescents. Anything when trying to reach parents of younger children or other ways to get the school to try and help with some of that marketing and outreach?

Christopher ([01:43:29](#)):

Yes, when it comes to marketing and outreach in the school district. With West Las Vegas, we have programs all the way from before birth to helping with post-secondary... Those different areas. When it comes to marketing, of course, we have all our signage on our 11 different sites that we... Our digital signs. We have our Facebook accounts at each site. We have our Twitter accounts. We have all those different accounts that we use and we've moved to those. We still do the robotic type of calls as well, but we've learned that sometimes parents change numbers a lot, lose a phone, change phones, so if they always keep the certain apps that always are on their phones, they'll get those certain notifications. We've gone to a different type of system now that will actually... It's just an app and they get those notifications and we push them out on a regular basis as needed.

Matthew Probst (01:44:26):

I will just add from the experience side that when it comes to the sports physical side and they have also West Las Vegas athletics and got to go get that sports physical now. We don't stop that sports physical. We do full child comprehensive well exams and the sports physical embedded within it, but yeah, the athletics department pushed that out and call the school based health center. Here's the number, get your appointments scheduled. It's just a wonderful partnership. It's the support from everyone in the school.

Andrea Shore (01:44:58):

That's great. Yes, yes. Lots of visits like that can be the initial way. I love that example, Matt... Is to then lead to more comprehensive care. One last question that I think particularly with this, the spaces you've built out, Matt... Any tips or suggestions on helping to make space where health services are delivered in school, youth friendly, student friendly, healthy designs... How have you kind of geared towards designing out the spaces in ways that are friendly for students and families?

Matthew Probst (01:45:33):

Yeah, a great platform for partners to come together to a table as is shack student health advisory committees. Those are requirements for public schools in New Mexico. They have to have a shack. That's a place where everyone interested in health and specifically the kids, those student reps can come to the table., but I think, back to the mural, we're getting ready to kick off another mural and youth driven murals, right, and so letting the kids really be proactive in designing back to peer health education. Yes, I love my workforce for Semillas [inaudible 01:46:12], growing our future workforce, which has got tremendous success. That's how my health center stayed fully staffed, really. It's over two decades now. It's really paying great. The ROI as we would talk for those of you financial folks on here, is just tremendous investment in workforce and retention, because they're from these communities. They're more likely to stay, but that's not the only type of workforce we're developing. Superintendent Gutierrez is developing a vocational workforce.

Matthew Probst (01:46:48):

One of our peer mentoring programs we talked about that was on one of the earlier slides is called Homies. It's really at risk kids that are mentored and they learn a trade, learn the construction trade. For example, at the youth center, our school based health center is on the campus of West Las Vegas as is the community, the youth center. Within the youth center, is a boys and girls club and a big brothers, big sisters and big brothers, big sisters needed some expansion space. Who actually built the expansion space is the kids being as young people as tradesmen. Now they're hands on. They actually painted the

mural. They actually did the construction to build this big space. You better believe it has buy-in and that date when they can come when they have kids and say, "I built that. I painted that mural."

Andrea Shore ([01:47:42](#)):

Yes.

Matthew Probst ([01:47:43](#)):

For the generations to come.

Andrea Shore ([01:47:46](#)):

Oh, wonderful. Thank you. Wonderful, wonderful examples. All right, we are at the end of our time, I appreciate you both so much. We're going to close out today's session with my colleagues. I'm going to pass it over to Shameka and thank you so much to our speakers.

Shameka ([01:48:03](#)):

Thank you, Andrea. We have now come to the conclusion of today's workshop on school and health center partnerships. I would like to take this time to say thank you to all attendees for joining. To our faculty, presenters, facilitators, the national association of community health centers and the school based health Alliance. Thank you. I hope you have been inspired and can take away and apply new approaches, strategies, practices, and action steps in building relationships and enhancing partnerships and collaboration, providing new telehealth services and bringing a service to a school, all to support our students. Within one week, all who have registered today will receive an email with the link of today's workshop to view a recording of today's workshop. A recording will also be available on the health center resource clearing house.

Shameka ([01:49:08](#)):

The next workshop, do school-based health models expand your community reach? Yes, Come Learn the Recipes for Success, will take place on May 17th from two to 5:00 PM. Eastern time. We have received questions around school-based health planning, operations, and sustainability, which will be covered during this workshop. To learn more about the May 17th workshop and on how to register, please visit the national association of community health center website. Following today, if you have any questions, please feel free to contact the school based health alliance at [info@sbh4all.org](mailto:info@sbh4all.org). Now, I would like to ask if you could please complete an evaluation of today's workshop. Soon, you'll receive a link that will automatically direct you to a site to complete the evaluation. Once again, thank you for joining the school and health center partnerships workshop. Have a good day. Thank you.

PART 4 OF 4 ENDS [01:50:23]