Ted (00:00:00):

Thank you so much, Olivia. And on behalf half of the National Association of Community Health Centers, I want to thank everyone for attending today and welcome you to today's workshop, do school-based health models expand your community reach? Yes. We are excited to host you all today and very excited to partner with the School-Based Health Alliance on this event. I will turn things over to the School-Based Health Alliance in a little bit, but want to begin by providing some brief context for today's event, which will also include some background information from our colleagues at the Health Resources and Services Administration, HRSA. Next slide.

Ted (00:00:33):

But first, I want to begin just by really thanking all of you, our health center heroes, for the work you do every day to serve your communities and to ensure the health, safety, and wellbeing of your communities. NACHC is so honored to represent you. And to staff from non health center organizations joining us today, thank you for your commitment to the health and wellbeing of your local communities as well. I want to quickly note that today's workshop is being produced with funding from HRSA, who again we'll be hearing from in a bit. So thank you again, HRSA, for the support. Next slide.

Ted (00:01:04):

And in case you're unfamiliar with NACHC, I just want to say, here at NACHC, it's our mission to promote efficient, high quality, comprehensive healthcare for all. This mission guides the work that we do, including today's event. It also guides how we partner, with whom we partner. As you can see, NACHC is one of 21 organizations that receive HRSA funds as part of National Training & Technical Assistance Partners or NTTAP cooperative agreements. These 21 organizations are listed here and the School-Based Health Alliance is a fellow NTTAP. And again, we're very honored to partner with them today. Next slide.

Ted (00:01:38):

The NTTAPs work hard to provide trainings and webinars, workshops, publications, learning, collaboratives and other materials. All of which are either free like today's event, are offered to community health center staff at a reduced cost. All HRSA funded materials that NTTAPs produce can be found on the health center resource clearinghouse. That's www.healthcenterinfo.org. Olivia mentioned all these materials will be available within a week and they'll be available on the clearinghouse as well. Next slide.

Ted (00:02:07):

We always like to start these events by getting to know our audience and making sure we're engaging with you to know who with whom we're speaking. So we're going to open up three polls at the same time. You're going to need to scroll down to see one and then the second one and the third one. But we'd like to know if you could select your organization typ. Next slide, please. Your primary funding source for providing school-based health centers. You can see the options listed on your screen. And next slide, why you're interested in today's topic.

Ted (00:02:38):

And when looking through the questions that we received from you, we saw such a wide range of questions and it was really interesting to kind of hear where you are in this process and kind of the

needs you have around starting a school-based health center. So Olivia's going to leave that open for a while. So take your time to go ahead and respond to the poll. But next slide please.

Ted (00:02:59):

While you're doing the poll, I want to talk at sort of a high level about framing today's webinar. As next director of health center, growth and development, I really want to ground our workshop in the overall context of how health center serve your communities. This starts with each organization's and really your communities growth and development strategy. And here at NACHC, we work with organizations throughout the country interested in starting health centers and new sites all the time. In some cases, this means applying for new access point funding or NAPs.

Ted (00:03:28):

When those opportunities arrive, we have a foundational publication called, So You Want to Start a Health Center, which provides key considerations in checklists for what this process entails. When there are no NAP opportunities available such as now, we support organizations to assess operational readiness for becoming lookalikes. Last year, we developed an e-learning course on how to become a lookalike. And we also lead a national learning collaborative for lookalikes, which include 28 lookalikes. Now, shout out to any of those who are attending today.

Ted (00:03:56):

We also recognize that health centers serve their communities by adapting their model of service provision. And this can include unique models such as public centers. And hat can include local health departments, public universities, schools, state, local governments and more. And of course, many health centers also receive special population funding. And that's funding either exclusively for special populations such as migrant workers, people experiencing homelessness or people living in housing, in addition to sort of the general 330e funds.

Ted (00:04:27):

And regardless of your health center's model, at the end of the day, we know that you all have to comply with certain program requirements that HRSA outlines in their compliance manual. And just for your information, while HRSA is the ultimate source of those program requirements, NACHC is also hosting a July webinar series on preparing for your OSV. You can find information and register for that on our website. But when it comes to service delivery and expansion and making decisions around providing services such as school-based health services, really the needs of your community are truly your north star. HRSA's first program requirement or compliance manual is the needs assessment. And next month, NACHC is going to release a quick guide on conducting your needs assessment. We know that the needs assessment is a valuable tool to help inform the services you provide, where you provide them, what your staffing needs are and the types of funding and partnership opportunities to pursue. This will also inform and support your strategic planning efforts, which include involving your board directors. And we'll speak on that in a little bit more in a minute.

Ted (00:05:27):

So in short, the decision to provide school-based health centers is part of your health center's overall growth and development strategy, and both NACHC and our partners at the School-Based Health Alliance are here to support you. Now, Olivia, if we could look at the poll results, that'd be great. And those are loading, just give us one second.

Olivia (00:05:58):

So as those are loading Ted, I can just come off mute and chime in. So for select your organization type, we have 65% saying 330 funded FQHC, 8% saying school or school district, 9% saying FQHC lookalike, and then 3% saying other healthcare provider and 4% seeing primary care association and 12% saying other.

Ted (00:06:27):

Can you read the rest of them please, Olivia. I'm not able to see them.

Olivia (00:06:31):

Yeah. Just give me one second.

Ted (00:06:33):

Thank you.

Olivia (00:06:40):

Okay. And so what is your primary funding source? We have 9% saying school system, US department of education, local education, 7% saying philanthropy, 7% saying fundraising, 28% saying Medicaid chip revenues, 14% saying other and 14% saying don't know. And then for why are you interested in today's topic, we have 5% saying applied but not funded for SBHCs, we have 11% saying identified need to serve school-aged children, 44%, so the majority, saying beginning to build new partnerships or expand existing partnership, 26% saying exploring new expansion opportunities and 13% saying other.

Ted (00:07:33):

That's great. Well, that's really great data. Thank you, Olivia. Thank you everyone for submitting that response. And now I would like to turn things over to our partners at the Health Resources Service Administration, HRSA, who are going to provide some background on school-based health centers and discuss HRSA's recent investments in this model. So I'd like to give a warm welcome to Katie Ballengee, the Deputy Director of the Office of Health Center Investment Oversight. Katie, take it away.

Katie Ballengee (00:07:59):

Hi, good morning, good afternoon, everybody out there on all of our coasts. I'm Katie Ballengee, the Deputy Director of the Office of Health Center Investment Oversight. I'm joined today by Sarah Trinidad, who is the director of our infrastructure improvement lane within our work, within my office. And we're excited to be here with you today. That was very good information that we collected, Ted, about why people are here. And it's really helpful to frame some comments that we will go through later today.

Katie Ballengee (00:08:28):

I'll note that in previous webinars, you may have seen other leaders from HRSA present in these scenarios about what we're going to talk about today, we're going to talk about data obtained from health centers and what it tells us about school-based care and the model of care, information on our recent investments and our past investments in the model. And also hear from Sarah about early lessons learned from our most recent awardees. We do look forward to even hearing more later from our panelists later today. It's really going to be a great presentation.

Katie Ballengee (00:09:01):

So if you go to the next slide. So this slide really focuses in on the importance of the school-based model and presents recent data on the reach of the model. Health centers that operate in schools are equipped to address social determinants of health that affect health and wellbeing of children, adolescents, families and larger community they serve. School-based health can [inaudible 00:09:20] health disparities among underserved children, adolescents, and their family by providing primary preventative healthcare services when and where students need it, whether face to face or through telehealth. Just a reminder for any of those new to this model in the audience, it sounds like a lot of you are health centers. So you do know that we do collect annual data from health centers. We call it our UDS, uniform data system, and health centers also submit biweekly metrics around COVID. So according to our most recent data, which is 2020, which we've published, health centers served about 7.9 million or one in nine children across the country. And further we have seen that health centers have been administered over a million COVID vaccines during the pandemic, which is amazing.

Katie Ballengee (00:10:07):

And for even additional context, approximately 40% of health center program recipients operate one or most more school-based sites, or a total of over 3,200 sites, which served over 650,000 students in 2020. And even more in [inaudible 00:10:24] pandemic, health centers held over 7,600 school-based COVID 19 vaccination clinics. It is evident from this data that HRSA is supportive of the school-based healthcare model, both through investments and approving school-based sites in the scope of product for health in our program awardees.

Katie Ballengee (00:10:40):

So that's what I want to talk a little bit about now, is that there's two ways, where we see the partnership happen between health centers and schools. One is that HRSA funded health centers at any time can request to add a school-based service site within their period of performance in the absence of additional funding. It's done through what's called [inaudible 00:11:01] scope request.

Katie Ballengee (00:11:01):

And some key criteria considered in our review are evidence of unmet need in a proposed service area, kind of like Ted talked about earlier about the needs assessment, demonstrate that the proposed site will complement and not duplicate existing resources, collaboration with other health centers and help [inaudible 00:11:19] providers to benefit the proposed patient population, and assurance additional funding is not needed from HRSA. There may be other ways that funding for the site is met. Health center delivery sites in schools are locations where health center may carry out its activities. And all health center activities must be provided on behalf of the health center for the benefit of the current or proposed health center patient population. So if we want to go to the next slide, we'll speak to our investments. So over the past 10 years, HRSA has invested a number of times in the school-based model. In fiscal year, sounds like a long time ago, 2011 through 2013, we did invest over $200 million for the construction and renovation of school-based health centers through the Affordable Care Act.

Katie Ballengee (00:12:06):

And then again in fiscal year 2019, we invested over $11 million to increase access to mental health, substance abuse and childhood obesity related services in school-based health centers, by funding more minor alteration or innovation and repair projects and or the purchase of moveable equipment, including telehealth equipment. And then our most recent awards, which we'll hear more about from

Sarah now, is in September 2021, we awarded more than $5 million to 27 health centers to expand access to health center services by increasing the number of patients who access comprehensive primary care services through health center program, service delivery sites located at schools.

Katie Ballengee (00:12:44):

But just recently, a couple weeks ago, we awarded additional investments nearly 25 million to another 125 health centers through the fiscal year '22 school-based service site awards. In the whole, approximately 70% of recipients have proposed new sites through this funding. And health centers will use funding to provide essential services like primary medical mental health, substance use disorder, dental, vision, and care directly on school grounds. So medically underserved children and their families as well as larger community have equitable access.

Katie Ballengee (00:13:21):

Funds can also be used for enabling services such as transportation, outreach and translation services at school-based service sites. These investments will position school-based health centers to expand mental health services to children and adolescents who otherwise might not be able to access this type of care. Sarah will now talk about the most recent awards and what we have learned from the awardees.

Sarah (00:13:43):

Thanks, Katie. Next slide. So we're completely thrilled for these 152 new awardees. The post award monitoring and oversight of the school-based service site awards is led by BPHC Office of Health Center Investment Oversight. The post award activities are carried out by a specialized team that are in my unit, the infrastructure improvement investment lane of work who develops and implements BPHC's strategy to support award implementation and drive performance improvement.

Sarah (00:14:15):

The team is also very involved in the design and delivery of targeted technical assistance opportunities for recipients through webinars, live Q&A sessions, linkages to the national technical assistance partners such as School-Based Health Alliance and upcoming learning collaboratives, to facilitate optimal award performance. You might be aware that we just hosted, just last week so as Katie mentioned, the award rollout for this most recent cohort was on May 3rd. And we host a post award TA webinar for awardees last week on May 12th.

Sarah (00:14:49):

And the slides and the recording for that should be up on BPHC's school-based service site webpage very soon. But if you haven't already visited that webpage, there's already a number of resources there, including the technical assistance that was given for the September '21 cohort of awardees. Some other implementation trends seen from key data sources such as the award recipient's initial application and award semi-annual progress report, is used to shape our technical assistance strategy. The team identifies trends in project implementation and issues or barriers to implementation. So as you can see on this slide, we target activities and initiatives to address these items, to support award performance improvement.

Sarah (00:15:39):

As Katie mentioned, the purpose of the awards is really to increase patients, to receive primary healthcare through our school-based service site at or on the grounds of school. And that's for preschool through high school aged children. Out of the first cohort of awards, 17 out of 27 of those have implemented a new site, while others chose to expand their services. Some other implementation trends, as you can see here, is increasing workforce and organizational capacity. While many are focusing on implementation of telehealth service delivery methods, which we've seen as critical in the last couple of years especially.

Sarah (00:16:24):

Some other barriers that we've seen, which is towards the bottom of the screen here, is really just staffing shortages across the board, supply shortages. A lot of rising supply costs has also been a barrier for our school-based service sites, delays with state requirements and approvals. And then of course, just school closures due to COVID 19. And now closures, the newest cohort of 125 are seeing that just closure due to the upcoming summer break also as a barrier. So we will continue to look for ways of sharing best practices and linking awardees with partnerships to support the implementation of their school-based service site awards. And we're excited to do so here in HRSA. And I'll now turn the presentation back over to Ted to continue the workshop. Thank you.

Ted (00:17:18):

Thank you so much, Sarah and Katie. That was really great information. Really interesting, that slide two, just around barriers implementation, and hopefully we'll get into some of those and strategies today. So next slide please. In the interest of time, I'm going to go through these slides really quickly.

Ted (00:17:34):

I just want to come back and say, again, putting the context around the board of directors, it's such a unique part of the health center program. And the fact that health center boards are required by law to include a 51% patient majority, this is an essential feature of the health center program. The board approves the health center's mission, vision and values. It engages and improves and provides oversight of the strategic plan. And it engages in ongoing strategic thinking in partnership with the CEO.

Ted (00:18:02):

Next slide. So in terms of school-based healthcare, a health center board would be involved in many strategic and oversight decisions relating to school-based site. Including assessing the health center's needs assessment, as I had mentioned before, and other data to support the opening of a school-based health center, prioritizing school-based health centers in the center's strategic plan and approving hours, locations and services at sites. I would also add partnerships is another really key part of that, which was a focus of a previous webinar.

Ted (00:18:32):

So next slide. If you want to understand more about health center boards and role, my colleague, Emily Heard, is the director of health center governance trainings. Does as an excellent job curating resources, all of which you can see on our website and on the clearing house as well.

Ted (00:18:49):

So without further ado, I would like to turn things over to our colleagues at the School-Based Health Alliance, specifically Paula Fields, who is the vice president of programs and TA at SBHA. Paula exudes passion for children's wellbeing. She has over 25 years of experience in school-based health centers' technical assistance and training. Paula served eight years on a board of directors for an FQHC. She also has a diverse background in administration of outpatient clinics, quality improvement and grants management. Without further due, Paula, take it away. Thank you.

Paula Fields (00:19:23):

Thank you. Thank you to you, Ted, Gina, Olivia and NACHC for your work and sponsorship of today's workshop. With me today are colleagues from the School-Based Health Alliance who also help plan and will help facilitate today's meeting. Shameka, Emily, Katherine, Tammy, and although not with us helped plan, Andrea and Laura. We are also honored to be joined by three health center staff and their education and community partners who work day in and out to make a difference in the everyday life of students. We look forward to sharing more about them and hearing about their school-based health center journey later today. And hopefully, spark some ideas for you.

Paula Fields (00:20:04):

So to get us started, let me tell you a little bit about the School-Based Health Alliance. We were established in 1995 as a DC nonprofit to be the national voice to advocate for high quality school-based healthcare for children and adolescents. Our focus includes policy, standards, data and training to support and grow school-based healthcare, particularly around school-based health centers. And the reason I am here is because we believe that all children and adolescents deserve to thrive.

Paula Fields (00:20:34):

There are too many struggle because they lack equitable access to healthcare services. School-based healthcare is one solution, bringing community healthcare to where students typically spend the majority of their days, in schools. We have an agenda packed full of best practices and real life examples from peers in the field.

Paula Fields (00:20:52):

And if we go to the next slide, you'll see the agenda. We'll start with a school-based health center 101 overview, go over some key components from successful school-based health centers across the nation, and hear from peer leaders from the field. With that, we know today is a long workshop. And as a reminder, we encourage you to take breaks as needed. Today's session is being recorded, and we will share the recording after the training. Go forward two slides, please. Today we look forward to covering the objectives on the screen and sharing innovative ways to poise your school-based health center efforts. So let's get started on the school-based healthcare 101. Whenever you look at the screen, let's talk a bit more about the types of school-based health services. The diagram shows the intersection of health and education and list examples of school-based health services that sit at this intersection. Many of these are required by law for schools to address through free and appropriate public education or FAPE. And you can often think about those 504s, the nursing care plans and IEPs or those individualized education plans.

Paula Fields (00:22:01):

You're probably familiar with many of these and also with school nurses and school counselors. We consider school-based healthcare within these services, including school-based health centers, so when

we talk about the types of school-based health services. Within school-based health care, community providers like nurse practitioners and physician assistants and mental health counselors deliver care to students. We'll get into this more in a minute, but for now I just want to give you a glimpse of that high overview of school-based health services.

Paula Fields (00:22:35):

So with that, why do we need school-based healthcare? I always think about the student and taking it back to the student. Imagine going to school sick, depressed, or with a toothache, can you thrive? Can you get through the day? And 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. In many schools, mental health providers and school nurses are stretched thin.

Paula Fields (00:23:02):

Schools with community sponsored school-based healthcare in a unique and strategic position to partner and provide services with follow up to students in their natural environment. They're equipped to provide supports aimed at optimizing student success and improving school climate. And sometimes school-based healthcare is just a few services such as immunizations around a vaccine clinic or behavioral health services. And sometimes it goes to the opposite in providing comprehensive medical, behavioral health, and more. That's what we call a school-based health center. And that's what we're diving into today.

Paula Fields (00:23:36):

So let's take a closer look. So what is a school-based health center? It is a shared commitment between the school, the community, healthcare organizations, students and their families, to support student health and wellbeing in their academic success by providing preventative and early intervention and treatment services in schools. With that, the community provider offers primary care and very often, behavioral healthcare and sometimes oral and vision care as well. These community providers are referred to as sponsors. So when you hear us talk about sponsors today, that's what these are.

Paula Fields (00:24:09):

So let's talk a bit about commonly asked questions just straight up front. We often get asked, is consent required? So in the next slide, you'll see that 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 and confidentiality laws that differ across states.

Paula Fields (00:24:35):

So who determines the school-based health center services, that scope of services? And that's determined at the local level based on the need and in accordance with state and local policies and or law. We're often asked, hey, do school-based health centers replace the school nurse or the child's pediatrician or primary care provider? And the answer short and sweet is no. Remember, school-based health centers work with the parents, the guardian, school nurses, school counselors, and pediatricians and other existing services. It is important to recognize that all of these people often want what's best for student, and working together through partnerships is the first step in making sure that we work together and to elevate what we are able to provide for students.

Paula Fields (00:25:20):

This next screen shows school-based health center planning checklist. And this is a high level planning checklist. And it was emailed to you as a the PowerPoint, but it's also going to be shared in the Q&A in case you don't have access to the email and would like to pull that up. With that, we will reference this checklist as we go through the day. Anytime you see that blue check mark, we are covering one of the components from the checklist.

Paula Fields (00:25:47):

So let's talk about school-based health center sponsors. If you look at that checklist, one of the first steps is identifying a medical sponsoring organization. And there are different groups that sponsor school-based health centers. Federally qualified health centers are the most common sponsor type. You'll notice that over half the heart represents federally qualified health centers, and that is growing.

Paula Fields (00:26:09):

Whenever we reviewed your registration questions, one of the questions was, what is the drawback to the FQHC model versus a standalone nonprofit? And what I would share with you is sponsorship selection is often driven by what's available in your community. And there are many different types of sponsors poised to be successful. We can look at the federally qualified health center as an example, as a type of sponsorship. And their mission usually is in close alignment with school-based health center work.

Paula Fields (00:26:40):

They have community boards, so community engagement is important just as with school-based health centers. And they have cost based reimbursement for Medicaid, which often provides higher rates than other sponsors. And they have the federal tort claims for their provider liability insurance from the federal government, often which positions federally qualified health centers to sponsor school-based health centers.

Paula Fields (00:27:02):

But again, remember this is based on your community, the buy-in and the partners that you have available to work with. But that's an example of federally qualified health center and some of their attributes. With that, school-based health centers help children and adolescent and their families overcome access barriers. And that's from transportation all the way through financial barriers, by providing services on site at the school.

Paula Fields (00:27:29):

So what does the research tell us? When you look at the research, we talk about the community preventative services task force, because they are a group of non-federal public health and prevention experts. And their purpose is to establish guidance on which community based health promotion and disease prevention intervention approaches that work, and which don't based on scientific evidence. And the task force reports those findings by the community guide.

Paula Fields (00:27:57):

And there is a school-based health center, community task force report that demonstrates the school-based health centers. And they recommend the implementation and maintenance of school-based

health centers in low income communities, to improve educational and health outcomes. And that there's strong evidence of effectiveness in increasing vaccination rates and decreasing rates of vaccine preventable disease.

Paula Fields (00:28:21):

So this is something as you're looking at expansion and if you need the research to support your work towards school-based health centers, planning and implementation, that you may refer to. And also whenever you look at literature in other places, there's more about the impact on health, including increased access to care results in decreases health disparities. School-based health centers are linked to increased use of primary and behavioral health care, decreased inappropriate emergency room use, as well as reductions in hospitalization. So you'll have these whenever you get the PowerPoint slides or look in there as far as the resources and references.

Paula Fields (00:29:03):

We also look at academics and the impact on education. And there is different bodies, or there are different bodies that show school-based health centers increase school engagement, there are improvements in academics, there's improvement in teacher retention and decrease in absenteeism and increase in graduation rates. So when you look at that research and the outcomes, let's look at what the model looks like across the nation. So traditional school-based health centers represent about 81% of school-based health centers nationwide. And the traditional includes hybrid programs that includes in-person and combination of in-person and telehealth. We also have school-linked, mobile and telehealth exclusive on the screen. This is from our '16-'17 census. The current census is underway, and we will have a snapshot of what that looks like in the near future, based on what has progressed from there to through COVID and to where we are today with COVID.

Paula Fields (00:30:05):

So with that, let's look at what provider teams look like. Most school-based health centers are open full-time, that's 31 or more hours per week. Most offer primary care and behavioral health, and many include an expanded care team. And the reason this is important as you're looking to set your program, you'll want to be able to reflect on what school-based health centers look like nationwide based on what you think will work in your community, and understand why the differences are. It doesn't mean differences are bad, it means that you've thought of what you think will work best.

Paula Fields (00:30:35):

In that planning checklist, you'll see that there's a check box for determining your appropriate staffing. And when you look at staffing across the nation, the common staffing looks like a family nurse practitioner or a physician assistant, and then some type of support person like a medical assistant, or a licensed practical nurse, and a receptionist and care coordinator and a behavioral health provider. In one of our registration questions we were asked, do school-based health centers only operate during the school year? And the answer to that is it varies from site to site.

Paula Fields (00:31:07):

So let's move on to the next slide. And this is a poll question. This is trivia. So how many school-based health centers are there nationwide? Less than 1200, 1800, 2200 or more than 2,500? All right. Olivia, what are we looking like? What's the top choice?

Olivia (00:31:51):

So the top choice by far is the option D, 2,500 plus. So we've got 44 or 45% of people saying that, 25% of people are saying 2200, 13% of people are saying 1,800, and 17 are saying less than 1200.

Paula Fields (00:32:12):

Well, in this case, the majority are right. We think there's over 2,500, closer to 3000. We hope to be able to give you an answer on that after this current census. So as you look at the next slide, you can see that school-based health center growth has steadily increased and doubled since 1998. And when you look at the states with the highest number of school-based health centers on the next slide, the states with the highest number include Texas, California, New York, and my home state of West Virginia. And we hope that map changes and it looks like that across the nation.

Paula Fields (00:32:47):

So let's look at the similarities and differences between health centers and school-based health centers as far as operating. We're often asked this question. And on your planning checklist, you'll see that your school-based health center is based on community needs, assessment and readiness. That's a similarity. And another one is your mission, vision and increasing access. But some of the differences include the need for a planning committee, which you'll also see on that planning checklist, orienting the planning committee to the model, the school-based health center model, the need for an advisory committee, including school staff, students, parents, guardians, and others. And also the need to develop and implement marketing and engagement, to plan for their target audience gatekeepers, because you'll want to engage students and ensure the space and services are student friendly.

Paula Fields (00:33:37):

The other differences are maybe a given, but you're on the school grounds and you must coordinate, build relationships and be good stewards. You must work to obtain those guardian consents, because guardians normally aren't present during the visits at the school-based health center. And allowing for productivity variances to take into account the need for staff time, for outreach engagement, sitting on school related meetings and seeing students without parents or guardians.

PART 1 OF 5 ENDS [00:34:04]

Paula Fields (00:34:03):

... data meetings, and seeing students without parents or guardians, which often takes a bit longer. So you may be familiar with the BPHC Advancing Health Center for Excellence framework. The School-Based Health Alliance also has core competencies for School-Based Health Centers that was developed in partnership with experts from the School-Based Health Center field nationwide. And it resulted in a set of seven core competencies that represent the knowledge, expertise, policies, and practices that every School- Based Health Center should demonstrate in pursuit of its students' wellness. There are seven core competencies that include access, student focus, school integration, school wellness, system coordination, accountability, and sustainability.

Paula Fields (00:34:43):

Whenever you look at making connections, on the next slide, you'll notice that the Advancing Health Center Excellence domains and how they align with the School-Based Health Center core competencies.

And as I look at the time we have together, we're not going to go into this deep, but we are going to go into the core competencies and I encourage you to coordinate and think about how the different domains connect.

Paula Fields (00:35:09):

So let's dive into each core competency a bit more. School-Based Health Center core competency one is access, and it has seven core components. Location, operations, facility, consent, non-discrimination, and serving other populations. When you think about this, one of the things that we always go back to is School-Based Health Centers are traditionally located on site. The operations is when school is open, as well as, as needed to serve that student population. The health center facility operates within a plant, the physical plant that complies with laws and regulations and is conducive of efficient health center practice. You do have to obtain consent like we talked about. You need after hours care coverage, which requires a system for access, and you need to see everyone regardless of their ability to pay, or regardless of their race, sexual orientation, religion, national origin, age, disability, sex, or health insurance status.

Paula Fields (00:36:12):

And regarding other populations, you need to decide if you're going to see the school faculty and staff or the family of students and users or people from the community. Just remember always prioritize the students first. And you may want to look at accomplishing this by student only hours or having a separate waiting room and entrance for non students.

Paula Fields (00:36:36):

So the second core competency is student focus. And when you think about student focus, you look at what services are needed to meet the need, and they're comprehensive. That your practices are guided by evidence based standards and confidence in that the materials are appropriate and respectful, that you protect confidentiality as required by state and federal law. You engage patients, encourage students as age appropriate to be effective advocates and consumers for their own healthcare. And also you need to meaningfully engage students as youth advisors in a variety of functions, including things such as evaluation of services, youth led outreach and promotion, peer to peer health, education, and advocacy on both behalf of their needs.

Paula Fields (00:37:23):

Whenever you ask about engaging students, one example the School-Based Health Center shared with us is they engage students to evaluate their satisfaction of the School-Based Health services and the students identify services that they wanted, that wasn't currently provided, and it resulted in new services.

Paula Fields (00:37:42):

And then when you look at the third core competency for School-Based Health Centers, you all asked during registration, how do you increase staff buy-in to increase student utilization of services? And although the School-Based Health Center's often governed and administered separately from the school, you need to, and you want to work with and integrate into the school. The goal is to have the School-Based Health Center woven into the fabric of the school, standing shoulder to shoulder, in support of the students to meet their needs so that they're ready to learn and succeed academically. And a majority of School-Based Health Centers participated in at least one school team or [inaudible

00:38:17]. So with that, one staff at an elementary school really promoted being visible, and you can read the different examples. But all the way through eating lunch in the cafeteria. And they found the outreach really helped with integration.

Paula Fields (00:38:34):

When you look at core competency, number four you'll note at school wellness, the School-Based Health Center supports a positive school climate. They work to promote student body wellness through population health. You also work to engage your key stakeholders, parents, guardians, caregivers, to promote family wellness. You also look and work around staff wellness. How can you support the school staff and offer services that is helpful for staff wellness? And you also are there and can act as a health authority by contributing subject matter expertise to support student wellbeing. And one of the things that we thought was really innovative that one of the School-Based Health Centers did was to work with the school to develop a school garden, to help address food insecurities in the community.

Paula Fields (00:39:22):

And then there are three components of the School-Based Health Center core competency, number five, around system coordination. It's care coordination, and how you coordinate with the school nurse, the primary care provider. Really think about reducing fragmentation and preventing duplication. And also you want to inform and educate and engage parents and guardians. Again, because it's about the child's health issue. And it involves them as supportive participants in the student's care whenever appropriate and possible. And one School-Based Health Center, you'll hear more about this when we talk with North Carolina later and how they work together to bring other services into the school.

Paula Fields (00:40:04):

When you look at core competency number six, accountability, the School-Based Health Center implements a system to monitor and evaluate appropriateness, effectiveness and accessibility of services. Also looking at satisfaction to identify areas that need improvement. And with that, the third component is around performance measures.

Paula Fields (00:40:25):

And Catherine will talk to us a little bit later about some specific School-Based Health Center performance measures. We have a sample satisfaction survey for School-Based Health Centers that we will also share in the resources. So let's look at the last School-Based Health Center core competency around sustainability. School-Based Health Centers are supported by a sponsoring agency that provides the administrative and clinical system such as medical supervision and that liability coverage, human resources, marketing, and practice in fiscal management. And they have the necessary billing infrastructure and dedicated staff to be able to effectively access and utilize and collect patient revenue from insurance and payers. They analyze the financial standing and create that business plan with metrics to make sure they're able to keep the lights on. And School-Based Health Centers are grounded in sustainable resources. And we will talk more about that sustainability piece in a bit. So that was pretty quick. Know that the seven core competencies are available to you to go back and reflect on and to look at how they can support you as you develop your School-Based Health Center. We want to transition now to a model for excellence in School-Based Health Center. We followed a similar process for both the core competencies and the model for excellence, where we gathered those experts from across the field to discuss both. And after reviewing the literature and the feedback at the end of the day, the sustainability framework really comes down to three main characteristics, strong partnerships,

whenever you think of that. The sound business model and that high quality practice. The three domains of sustainability are represented as cogs similar to a machine. If one of these aspects of sustainability is not working to its fullest potential, then it will affect the overall sustainability of the entire School-Based Health Center program. So with that, we're going to dive deeper into each of these three, and let's start with strong partnerships and transition to my colleague Shameka.

Shameka Davis (00:42:35):

Thank you, Paula. Sustainable School-Based Health Centers develop and nurture partnerships with school and community stakeholders, which include sponsorship organizations, local healthcare providers, students, families, and school partners. I would like to provide you with an example of how partnerships can drive School-Based Health Center sustainability. The example is the empty waiting room. Successful School-Based Health Centers develop strong partnerships with the school personnel. Yet there are still empty School-Based Health Center waiting rooms. Just because a School-Based Health Center is built in a school does not mean that students are going to come.

Shameka Davis (00:43:20):

School administrative staff can help distribute and collect consent forms to enroll students in the centers. And teachers are the greatest allies in marketing and referring students to the center. Without enough student enrollment or utilization, the School-Based Health Center will not be able to generate enough visits to remain sustainable. Next slide please.

Shameka Davis (00:43:45):

Why are strong partnerships important? 20 to 30 years ago School-Based Health Centers were often planned and implemented without a concerted effort to identify and work with stakeholders or establish connections. Since the opening of a School-Based Health Center often brought controversy, the early thinking was, let's just be quiet, get this set up and go from there. And then they will come to appreciate us once they know how we work and the services we provide. School-Based Health Centers were, and often still are the best kept secret. We have learned through experience, placing an effort into your partnerships benefits you in multiple ways, from planning through implementing and sustaining. We want and need stakeholders and partners working with us for the School-Based Health Center's long-term success. Fully engaged and accountable partners can provide support and resources to develop and maintain a sustainable School-Based Health Center.

Shameka Davis (00:44:48):

So with strong partnerships, each partner brings something different to the table. Each partner often has strong trust or credibility within the community they serve. Working with partners in different sectors broadens the possible user base so it is additive and ultimately can yield more School-Based Health Center users. This is especially true when starting a School-Based Health Center. Partnering with an already established organization in the school and community will help provide a foundation for building and trust in developing a patient base from the community.

Shameka Davis (00:45:26):

For an existing School-Based Health Center, actively partnering with an established organization can also increase the awareness of the School-Based Health Center and the services it provides. This can also attract new users and increased utilization from existing users for services offered in the School-Based

Health Center and outside of it. By utilizing partner connections and networks, we'll be able to better cross communicate and improve coordinated care.

Shameka Davis (00:45:57):

With strong partnerships, all collaborators can learn from each other and expand our skills and knowledge together. We will have better care for everyone because we are working together. And with school partners, for instance, they can identify students who are chronically absent by sharing this information with the School-Based Health Centers, and School-Based Health Centers may be able to identify reasons students are chronically absent and help to address the student physical or emotional needs, thereby reducing the absenteeism. This partnership and information exchange would provide the School-Based Health Center with more complete information on their patients and allow for better quality of care than without the partnership.

Shameka Davis (00:46:43):

So some ways that partnerships result in greater financial sustainability include through in kind contributions, referrals for School-Based Health Center, quality assurance, quality improvement, School-Based Health Center advocacy and support, and also through community benefit and return on investment.

Shameka Davis (00:47:05):

Here's a list of potential partners to engage as you go through the planning process. I'm going to highlight just a few of the potential partners on this list. The first is school slash district staff. Schools using their space and also having access to the students. And a school district staff partnership to ensure this partnership, school leadership and personnel need to know that the School-Based Health Center is working on outcomes that matter to educators, such as reducing absenteeism. Partnerships within the school or district has to happen at many levels, which include leadership, teachers, support staff and students. The next partnership is with local healthcare providers like community dentists, community health centers, behavioral health agencies, pediatricians, and hospitals, ensuring that primary coverage outside of the center's capacity, either in operating hours or specialties.

Shameka Davis (00:48:03):

One example of this is a School-Based Health Center bringing in community dentists to provide screening, prophylaxis, hygiene and sealants on site on a regular basis. And the school helps to coordinate those efforts. One or more of the healthcare providers will sponsor a particular service or group of services. One main sponsor may coordinate all of the services so it seems seamless for the students. And sponsors will take liability for the services they provide. Another partnership with is with sponsor organizations, such as a hospital, local health departments and health centers, which can bring many administrative and revenue opportunities to the School-Based Health Center. Some examples include a local health department may provide immunizations through vaccines for children and STD supports and screening. As a good partner, School-Based Health Centers coordinate care by providing referrals or linkages and informations to local healthcare providers. School-Based Health Centers are improving the coordination and quality of care for patients and helping to reduce health disparities.

Shameka Davis (00:49:15):

I would like to quickly review information on sharing between school staff and School-Based Health Center staff. So with school staff, school staff fall under FERPA, which is the Family Education Rights and

Privacy Act enacted in 1974. School staff also must receive parental consent before sharing any part of the student's record. And with school staff, they must allow parents to see the student's record. With sharing information with the School-Based Health Center staff, the School-Based Health Center staff fall under HIPAA and the School-Based Health Center staff may share information with the school health providers for treatment purposes and without consent, may treat minors without parental consent in some situations, and required to keep some information confidential and if requested to do so by the minor and many have consents to allow bidirectional information sharing between School-Based Health Center, school nurse, and also the primary care provider.

Shameka Davis (00:50:17):

Most schools do not fall under HIPAA because the only health records maintained by the school are considered education records or of eligible students under FERPA. HIPAA excludes the education records of students for that reason. Most schools are not covered entities under HIPAA because they do not transmit health information electronically. School-Based Health Centers, although housed in the school, are not under contract or direct control of a school. Almost all School-Based Health Centers engage and cover transactions under HIPAA, such as billing a health plan electronically for their service. Without signed consent, to share information across the needs of the students, you can't share and will have problems.

Shameka Davis (00:51:07):

Parents and guardians are another important stakeholder group to engage as School-Based Health Centers are serving youth and adolescents. Parents and guardians are advocates for their youth and adolescent's health. They are also important gatekeepers as they are the prime decision makers and when, for how, when, where, and how you've accessed healthcare services. So now we are going to have another trivia question. And this question asks, where was the first School-Based Health Center located? Was it A Cambridge, Massachusetts, B Dallas, Texas, or C St. Paul, Minnesota? Okay. And Olivia, the responses please.

Olivia (00:52:08):

Great. Thanks, Shameka. So we have about 130 votes coming in. Most people are saying Cambridge, Massachusetts, 50%/ we've got 22% of people saying Dallas, Texas, and 27% saying St. Paul, Minnesota.

Shameka Davis (00:52:23):

Thank you, Olivia. And the first School-Based Health Center was located, the answer is both A and B. In 1968, 2 School-Based Health Centers opened in Cambridge, Massachusetts, and also Dallas, Texas. The School-Based Health Center opened in St. Paul Minnesota in 1973. Thank you.

Shameka Davis (00:52:49):

So consents. One of the items on a School-Based Health Center planning checklist is to develop a comprehensive School-Based Health Center consent form that includes bidirectional sharing to promote a continuum of care. We also have some examples that will be included towards the end of this presentation on the resource slide. Like any medical care provider, School-Based Health Centers require consent for treatment. Most School-Based Health Centers have a parental consent policy. Consent should include the services the School-Based Health Center offers, inform the parents and guardians about patient confidentiality and HIPAA, and also information should be provided on billing. And the

School-Based Health Center should be transparent about partnerships and collaboration with sponsoring agencies and schools.

Shameka Davis (00:53:39):

School-Based Health Centers require parents to give consent for their child to be seen. So during registration, a question was asked, "How do you give parental consent for a child to visit with a therapist, a licensed clinical social worker during school hours?" Well, when parents sign consent forms, they are agreeing to the terms in enrolling their students in the School- Based Health Center. This allows their youth and adolescents to utilize the School-Based Health Center services. Best practice is to have parents sign consent forms up front, to do outreach and preventive care and very few districts, if any, will allow the operation of a School-Based Health Center without parental consent. Where consent rates are low, access to healthcare services are limited. States do have minor consent laws governing certain healthcare services, such as general healthcare, pregnancy, STD, family planning, mental health, and substance use.

Shameka Davis (00:54:38):

Also on the School-Based Health Center planning checklist is about the memorandum of understanding. So the memorandum of understanding are the cornerstone of your partnership with schools and partners. So who benefits from an MOU also known as the memorandum of understanding, is the community as it increases effectiveness and the community can see clearly who is doing what, and then they can come alongside you and support the intersection of health and education. Also service providers can be more effective and efficient. Community leaders can help with lobbying and grant writing. And of course students. So some key pieces of an MOU include the purpose, responsibilities of all parties, billing and compensation, confidentiality, termination provision, scope of agreement and liability.

Shameka Davis (00:55:29):

The School- Based Health Center has a few tools on our website that can help you with partnership and provides opportunities to use these partnerships for school wide wellness benefits. One is the Hallway to Health toolkit, which includes building a wellness team, engaging community based organizations, engaging parents and guardians, and engaging school partners. Next slide, please.

Shameka Davis (00:55:53):

Also for youth development, we have the Youth Health Hub website, also a youth digest and consulting services around youth development. Next. And another tool is the Lead the Way toolkit. This toolkit helps you develop partnerships with youth and parents and guardians. So some ways for partnerships to be in action include a School-Based Health Center advisory committee, youth advisory committee, and also partnering with parent groups. So we hope that as you reflect on the model of excellence, that you see partnerships as a framework in School-Based Health Centers. If you would like to receive more information about school and health center partnerships, you are welcome to view the April 7th workshop that is on the National Health Center Resource Clearinghouse. And now I'm going to transition to Paula who will present on a sound business model. Paula.

Paula Fields (00:56:49):

Thank you Shameka. So let's dive in a little deeper to the third cog and talk about the sound business model. The big narrative picture is that a sound business model requires financial planning that relies on

a diversity of stable, predictable funding sources, maximizing that patient revenue and the right size role of grants and supporting long term operations. So why is knowing your cost important? Whenever you think about cost, what does your income and expenses look like? This might be a proforma or a budget. An example is when a School-Based Health Center with a student population of 500 realized they needed to serve more people in order to keep the lights on. The Health Center key partners came together to look at their needs assessment and reevaluate the current business plan to determine how to efficiently operate so they could continue serving students.

Paula Fields (00:57:42):

They determined they wanted to see the school staff in the community because all of that will help support them staying there, serving students first and being available. With that they had to look at how will they offer services to non students? And they did that by applying and receiving a HRSA Construction Funding grant to build a separate waiting room for serving the larger community. When you look at that billing infrastructure, as you all know, the ability to bill health insurers requires a lot of time and resources, and that's where the School-Based Health Center sponsor can work the School-Based Health Center as part of their overall administrative structure, really billing those insurers, developing that business plan, making sure someone is looking at the School-Based Health Center denials and seeking reimbursement. And when we talk about the insurance policy environment, this varies from state to state, especially when you look at Medicaid reimbursement. Some states' School-Based Health Centers will have to get prior authorization from a primary care provider to bill.

Paula Fields (00:58:50):

And there are other states that School-Based Health Centers have Medicaid policies that are responsive and there isn't those additional steps that have to happen. You'll have to look at your state Medicaid policy to see what that is, but if you do have to get pre-authorization from their primary care provider on file to bill for any of the services, it'll be very important when you're looking at your sustainability. And partnerships are one way to do that.

Paula Fields (00:59:19):

So let's look at the first generation of School-Based Health Centers. And the short and sweet of that is the first generation started out as grant funded and they didn't have a focus on showing how important that care is to student outcomes. And we've come a long way to support student success. Most didn't code and bill. There was limited data cap. That meant of course there were also limitations. It doesn't mean the care wasn't there and the quality wasn't good. It's we didn't have electronic health records at that time. And they weren't always at the table to do business planning. And there was limited accountability to describe what you did with the money. Again, a different decade. So if you fast forward to today, most School-Based Health Centers have a business model because they look at the best way to serve students and so that they can continue to serve students.

Paula Fields (01:00:13):

When you look at long term sustainability, there are these seven items on the screen that you want to look at as you set up your site to be student centers. And any changes in communication or events will hopefully be with student input to reflect their need. Even a great business plan won't lead to sustainable School-Based Health Centers if utilization is low. Keeping students and their needs at the center helps ensure that you have a utilization so that you can, as I always say, keep the lights on and be able to continue to serve students.

Paula Fields (01:00:45):

School-Based Health Centers now often have electronic health records. They report data to their sponsors. They have metrics to achieve and can describe their value, both qualitatively and quantitatively. And you are at the decision making table and you can work across disciplines for better student outcomes and efficiencies. And this is a long way from the early days. For the purposes of your business model, we want to make sure you have the ingredients for success. You do need to focus on maximizing that patient revenue, looking at your in kind opportunities and getting some other grants if there are losses, to cover those costs. And over the years, we've identified characteristics to increase your chances towards sustainability efforts. And although they're not a hard and fast rule, smaller communities have certainly developed creative solutions, but generally these guidelines are meant to be a helpful guidepost. So the components include having a student school population of over 750, and we know that some School-Based Health Centers will be operating in smaller schools and you'll have to make adjustments to make that model work for you.

Paula Fields (01:01:57):

Having a higher free and reduced lunch rate often will mean that you also have a higher eligibility for Medicaid. And then some of the key as we talk about those guide posts is by the end of year one, you want to have 50% of your students have a parental consent on file. And by the end of year two, 70%. And then of those you want to be seeing about half of the students consented. And you may say, "Why are those numbers important?" Because both consents and utilization reflects buy-in. And if they're low, you have some more work to do. That's the good benchmark.

Paula Fields (01:02:38):

So other characteristics of School-Based Health Centers, success is student or family engagement, and it's not just a token. They can be part of your planning, your implementation, and ongoing evaluation. And quality improvement. One way to build partnership engagement is through a strong advisory committee, as well as strong memorandums of understanding as you heard Shameka talk about earlier. That includes each partner's responsibility and shared responsibilities.

Paula Fields (01:03:05):

And with those strong buy-in, you'll see utilization follow. It's important to have a range of services to meet the need. And when you see adequate space in the school, what is the ideal number of exam rooms per provider? And this is at least two to three exam rooms per medical provider. It's the same as in a community based clinic. Doesn't mean you'll start there. And I know many who didn't, but that is the golden standard to work towards. When we talk about common staffing patterns, a few slides back, you might recall me saying, "Hey, how does your proposed staffing look in comparison to other School-Based Health Centers across the nation? Where are there differences? What is your rationale behind that?" Different is okay. Just as long as it's meeting the need and based on your resources and sustainable, but being able to describe that.

Paula Fields (01:03:53):

And even if you have all these components, you will continue to work on quality improvement over time. So you'll know what you're doing hits the mark and the investment for students is worth the resources, time and commitment. So with that, Olivia's going to pull up a poll. It's another trivia question. So when you look at School-Based Health Centers, do they increase access to healthcare? Do they contribute to positive educational outcomes? Do they reduce emergency room use or do they do

all the above? And we'll give you just a couple minutes to answer that. Okay, Olivia, what are we looking like? What's the top answer?

Olivia (01:04:52):

All right, well, this is a simple one. We've got just about a hundred percent saying all of the above.

Paula Fields (01:04:57):

Good. And hopefully we provided you the resources and research that is easily accessible for you to support that answer. And as you look at your work and where to find the rationale to support that. So thank you.

Paula Fields (01:05:13):

All right. Well, let's look at funding. Funding sources for School-Based Health Centers, basically a majority of the funding received includes public insurance revenue, about 68%, and the private insurance about 60, and state government also about 60. With that, we received a question on registration around what funding sources are available to expand School-Based Health Centers? [inaudible 01:05:40] shared earlier about the recent School-Based Health Center federal funding. We hope that in the future, there will be more funding come available. And you also want to check at your state and local areas for funding, including your foundations of philanthropy. With that on the planning checklist, you'll see that one important point is capital and operations funding. And that that comes from a variety of sources.

Paula Fields (01:06:04):

The School-Based Health Center sponsoring agency must develop the necessary agreements and procedures in order to make that possible, including the billing commercial and public insurance. So with that, while it may seem like a long and gruesome process, completing a business plan helps assure that all the components are in place for creating a sustainable School-Based Health Center program. Many of those written components of the business plan can be used to help write grant proposals and develop presentations to potential funders and community partners as well. So when you look at that planning checklist, you'll see it references a business plan and proforma. And we have examples for you on our website. I'll show you that in a minute. So let's look at why a business plan? And it boils down for me to a question back to you.

Paula Fields (01:06:52):

Why would you start a business without a business plan? Running a School-Based Health Center is a business, but what you focus on is being able to keep the lights on, to serve students, not so much what that profit is, because most School-Based Health Centers are not profitable. What we try to do is get close enough to break in even so you can keep the lights on. Because it's not just about the dollars. It's about partnerships and it's about the mission and vision and passion behind what we can make possible for students now and as they look at becoming adults and those productive and healthy adults, as part of life.

Paula Fields (01:07:31):

With that, it's very important that you have a solid well thought out business plan to ensure the services you start are sustainable. You don't ever want to have to close a School-Based Health Center. And these

are the eight elements that we recommend for a year one business plan. Even if you've already got started with a School-Based Health Center, it's beneficial to step back and develop your business plan to assess if your current plan hits these areas. Earlier, you heard Shameka talk about the first nut and bolt around partnerships. And after me, Catherine will talk more about the School-Based-

PART 2 OF 5 ENDS [01:08:04]

Paula Fields (01:08:03):

... around partnerships. And after me, Katherine will talk more about the school-based health center clinical quality measures that you can use in developing your goals and objectives. Your business plan should outline your school-based health center staffing models, and provide specific information on who has the ultimate responsibility of the school-based health center, and who manages and supervises the staff. And that is normally the sponsoring agency. You want to have people working at the top of their licensure. And among your stakeholders, you want to determine who will be your target audience for marketing, objectives, and activities, because some of your stakeholders will be gatekeepers and they'll determine how students flow and when they flow, and when and how they're able to access your school-based health center and services.

Paula Fields (01:08:42):

So the Year One Business Planning is a whole other training, but we have a business plan template available for free in the Sustainable Business Practices Toolkit. And we've included the link in the PowerPoint that you should have received right before this presentation. And that will also be posted on the clearing house.

Paula Fields (01:08:59):

So let's talk a minute about a registration question around what is the average number of encounters to be financially sustainable. And in a little bit, you'll hear from your colleagues from Georgia around what their model looks like. But to answer that from a high level perspective, you'll need to know where you stand financially, even if you're guessing a startup budget or an existing school-based health center. So a pro-forma can help you understand your model and how you can make changes to affect that bottom line. As I shared, sustainability is critical for school-based health centers. However, unlike clinical performance measures, there's no national set of sustainable business measures for school-based health centers. But what we do know is you need a diverse funding portfolio, most often including income partner donations, such as space for the school-based health center, that patient revenue from the coding and billing and supplemental grants. Within this toolkit, we recognize utilization, reimbursement, and efficiency all affects sustainability.

Paula Fields (01:10:02):

As you look at your school-based health center, you'll want to work to improve your sustainable business practices to drive your operations. That's why you hear us talk about consent raising. You've heard us say it multiple times because consent drives volume, which is directly correlated to utilization, reimbursement, efficiency, and buy-in.

Paula Fields (01:10:21):

Want to share a quick story with you. We had a nurse practitioner come to us and say, "Oh my goodness, my sponsoring agency said they're closing our school-based health center at the end of the

year. They said that the productivity and utilization was too low." And historically, the school-based health center sponsor didn't provide a monthly report to the nurse practitioner. So she was absolutely flabbergasted because she and her front office person stayed really busy.

Paula Fields (01:10:48):

So the nurse practitioner talked to her sponsor and asked for more information. She got the expenses and revenue, and she started exploring what was possible. And she was empowered with information. And although the school-based health sponsor didn't ask, she started to develop a plan to improve the school-based health center utilization and reach and productivity. And what she did is she looked at the reimbursement, and found that 25% of her claims was denied because she wasn't credentialed with one of the MCOs.

Paula Fields (01:11:18):

She was able to get that fixed. She looked at her staffing and she did a workflow analysis and noted that she wasn't working at the top of her license. She had to call the patients back, take the vital signs, take them in the room and then complete the visits.

Paula Fields (01:11:33):

And despite being told her school-based health center was closing, she identified the need for medical assistant, and drafted a workflow, showing how that medical assistant could increase the number of students being seen, both in efficiency and utilization, and drafted a proposal to the administration, asking for a semester to test the workflow. And I chuckled at this now because she went from their closing my center to, "Hey, will you give me a chance here?" And the administration looked at it and said, yeah, they would approve a medical assistance for a semester. And if she can meet those benchmarks, they will talk. And guess what? That medical assistant still works part of that team. And those students still have their school-based health center.

Paula Fields (01:12:13):

So the reason behind my message is information is empowering. And if you provide that information to your school-based health center staff, it shifts the dirty P which I call productivity, the dirty P word, and it shifts it to support your school-based health center team in working to keep the lights on so they can serve students.

Paula Fields (01:12:31):

With that, we shared the link to the toolkit in the PowerPoint slides. And once you have it, feel free to explore in there. And you can find under additional resources, the sample business plan, as well as the self-assessment.

Paula Fields (01:12:47):

So if you want to improve your sound business model nut and bolt, think about doing the business plan and pro-forma, making a plan to distribute those consent forms and collect them, and understand your sponsor's school-based health center billing role. Within the model for excellence in school-based health centers, Shameika shared the information on partnerships. We just talked about the sound business model. So let's transition to Katherine to talk a bit about the final cog of high quality practice. Thank you, Katherine.

Katherine Cushing (01:13:14):

Thanks so much, Paula. And thank you everyone for joining us today. As Paula mentioned, I'm walking us through the final cog in our model for excellence. This is high quality practice. And it has three key elements; measuring quality indicators, effective data extraction and reporting, and routine workflow and data analysis. And for any of you who joined late, we know that this has been a long session and there is a break coming up following this final cog. So thank you everyone for hanging with us.

Katherine Cushing (01:13:46):

So when you're thinking about high quality practice and any kind of a work that addresses quality, where you want to make change to improve the work you do. And before you launch into this kind of work plan, you need to address what already works, how will we know if something new works, what does success look like? And once we know we're successful, how do we demonstrate our impact? And to do this you'll need data measuring quality indicators. Otherwise, it's just someone's opinion of what works and what success looks like. It's you saying, "Just trust me on this. It works." So we need to make sure that when we have high quality practice, we're using data to tell our story.

Katherine Cushing (01:14:27):

So up next, we have our next trivia question, and Paula has shared some of this data throughout the presentation. But when was the first national SBHC census launched? Let me know what you think.

Katherine Cushing (01:14:40):

(silence)

Katherine Cushing (01:15:01):

All right. Olivia, let me know how we're looking over there.

Olivia (01:15:06):

Sure. Hey, Katherine. So we have about 120 folks who have voted. So majority says 1985, 34% of folks say that. Right behind it, 26% say 1996. 21% say 1978. And then 16% of respondents are saying 2001.

Katherine Cushing (01:15:28):

Well they are right on track. It is 1985 was the first census of school-based health centers. And this is a shameless plug that our census is now open for the first time since the pandemic. So if anyone has a school-based health center, please make sure that you complete your census so that we can get you counted. You will find access to that on our website. Thanks everyone for engaging in that poll with us.

Katherine Cushing (01:15:56):

So part of our census, back in 2014, we asked state sponsors, those who were responding, how they judge their quality benchmarks, and what programs do they use to assess SBHC quality. And you can see here, we got a pretty good range of people using established tools like HEDIS or CHIPRA. And then there were others using their school-based health center specific tools or measures. And so there was this large variability of what folks were using and how measures were defined, resources to dedicated or providing technological assistance to ensure consistent collection was missing. And so there was kind of no way to really support improvement based on the results of this.

Katherine Cushing (01:16:45):

So we, in response to this absence of National Standardized Performance Measures in the SBHC field, launched our National Quality Initiative with funding from HRSA's Maternal and Child Health Bureau. And the goals of NQI, the National Quality Initiative were to one, establish voluntary standardized performance measures for SBHCs that aligned with national child health quality initiatives that could be used to assess and improve the quality of preventive care among youth who receive care at SBHCs. And two, to collect those data annually. We call this National Data Collection Quality Counts. And three, to support quality improvement efforts related to the performance measures through learning collaboratives.

Katherine Cushing (01:17:32):

So the selection of a set of National Performance Measures occurred in two phases. The first phase focused on identifying all sets of performance measures used by national health quality initiatives. Candidate measures were drawn from CHIPRA, CMS, the meaningful use of electronic health record incentive program. HEDIS, and of course, BPHC's UDS. Staff also collected measure definitions from state and regional government offices that required reporting as part of their funding to school-based health centers, and those that supported other quality improvement or evaluation efforts for school-based health centers.

Katherine Cushing (01:18:13):

And then during the second phase, once all of these were collected, we convened 90 content experts representing diverse sectors, including school-based pediatric clinicians, administrators, public educators, health insurance, and quality improvement specialists. And they all participated in a measure prioritization process. They considered each measure's sensitivity to school-based health interventions, the importance to the school-based health center field, the feasibility of data documentation and reporting, usability to providers, families, educators, payers, and policy makers, in terms of both quality improvement and advocacy.

Katherine Cushing (01:18:54):

And through that long process, we settled on five core National Performance Measures. And these standards ensure that every child who uses an SBHC receives the highest standard of preventive care, including an annual well child visit, whether that occurs at the SBHC or through another community provider, a risk assessment, BMI screening specifically with nutrition and physical activity counseling, and when appropriate, depression screening and chlamydia screening with follow-up as indicated.

Katherine Cushing (01:19:28):

We also have some other performance measures that we do not collect nationally. And you'll see these on the next slide. But we've had SBHC's test and use them... So they test whether or not students are spending time out of class when visiting the SBHC. There's a client survey to gather perceptions of ways students engage the SBHC. And we have underdevelopment some measures related to chronic absenteeism, immunizations, and screening for social determinants of health. So we ask you to consider how these could play out in your school-based health center.

Katherine Cushing (01:20:04):

And if you're looking for resources on these, one resource is our National Performance Measure, Clinical Performance Measures QI toolkit. And you'll find that on our website, and we'll also have the link provided at the end. You can do this toolkit on our website, you can search the web, and then once you're in the toolkits, you'll be able to click on a measure and it'll show you this is an example of well child visits. It'll give you examples of FAQs, resources, ideas to try on at your school-based health center.

Katherine Cushing (01:20:38):

So now we've covered measuring quality indicators. We'll move on to effective data extraction and reporting. Because knowing how accurately and effectively measure something is as important as knowing what we're trying to measure. So we want to point out that one, data increases your partnership value by being able to describe the quality of care being delivered at SBHCs, which is essential to the sustainability of the model. By investing time in accessing data and identifying ways to improve practices, the quality of care that children receive in SBHCs will improve. And demonstrating our collective impact can help expand our field to provide the necessary care for even more of the nation's youth.

Katherine Cushing (01:21:23):

And one way that you can do this is by participating in the national work led by the school-based helplines through quality counts, which I mentioned earlier. You'll be able to compare your SBHC with others at the local, state, and national level to assess strengths and look for areas for improvement. And we ask that you remember that this is for improvement, not judgment or punishment. And if that's something that you're interested in participating in, we will be launching that later this summer for this school year.

Katherine Cushing (01:21:53):

It becomes quite evident when we talk about this component of high-quality practice, that we need a strong team to ensure that we have high-quality data in and high quality data coming out. High-quality practice requires a team commitment, ensuring that data is entered as needed in the EHR, and that codes are pulled correctly for analysis. It's a whole team process.

Katherine Cushing (01:22:15):

SBHCs with high-quality practice consider who needs to be at the table and gets them there. They engage the right team members from the front desk to IT, have difficult conversations as needed, and they celebrate the success. One of the things we love about this work is that you can celebrate those very small wins, because they're just as important as the big ones.

Katherine Cushing (01:22:37):

And one thing that you will find here is if you're working along on your planning checklist, this is referenced here that in order to utilize your EHR, you must ensure appropriate technology access at the SBHC, and this most often requires collaboration with school facilities needed to install HIPAA compliant internet access, which is a great way to make sure that you are building relationships and getting everyone who needs to be at the table, there.

Katherine Cushing (01:23:08):

I mentioned this earlier, but we really want to make sure that this is stressed, that remember when we talk about the processes for high-quality practice, should we all be viewed through a QI lens? It can be difficult to purposely look for growth opportunities and none of us really feel comfortable doing that naturally. But we want SBHCs to be comfortable using the data, not for research, or this is not being generalized to other audiences or other settings or for auditing, but really just for improvement and encouraging them to look at their data, and consider what will work in their unique environment to get students the best care possible.

Katherine Cushing (01:23:44):

And with that, we say if you have bad data in you get bad data out. Garbage in, garbage out. So it's important to ask what reports are available to you, how do you access your EHR reports, how are reports adapted, and how are new reports built? It's very common that any EHR will have some adaptations so you can collect the right data in the right way and be able to extract the data when you need it in the format you need it. It only makes sense to put the effort into this part of your practice so that you can tell the story of your work. If everyone's doing all the work to make sure that students are getting the care they need, we need to make sure that we are documenting it in a way that we can then pull it out and share that data. So some tips and tricks for your EHR to verify that procedure and diagnosis code specific to the child and adolescent population are embedded in your EHR. As a reminder for our National Performance Measures, you can find these on our website. You might also want to convert text fields to discrete fields, to make them easier to pull and check. You can also build customized reports and data queries, and find more tips on our website. And with that, we transition to the third component of our high-quality practice cog, which is routine workflow tips. Why is training on coding, EOBs, and billing and collection important? Just like that garbage in, garbage out saying, with training, data quality improves. People know where to put the information, people know what information to pull. It gets everyone on the same page. And based on good data, you can determine how well SBHCs serve students. From coding, you can tell what services you provide to students, the utilization, what your reimbursement is, how many students you see, the efficiency of your SBHC. And this kind of ties back to Paula's story about the SBHC that was saved because they were able to show their data, to review it, to look at why they were not being as efficient, who they were seeing, and why they needed that MA, and why they can still be in service now. This is the data that you can look at to see the areas you're doing well on and what areas you need work.

Katherine Cushing (01:26:07):

And as Paula touched on earlier, your routine workflow, how does that impact staff productivity? First, SBHCs have to have productivity numbers that work for the type of care they provide, which is different than your sponsoring agency provides. Your productivity numbers will be based on the clinical pieces in place, what services you provide, who provides them, along with your needs for the student you serve. And then add on top of that, the extra duties that are non-billable; working in schools on a care team, presenting at a health class, staffing a health fair booth, coordinating beyond clinical walls, enhancing school climate, strategizing for collaborations to keep kids from being chronically absent for example. The possibilities are endless. SBHCs are in the school and they're able to meet those needs and build those relationships. And that is something that is important for the role that they play. The variability across funders, sponsors, states, reimbursement is too wide though, to determine a one-size-fits-all for what the routine workflow is going to look like for productivity.

Katherine Cushing (01:27:11):

We do know that if you don't have a well-oiled machine or workflow, it is more likely that the school-based health center and staff are not operating at the top of their license and are not efficient, just like that story that Paula told.

Katherine Cushing (01:27:25):

We all know how SBHCs require a lot of pivoting depending on the day and what's going on with individual students, the school community, and the broader community, and even the world at large. The routine workflow is your best laid plan. We know it can be disrupted, but if you don't have a workflow planned out and adaptive, you will not have the same opportunities to see students, staff, ability to do the work to get the least amount of disruption, and you will clearly provide more visits and billable services.

Katherine Cushing (01:27:55):

Also, it is critical to have a cost center for each SBHC so your reimbursement can be tracked back to your specific site. And you'll be able to take that data to your staff, to try on different strategies that may enhance your efficiency, productivity, and reimbursement, leading to a monthly internal report, containing things such as expenses, incomes, and revenue, insurance status verification, enrollment, what claims were denied, types of visits, basically everything you need to know to know how your SBHC is running.

Katherine Cushing (01:28:24):

And when the whole staff knows the details of the monthly report, it lends to empowering providers to work toward improvement, versus just a top-down approach of your productivity is not high enough. It gives everyone in the SBHC ownership over their work.

Katherine Cushing (01:28:39):

So we encourage you to meet regularly, keep your partners up-to-date and informed. And what happens if you provide your partners with a simplified report and what types of visits you're seeing, and who you're not seeing, an expense report and revenue. You don't need to give them all details, but with a little bit of insight into your practice, you can all work innovatively to reach students and address their needs.

Katherine Cushing (01:29:03):

So now that we've spent some time going over options, tips, and resources to increase your high-quality practice components, at least from a high level, if you were to pick some high level priorities, it would be these three components to get you started on increasing your high-quality practice.

Katherine Cushing (01:29:18):

So consider adopting the National Performance Measures for your practice. Develop a cost center for your SBHC. It's important to be able to track the billing, coding, and true reimbursement of the services you provide at the SBHC. If you don't do this, you'll never be able to show the sustainability at the center. And three, consider implementing regular meetings for quality improvement.

Katherine Cushing (01:29:40):

So with that, we wrap up all cogs in our three domains for the model of excellence. And we've talked about them all. They all work together. Just like any cog system, if there's a something stopping one, they all stop flowing. So we really need all three of these to be working at peak performance for our SBHC to have the greatest impact. And as promised, it is time to take a break. Thank you everyone for hanging out with us for the first bit. We will come back at 3:40. So we'll see-

Emily Baldi (01:30:17):

Hi, and welcome back. My name is Emily Baldi and I'm a program manager at the School-Based Health Alliance. And I have the privilege of introducing our presenters for today, and facilitating the question and answer session.

Emily Baldi (01:30:29):

Today, we'll hear from three presenters; a group in Georgia, a team in West Virginia, and a team in North Carolina. Each presenter will present for about 15 minutes. After each presentation, we will reserve 10 minutes for questions from the participants. If you have questions for the presenters, please share them using the Q&A feature. To learn more about any of our presenters, you can click the links underneath their names in the slide deck that was shared via email by NAC.

Emily Baldi (01:30:58):

Our first presenter is from Albany Area Primary Healthcare. I'm delighted to introduce Clifton Bush who was born and raised in Albany, Georgia. Clifton is the Chief Operating Officer for Albany Area Primary Health, Inc, where he oversees the day-to-day operations of the organization's 27 locations, including eight school-based health centers. Clifton also developed and started the first school-based health center in the Dougherty County School System, which is currently at Turner Elementary School.

Emily Baldi (01:31:28):

Clifton is joined today by Vince Grace. Vince is also a native of Albany, Georgia, where he received his formal education in the Dougherty County School System. He is presently in his fourth year as principal of the Premier Turner Elementary School located in Albany, Georgia.

Emily Baldi (01:31:45):

With that I'll turn it over to Clifton.

Clifton Bush (01:31:49):

Good afternoon, everyone. Thanks again for joining. So I'm going to go over Albany Area Primary Healthcare and our school-based health centers, and kind of tell you what's the deal and how we started, and some tips that you can take back to develop your school-based health centers, or the ones you already have in existence. Next slide.

Clifton Bush (01:32:11):

So just a little history about our organization. We began back in 1979. There was a grant to develop a clinic in Leesburg, Georgia in Lee County, based on the lack of prenatal care for women and babies in the community. And so through that grant, the Lee County Clinic, Lee Medical Arts, which it's called today, was developed. We did not actually implement OB services until actually about 30 years later in 2009.

Clifton Bush (01:32:40):

In 1982, we had three locations. And we've grown to several locations which includes eight school-based health centers as of today. In March of 2013, we opened our first school-based health center, which was Turner Elementary. And I'll talk a little bit about that school in just a few. Next slide.

Clifton Bush (01:32:58):

So our school-based health center sites, this is just a visual view of the sites that we currently have within our school-based health center department. And we'll actually be opening one additional site, January of 2023 in Sumter County. Next slide.

Clifton Bush (01:33:17):

So the services that we currently offer are primary care services for adults and pediatrics. So we see, of course the students, the siblings of the students, and the faculty and staff and their siblings within our school-based health center sites. We also have dental services available, optometry services, behavior health services, and there's transportation that is provided via the school system through the school buses. And I'll talk about that a little bit later. And we also have two mobile units within our organization. So those are utilized for optometry services, and in the future we'll be utilizing dental services on our mobile unit in the schools as well. Next slide.

Clifton Bush (01:33:59):

So our first site again, was Turner Elementary School-Based Health Center. And so Turner Elementary, just a little background. Approximately 500 students. When we began at this site back in 2013, about 50 faculty and staff. It's grades K-5. Most of all the kids, which currently all kids, have the free reduced lunch. Over 90% were African American and then less than 5% utilize English as their second language at this particular site. Next slide.

Clifton Bush (01:34:33):

And so my organization is what's called a Federally Qualified Health Center. And again, school-based health centers as a sponsoring agent can utilize a hospital as a sponsoring agent, you can use a private practice. And I think some schools try to do school-based health centers. But the things with the FQHC of course, there's perks utilizing a Federally Qualified Health Center as a sponsoring agent.

Clifton Bush (01:35:05):

And so we have the perspective payment system. So our reimbursement for Medicaid is of course, more than you would get in a private practice. And that reimbursement is based upon, of course, where you live. But again, it's more than what you'll get into private practice. So we can more than likely sustain a school-based health center clinic better than a hospital or a private practice.

Clifton Bush (01:35:33):

Community involvement. FQHCs are involved in the community, a lot of times doing various type activities within the community. There's different type of federal grants that we can apply for through HRSA, who spoke earlier, new access points, things of that nature that hospitals and private practices don't have access to.

Clifton Bush (01:35:56):

The sliding fee scale program. We have that program to help our patients that qualify through the poverty guidelines so that they can get discounts on their dental, medical, vision visits, etcetera. We also have medication programs such as the 340B discount program where individuals can get discounts on their medications if they're a patient of the health center.

Clifton Bush (01:36:23):

And also malpractice. So our malpractice is covered through what's called the Federal Tort Claims Act. And so our providers do not have to pay for malpractice insurance as long as they're working for the FQHC as provided through the federal government. And we do not have to pay that either. There are a lot of things that we have to keep in place in order to keep this FTCA coverage that we have to report to the Feds, et cetera. But we are covered by them. So that's some great things about FQHCs. Next slide.

Speaker 1 (01:36:56):

I just was coming in to see if she-

Clifton Bush (01:36:58):

The school-based health center set- up, what does it take? So one of the things you want to [crosstalk 01:37:05] needs assessment. And the needs assessment, what it does is we send this out before we open any school-based health center, or we want to open a school-based health center.

Speaker 1 (01:37:14):

[crosstalk 01:37:14] important.

Clifton Bush (01:37:14):

Because we want to see what is the need in that particular school system and in the community. Is there a need for a school-based health center? And so the last county that we did that for, there's about 1300 students, and we received over 800 needs assessment forms back. And what they tell us is, would the parents utilize the school-based health center? What would they utilize it for, et cetera? And so we take that information and put all the data together to say, okay, we know this school-based health center will be sustainable. And so it is good to put a school-based health center here. And it also allows us to see what services we need to offer in this particular school system.

Clifton Bush (01:37:58):

Also, the location of the school is very important. The school system and school staff support. You always try to make the school staff your best friends because they're very important in the setup of the school-based health center. And without them, the centers, in my opinion, cannot work. So you have to have support from the school system and the school staff.

Clifton Bush (01:38:23):

Parent involvement is very important. So we do try to involve our parents in the school-based health center. Such things as one night, the YMCA came and did yoga with the parents, and fitness night. And so we did that at one of the schools and tried to involve the families. We built a walking track around one of the schools, actually at Turner Elementary. And the walking track is for the parents and the students to come out and be able to walk together. So we try to involve the parents in the school-based health centers as well.

Clifton Bush (01:38:59):

Sustainable staffing model. Normally we use two nurses. The nurses also do front desk, so either LPNs or certified medical assistants. And then we have a nurse practitioner or a physician assistant on staff. We do have one pediatrician, but we try to use an advanced practitioner because they can actually see adults and kids rather than you having a pediatrician, which is just geared towards the students, and you're not able to see both. And also of course an MD is more expensive than an advanced practitioner. And so those are things you want to look at as well. And then engagement and consistency is another thing to take a look at as far as setup. Next slide.

Clifton Bush (01:39:44):

So these are just some numbers. And this is going to depend on your area. When we first began Turner Elementary, our mid-level salary was around 80,000. Now they're around 92,000, starting out for fresh AP, advanced practitioner that's out of school. Again, these things are going to depend on where you live. But you want to put together some initial budget numbers as far as your mid-level staff, your certified medical assistant, or LPN that you're going to use, equipment, physician oversight. We utilize our pediatricians within our organization for physician oversight. So we don't have to pay extra for that. And then clinic renovations. How much is that going to cost? Can the school system sponsor and do the renovations for you? So that's another conversation. We were fortunate, majority of our school-based health centers, the renovations were done by the school system. And then the hospital did two of them with the presentation I did to them about helping to keep kids out of their ER. Next slide.

Clifton Bush (01:40:52):

So planning for a school-based health center. So just some suggestions. An advisory board, we developed an advisory board in each one of our counties. And the advisory board consisted of different individuals from different industries within that community. And it also consisted of individuals from the hospital, individuals from the school system, et cetera. And so we got together and had these advisory meetings, again, to help plan what is needed for the community. Even though we did a needs assessment, these individuals from the community knows what's going on in the community. So they help us to develop what's needed for this particular school system.

Clifton Bush (01:41:37):

Also again, school system involvement is very important, the selection of the site, and also promotion and marketing materials for the school-based health center. So I have a lot of promotion and marketing materials that I'm actually going to go over in the next couple of slides. Next slide.

Clifton Bush (01:41:57):

So just sustainability. Again, before I get to those marketing materials again-

PART 3 OF 5 ENDS [01:42:04]

Clifton Bush (01:42:03):

... to those marketing materials. Again, we do bill for of course insurance, et cetera, because we have to pay for the salaries for the staff within our school based health centers. And so again, we have clear communication. We have an internal billing department, so working with them to make sure we're billing things right. That's another thing that you want to make sure that you do in order to make sure

that you're making your clinic sustainable. And also, communication is very important, communicating with the school system officials, individuals within the school, and also your insurance, whoever's doing your billing, et cetera, along with the staff in the clinic. Chart auditing and peer review is very important, and so we do a lot of that as well, making sure that we are documenting in the charts correctly and coding correctly. And then credentialing is another thing, making sure that... I heard earlier a provider wasn't enrolled in some insurances, so making sure that your providers are being enrolled correctly into the different types of insurances so that you can bill for those visits. Next slide.

Clifton Bush (01:43:20):

Consent forms. And so one of the ideas is that with consent forms, we distribute them prior to startup of any clinic, any one of our school-based health centers. And then we also do it when the school-based health center is open during the summer before school opens. And so when we start a school-based health center, like the one we're going to start in Sumpter County in January, we are starting now to go ahead and get consent forms sent out to the parents. And what we do is, once those consent forms start coming back in, we go ahead and start contacting parents to go ahead and start talking to them about the clinic. And so we have a patient navigator, within our school-based health center, that helps to call these parents, along with the nursing staff within the clinics, to go ahead and talk to them about the clinic. They return the consent form, and get them appointments scheduled for when the school-based health center opens.

Clifton Bush (01:44:15):

We also do different types of poster contests, prizes for the students. And so the poster contest, we try to gear it towards education, how to be a friend, how to eat healthy and work with the art teachers. And then the kids draw these drawings, and then we also frame them post then in our clinics to get the kids involved in the clinics as well, and then give them prizes based on the different art that they have done within our school-based health center. So it's getting the students involved into the clinic as well. PTO meetings, we're going to all those. And then you have your different types of campaigns, such as wellness, flu vaccination campaigns as well. Next slide.

Emily Baldi (01:45:04):

Clifton, as we transition to some of these really wonderful marketing examples, I wonder if you're okay to move through these rather quickly so that we'll have a little bit of time for questions at the end.

Clifton Bush (01:45:13):

Yes, will do. All right. So I just want to show you marketing materials. This is a health fair marketing material here for one of our health fairs. Next slide, this here we use to get students into the school-based health center. So this is a one page form that we send home to the parents about, "Would you like us to contact you about a well child exam for your child?" and so we utilize this form, which is great. We get a lot of these back. Next slide. And so fifth grade students go into middle school. We utilize this form as well, about wellness exams and talking to them about, "Your child needs immunizations for middle school." And so we give this one towards the fifth graders. And this form works well in order to make the parents know about our school based-health centers and get students in as well. Next slide.

Clifton Bush (01:46:04):

Adult health month, we do this within the schools as well. And so this is for the faculty and staff because we want them to be seen as well. So we kind of have declared May as adult health month, and we have

the faculty and staff come in for their wellness exams. Next slide. Flu vaccines. We try to give the flu vaccines to the in school systems. At Turner Elementary, we do over 250 flu doses annually, every year. And we do those around September and October each year. So we send consent forms home, the parents send them back, even if they have not signed a full consent form of school-based health center and get the permission to do the flu vaccine, if the parents want it. Next slide. This just the poster contest thing that we did that I was talking about, kids decorated in the clinic. Next slide. Just another poster contest for dental. Next slide. And then we also have done things around STD in one of the counties, in Terrell County, and we actually had a youth summit and have done actual STD testing.

Clifton Bush (01:47:11):

So we did testing for chlamydia, gonorrhea, and HIV testing confidentially with the ninth through twelfth grade, which we had over a hundred students that got chlamydia and gonorrhea testing. And we did have some positives and was able to get them taken care of. Next slide. Just quickly, telehealth services, we do do a little of that through primary care and behavioral health. Vision services. We provide a full vision service program with the optometrist optician. We have a vision clinic. The kids are transported, which is wonderful. The whole school system in Dougherty County has access to this vision clinic. And so they're transported on a daily basis to that vision clinic to receive services. And then dental services is the same. We provide those, and students are transported from the different schools for dental services as well. Next slide.

Clifton Bush (01:48:06):

This is one of our mobile units. Again, the school system provides transportation, and actually in all of the schools, for all the students that have access to any of the services that we have. And then we actually utilize currently our mobile unit for optometry services for two of the school systems within our network for the students to be able to get optometry services. Next slide. And I'm going to skip through this quickly. This just shows you data about our school-based health health centers. You can go to the next slide. And there's just more data about the encounters that we're currently seeing. As you can see, a lot of them are very busy. One of the great things is, during COVID, we actually kept two of the school-based health centers open, and Turner Elementary was one. And parents, even though the school system was shut down, parents still was able to come into the clinic and bring their kids.

Clifton Bush (01:49:00):

And a lot of them actually did. And the school system was so surprised at how many parents were still bringing their kids in for their well child exams, et cetera, so they did not get lost, even though school was out. Next slide. Next slide. We also track a lot of... We track a lot of quality metrics within our school based health centers as well to make sure that we're keeping kids healthy. And also, we look at attendance. So one month, as you saw on the productivity, we saw over 300 students. And so just think if half of those... If we wasn't there, half of those students probably would've went home, and they were not even sick enough to go home. And so it's been great to have us there providing these services. Next slide. So this is just our data on asthma, something that we track. And I'm showing you data from 2014, 20 15. And keep going. And again, just showing you percentage of patients on some type of asthma therapy treatment. Next slide.

Clifton Bush (01:50:12):

And then again, this just shows you, we track number of vaccines that kids are getting, the number of well child exams, et cetera. And these are actual numbers from Turner Elementary School. Next slide.

And then we have a lot of supplemental programs that we participate in through our school-based health center, again, YMCA yoga, and we do employee breakfast, getting the employees involved. The employee breakfast helps teach the employees how to eat healthy. And our physician assistant there actually was... We used to cook the breakfast and she would bring it, and then have the recipes that the faculty and staff can take with them. Next slide. And then school administration, again, is very important. And I'm going to leave it for Mr. Grace quickly to talk about how the school-based health center helps the school. And he's the principal at the school, so I quickly let him talk about that.

LaVenice Grace (01:51:10):

Good afternoon, everyone. And thank you, Mr. Bush, for this opportunity. I will not be before you long, because I know that they have spent far as spent. I am Vince Grace. I'm the principal here at the [inaudible 01:51:19], Turner Elementary School. I always say the best school here in the Dougherty county school system. We're very, very fortunate to have our school-based health clinic here. We have about 500 kids, and we'll located in rural Albany, Georgia, which is south Georgia. We have about 500 kids, about 93.... No, about 95% African American, and about 5% other. Our school based clinic has been amazing for our teachers, it's been amazing for our children, it's been amazing for our parents. We have been able to eliminate a lot of barriers that a lot of our parents have, transportation issues. A lot of them have healthcare issues as far as like when they have an opportunity to go to the doctor. We also have a lot of the parents, the opportunity to come in, to go to the doctor with our students.

LaVenice Grace (01:52:06):

That helps us with the attendance, that helps us keep our children here at school, and it also benefits our staff. A staff members are there. There's a staff member that's [inaudible 01:52:15] or things of that nature there. They also get a chance to go down there. It's just been an amazing thing. I love it. I love those ladies down there. They take good care of us. They participate in a lot of activities that we have at the school. The children love to go down there. They have become very good friends with those ladies. Of course, you know how children are. If they have a little finger prick or anything that's going on, they just want to go see the nurse. And it's just so beneficial with us. They also help with medication. They help with our medication with our staff members. They help medication with our parents and our students.

LaVenice Grace (01:52:48):

It has been really, really good. When I became the principal here four years ago, and I realized that we had the school based clinic here, we also have the dental clinic as well. So a lot that keeps our kids in school. We have saw a tremendous gain with attendance with our kids attending school, because parents are not having to go and check them out of school, they're able to go down to the dentist office, and they're able to go down to the clinic. So it has been amazing. Mr. Bush and his team have done an amazing job with the staff that we have here, and with the staff that they have down in the clinic. It's been really, really good. It's been good for our custodians. It's been good for our cafeteria workers. It's just the all around great program. And if you are trying to get one, or if you're thinking about get one, it's the best. If you're a school administrator, it is the best thing since slice bread, because they helped my babies stay in school, and my kids really need to be in school.

Emily Baldi (01:53:40):

Thank you so much to both of you. So thrilled that you both could join us. I actually am going to pose a reasonably technical question because we have gotten so much good feedback already from you all

about sort of the overarching pieces of the school-based health center. Someone asked in the chat about transportation, which I know can be a challenge for school-based health centers. Is the school transporting students? Is the FQ transporting students? How does that work in practice?

Clifton Bush (01:54:07):

So the school system-

LaVenice Grace (01:54:08):

[inaudible 01:54:08].

Clifton Bush (01:54:08):

The school system transports the students. So we worked with the school systems, and some of them, they provide transportation by bus. And so for example, our optometry clinic, the students normally would arrive around nine o'clock to the optometry site. They're picked up from their school site, and then they are transported back once all of them are done. We try to get them back before lunch, but we did work out with the school systems that if they are there during lunch, they can eat lunch at that school. And so we have a little form that we use to make sure all kids are accounted for when they get off the bus, on the bus, et cetera. And our navigator does all the coordination with the school system on transportation and who gets picked up, et cetera.

Emily Baldi (01:54:54):

Thank you so much.

LaVenice Grace (01:54:55):

It's a very easy transition. It's a very, very easy transition. I know with our secretary, they email us the list of students that's going, we have the students already in the front office ready by the time the bus get there. We do a check-in balance of the kids that gets on the bus, and we also do a check-in balance once the kids come back to us.

Emily Baldi (01:55:11):

Thank you both. There are about a million more questions in the chat for you in the Q and A function. If you're able to share some responses via chat, I'm sure folks would love to hear from you. And if we have a little bit of time at the end, we'll circle back to some of those, but for now I want to transition to our friends in West Virginia. So many, many thanks to Vince and to Clifton. And now I'm excited to introduce Patricia Collett, as well as Dr. Debra Harrison. Patricia serves as the chief operations officer for Community Care of West Virginia, Inc. Collett, a lifelong West Virginian, is a native of Elkins, West Virginia. She joined Community Care of West Virginia as a physician's assistant in 2000. And in 2008, she became the director of medical services, overseeing the development and implementation of both the care express, which is a walk-in concept, and the school-based health centers.

Emily Baldi (01:56:03):

She is joined today by Dr. Debra Harrison, assistant superintendent of schools Upshur County. Dr. Harrison has a history in public education, as well as higher education. In public schools. She has been a special education and regular education teacher and has served as an elementary school teacher, and principal, excuse me. I'm going to turn it over to you, Trish. Thanks.

Trish Collett (01:56:27):

Thank you very much today for letting me join you. So I'm going to talk about delivering innovative healthcare to rural West Virginia via school-based health. So Community Care of West Virginia established their first school based health center in Clay County in July of 1995. At that point, we had four school-based health centers. Since this time, we have now established 54 school based health centers located in north-central West Virginia. Also, it includes two colleges at West Virginia Wesleyan and Davis & Elkins. Our services include chronic health management, acute care, basic dental services, behavioral health services, and addiction and recovery services. While we don't provide all of these services in each county as fully integrated, but we have developed, with students and through a partnership with Upshur County Schools, more so of these services. And just, I gave you a basic timeline of the services. So in October of 2012, we received our first HRSA grant for access. And what we did is we utilized these grant funding to open up more services, more school based health by utilizing it to buy the equipment, which allowed us, instead of doing bricks and mortar, allowed us to get the equipment and help with the staffing that we needed. So basically between 2012 and 2021, we opened 50 school-based health clinics. And this just breaks down the services and the years. We hired our first psychiatrist, child and adolescent psychiatrist back in 2017. And since then, we now have three board certified child and adolescent psychiatrist, along with 10 LGSWs, six case managers, and two LPCs.

Trish Collett (01:58:36):

And we have implemented behavior health services in 20 of our 54 school based health systems. We also work with a lot, because a lot of our counties are working with different programs, federal and state programs. So we are expanding as quickly as we can hire. We're currently up to about 80 behavior health providers within our system, and we are implementing, as quickly as possible, in all of our school based health systems. We have a dentist that works for us that goes into our school-based health centers and offers dental services that we started back in 2018, and provide those services in coordination with a transient dental service that comes into our areas. And then in 2020, in Upshur County Schools, we developed our first addictions and recovery program.

Trish Collett (01:59:36):

And I wanted everyone get a look of where we are situated in north-central West Virginia. So for the public schools that we are in, there's a total of 19,732 students enrolled in '21, '22, which this did not include the virtual students. These were kids that are coming into the school system. In that same time period, we have enrolled in school-based health, 13,091 students. We have about 66% of the population of our schools enrolled in school-based health. Up through April, we have currently done over 1,400 well child visits, and we've had close to 8,000 or 7,864 provider visits, going up to 16,062 including nursing visits. On an average we do about 5,500 vaccines a year. A high year will be about 7,000. So between 5,500 and 7,000 vaccines, we do in the school system, in our school-based health clinic.

Trish Collett (02:00:49):

And I wanted to give you an idea of what our school based health clinics look like. So when we went into these school-based health, most of our schools did not have the space for us, but we wanted to be able to provide those services. So we literally took their coat closets, their extra, if they had a pantry closet they utilized. So a lot of our school-based health clinics are a one room facility. It might be a 10 by 12 room, or a nine by nine room. And we set up... We start with one exam table, and our providers typically are setting in the same area as what they're bringing the kids in to do the examinations on. Based upon the size of our facility, we typically start with a provider, which is either a nurse practitioner and a PA

and a nurse, typically an LPN or MA. And then how we've started our school based health is we started with one eight hour day per week to start. And we always said to all of our schools and our educational partners, "We will grow based upon the need and utilization of our clinics."

Trish Collett (02:02:01):

There are some of our school systems that we are in 32 hours a week. There are some of our school systems that we are in eight hours a week. So it's just based upon the need and the usage. One of our busiest school systems that we are in 32 hours a week is Upshur County, and we have a one room. As you can see there, Buckhannon-Upshur High School, we have a one room facility that we are able to have two examination bays in, and that is one of our busier schools. And we work out of one room.

Trish Collett (02:02:39):

So I want to give you a little bit of demographics of our Upshur County, which is one of our amazing partners. So students enrolled in Upshur County Schools is 3,941 students. And you can see what the social economic breakdown of them are. During this past year, we have currently already completed 691 behavior health visits. We have done 25 addiction and recovery treatment visits, and 4,438 medical visits. So what I wanted to show to everyone is that you don't have to have a huge school-based health center to be able to provide the services that are needed for our students. Also, if there are days when we are in a school and a kid needs to be seen at another school, we have typically maneuvered around to be able to provide those services, either by transporting our own staff to those facilities, or they have been able to bring those children in to the facility that we are located at that day.

Trish Collett (02:03:55):

Each one of our boards of education and our schools make the determination of if they can allows kids from out of their school district to come into that school area and/or even members of the community. So we base our utilization in our schools based upon the needs of the community and what the school system has set up for us. We do have one school system in Pocahontas County that allows us to see community members, and because the schools have external entrances and exits into the school based health center and the community member does not have to come into the school itself. So we've been able to do that. We do see the employees and staff of the schools within our school base health center, and we become their primary care providers. In the summertime, we-

Emily Baldi (02:05:00):

Trish it seems that I've lost your audio. Olivia, are you able to hear Trish?

Olivia (02:05:07):

No. Trish, I'm not able to hear you either. No, I still can't hear you.

Emily Baldi (02:05:15):

Trish, while you get settled. I wonder if it's okay for me. Oh, are you back?

Trish Collett (02:05:19):

Can you hear me now?

Emily Baldi (02:05:21):

Yes.

Trish Collett (02:05:22):

Okay. It changed over, I'm sorry, to the other microphone. So how do we set up? One of the questions you may have is, how do we set all of these schools that we have up? We have 54 school-based health centers. How we set those up is, we have typically a provider that will maneuver through three or four schools within the region. So we maneuver them and we regionalize our staff so that we get the most productivity and utilization of them while we're able to keep services in our schools that might even have a lower population base.

Emily Baldi (02:06:05):

I wonder, Trish, if it would be okay to turn it to Dr. Harrison for a moment.

Trish Collett (02:06:09):

Absolutely.

Emily Baldi (02:06:10):

[inaudible 02:06:10]. Yeah, to hear about... I love what you shared about sort of working at the community level to determine things like community access. There were a number of questions about that, and [inaudible 02:06:22]. Dr. Harrison, we'd love to hear from you a little bit about how you feel that school-based health centers, impact students and families in the schools that you work with.

Debra Harrison (02:06:34):

Well, with almost 53% of our students living in households with incomes below the poverty level. As you can imagine, there are a variety of barriers that prevent families from seeking effective healthcare. And so with our school based healthcare clinics, our students and our families are provided with equity, which means that they have an opportunity to have quality healthcare, regardless of their socioeconomic income level. They also have access to the facilities and the healthcare opportunities that parents might not be able to transport them to. As well, we've seen a growing need in the area of mental health, and community care has, with Miss Collett's guidance, has provided us with counseling in the school settings, again, affording them the opportunity to get the services they need, regardless of their socioeconomic background. Community care has provided vaccines and flu shots for both students and staff, again, reducing the time that students are out of school and out of the building, and providing relief for parents as well.

Debra Harrison (02:07:59):

One of the very important things that has had impact on our community is the PALS program, the one that Miss Collett was talking about earlier, where we have our students who need to be in a process of addiction and receiving services for recovery in the academic classroom. They actually provided for us counselors who would work with our students on an individual basis in small group counseling, and also in family counseling. And of course, community care was wonderful in providing us with the COVID vaccinations, both our staff and community members. The important thing about Community Care is they're truly a community focused organization. And it's not just about healthcare only. They're concerned about the whole child.

Emily Baldi (02:09:06):

Thanks, Dr. Harrison. Yeah. As you were speaking, I was thinking that one thing that's really resonating with me is how much, Trish, it seems your team is really responsive to the individual communities. This was a question that came through the chat for school-based health Alliance, but that I would like to turn to, Trish, interested in your perspective about helping leadership at FQHCs find the balance between productivity expectations and student focused operations. So we know that school-based health centers are different from community clinics, and interested in how you all have thought about, both the financial aspect and the meeting the needs of students aspect.

Trish Collett (02:09:47):

Yeah, that is a great question. So Community Care, when we took one school-based health, we knew... Is school-based health going to be a money maker for us? Absolutely not. It was a service, though, that we needed in our communities to give our children the access and not be turned off or afraid of preventive services, along with access to care. So we have balanced that out with knowing that we want quality healthcare for our kids to become productive members of society and be healthy for the generations to come. So that is one area that we knew we would take a loss in, and we were willing to do that. But that's why we've also increased our expandability of our staff in not just keeping them in one clinic, but we've expanded them to like three or four clinics by that access of care.

Trish Collett (02:10:49):

And I know one of the clinic questions that come in about FQHCs and private insurances, and it's based upon your different areas. So we are able to build private insurances as an FQHC, along with Medicaid and Medicare. We have all of our staff credentialed through them, because we use nurse practitioners, NPAs alike. So we're able to build those services. And of course, we utilize our sliding fee for those who have high copays and deductibles and things like that. So that's just been our commitment of knowing that's going to be a loss that we'll make up in other areas within our organization to provide those services.

Emily Baldi (02:11:31):

Thanks, Trish, is there anything else that you or Dr. Harrison would like to share before we move on to our colleagues from North Carolina?

Debra Harrison (02:11:41):

I would like-

Trish Collett (02:11:43):

Go ahead, Deb.

Debra Harrison (02:11:46):

[inaudible 02:11:46] when I mentioned earlier that Community Care truly is a community partner, it doesn't matter what need we identify in our county. We can go to Community Care and Miss Collett and her team, and either they will have a solution, or they will help us to develop a solution. I think one of the most impactful things that they have done for us throughout the community is introduce and support PAX, the Good Behavior Game. It has made such a difference in the discipline referrals at our elementary level, and it's also a program that teaches our students early on to self-regulate. And one of

the things that they're going to help us do is to move that PAX Good Behavior Game into our middle school in the upcoming year.

Debra Harrison (02:12:36):

And many of our students will be transitioning from the elementary and will already have those skills readily available, but they have just been such an asset in every aspect of what we're trying to do with students in Upshur County. So we're very fortunate to have them in our community, and very lucky to have such a good partnership. Our students and our families benefit 100% from the work that Community Care does with the school-based health clinics and with us, as a county school system.

Emily Baldi (02:13:11):

Thanks Dr. Harrison, there's one more sort of technical question that's come through for Trish. What is the administrative infrastructure to conduct the business development aspect of the school-based health center, things like marketing, consents, et cetera?

Trish Collett (02:13:30):

All right. Let me do... So... I'm sorry. Can you hear me? My thing keeps going in and out. Okay. So what is the marketing and stuff? So, I mean, we are community based, so our providers are part of our communities. So that's our biggest marketing strategy, because they work, they live within our communities, their children play sports with all of the other kids, we integrate our providers into the after school activities. We do all of that. We currently are... We go out and we blow our own horn in that we live in the community that we are working in, and people utilize us. I mean, that's the only thing we'd need to do as a marketing strategy. The leadership role, I mean, we, as a community health center, have always been smaller on the administrative part, but bigger on the clinical aspect. So our administrative team consists of five people, and we run an organization. We have over 500 employees with a five person administrative team. So our biggest supporter is integrated within our community. That's all I have to say with that.

Emily Baldi (02:14:49):

Thanks, Trish. Another question that's come through is, with 54 school based health centers, what are your sources of funding? Does each center receive HRSA funding?

Trish Collett (02:15:04):

Okay, so we receive basically the startup money from HRSA to start as a new startup site. And we receive funding as general, as Community Care, but not each individual site, no. We receive a bundle based upon our population and so forth, and we've just made it work.

Emily Baldi (02:15:27):

Thanks, Trish. There are a number of other questions in the Q and A function, which I might ask you to answer via typing, because some of them are quite specific. But is there anything that you'd like to share with the group before we move to the North Carolina team?

Trish Collett (02:15:46):

I just want to say, we love what we do, and getting it to start up again, you don't need bricks and mortar and a huge operation to make it work. One room can make it work, and communicating with your schools and your parent-

PART 4 OF 5 ENDS [02:16:04]

Trish Collett (02:16:03):

Meeting with your schools and your parents is all that you need to make it work. And it is an open communication though. That will be your one fault. If you do not communicate well within your school and your organization, you are a part of their community so you have to integrate in that school's community. And that's what's made us very successful.

Emily Baldi (02:16:27):

Thank you so much to Trish and to Dr. Harrison. I'm excited to introduce our final presenters. Tammy Greenwell is the Chief Operations Officer for Blue Ridge Health, a nonprofit federally qualified health centers where she provides operational oversight to the Blue Ridge Health school-based services program which includes over 30 school-based health center sites and telehealth services in Western North Carolina. She also serves on the North Carolina school-based Health Alliance board of directors and provides consulting services for SBC startup programs. Tammy is joined today by Deborah Calhoun. As the United Way of Asheville and Buncombe county's director of community partnerships, Deborah works in relationship with families, community and education partners to provide opportunities and supports for students to be successful in school. Tammy, over to you.

Tammy (02:17:20):

Thanks Emily. And thanks to my other colleagues who've already presented. I know it's been a long day already so hopefully everyone can stay with us as we talk about our experience with school based services. As Emily mentioned, I'm with Blue Ridge Health, we are a federally qualified health center serving Western North Carolina. In front of you you see the service map. We are in seven counties in Western, North Carolina. And those seven counties represent about 27,000 students in those counties. Next slide. So as I mentioned, we're in a seven county service area. We have over 30 school based health sites. The reason I say school based health sites is because they're not all school based health centers. We have physical locations with comprehensive services. I think is my colleagues have mentioned, that's a physical location either within a school or on the school campus that provides comprehensive services, primary medical care, behavioral healthcare, nutrition services, dental services, all of those sorts of services are provided in a physical location.

Tammy (02:18:33):

We also have school linked services. I believe as our colleagues in Georgia had described, those are services where schools do not have a physical location but students are transported to a location that has a physical school based health center site for services. We also provide telehealth services, those are medical services. We utilize specific telehealth equipment for that called title care clinic. And so that has peripherals and allows our providers to do a medical assessment on a student who is not physically located in front of them. We do telemental health services as well. Those are conducted via secure video conferencing technology. Those can be provided to multiple schools and multiple locations. And then also we have behavioral health on site. So those are usually counselors and they are seeing students in different schools throughout our service area as well.

Tammy (02:19:35):

So how did we get started? What was our journey like? We've been providing school based health services since 1996. We originally got funding through a 330 grant program. At that time, it was specific for school based health centers. And there also a meeting back in 2008 I guess that's when it happened. It was called speak out for kids and it was really a community event in which concerned community members, school, board, lots of different people came together in the community and talked about what was needed for kids. And during that time, one of the things that came forward was the school nurse to student ratio and the need for additional support in the schools also through behavioral health services. So from 2008 to 2011, we began expanding our program in Henderson county which was our original location, where we had one physical school based health center to four traditional comprehensive models serving elementary schools, middle schools and a high school.

Tammy (02:20:44):

So since 2011, that expansion has taken many forms and models and spread to multiple counties, obviously. And during that time we really felt like we wanted to be that good listener. We wanted to talk to the school district, we wanted to talk to the school nurses. We came together in community meetings to talk about what is really needed to help support the students and the families in each of those different counties. And I like to say this because if you've seen one school based health center, you've seen one, they're usually all very different and they're usually all providing different services. So that is what we've really attributed our growth to is really looking at what that model of care could look like. What is going to be most important to the school and most beneficial to the parents and then really creating our expansion and our business model from that.

Tammy (02:21:45):

So what have we learned and really continue to learn? I don't think you ever stop learning in providing this model of care. We really determined our staffing models over time, really for efficiency and cost effective care. So we also found that if we went into a school and we started behavioral health services, primarily counseling services, it could be sustainable pretty quickly. And then also at that time we could expand a primary care and start adding those services. I think as my other colleagues have mentioned, relying on that startup funding for the first two to three years until that model of care becomes sustainable. So partnerships with funders really helps create that success and that startup phase of school based services. And so we found that that is something that has continued to this day, that we definitely need that startup funding, wherever that may come from. Whether those are grants, if that is a foundation support, if that is individual donations, whatever that may look like, it can come in many different forms.

Tammy (02:22:54):

But we really work to figure out what is needed and what kind of model of service we're going to be providing. We really leverage our community health center infrastructure. My other colleagues have mentioned billing for services under the PPS rate, which is an enhanced rate for Medicaid to Medicare. Any HRSA grant opportunities that come available, new access points, school-based specific grants or others that fit the model of care. We also provide mobile dental and vision screening. So we own mobile dental equipment and buses and they are able to do that. We've also partnered in the past with others before we had that access to provide those services to students and also with vision screening as well. And then linking those students and those families to our local community health center. So in every county where we are providing school based health center services, we also have a community health

center. So there's not a wrong door. If the school's closed, if something's happening, the parent can take that student into that local community health center.

Tammy (02:24:03):

And really because we use the same electronic health record in our school based health center sites, it helps provide that continuity of care and non duplication of services. We also are a teaching health center which allows us to access residents, residents need pediatric rotations and school based health centers certainly provide that. So we're able to leverage that to also give the residents the training that they need but also help support our clinic sites as well with those medical providers. And then one important thing I think is that partnerships have to be maintained and not to take them for granted, both old and new. We've been in Henderson county since 1996 but I work every day with the director of student support services, the superintendent and others to maintain those partnerships and those relationships and to be responsive to their needs and what we can do to help support them with student services or adding services, even providing training to the staff or anything of that nature.

Tammy (02:25:07):

One of the things that I think is an important exercise is to make sure you have an updated memorandum of understanding and a business associate agreement. I know that we've already talked about FERPA versus HIPAA, but making sure that that is clear language in your agreement so there's not a miscommunication about what information can really be shared. And then as I mentioned, just being flexible to the needs of your partner and understanding that those needs change over time.

Tammy (02:25:38):

So some COVID pivots that we really worked on. Again, we did COVID testing. We continued to do vaccinations and boosters. We provide free masks and in-home testing kits for families. When the teachers were able to be vaccinated, we jumped on board, we did it the first day. We wanted to make sure we were being a good partner. The school even gave up their... Since they were all virtual they gave us the ability to do drive-through vaccinations in their parking lot. So it really became a very much a community effort. And then assisting students and families with any missed medical care. Plenty of people did not get well child checkups, missed immunization needs, working with the school nurses in partnership to complete those and any other missed care during COVID-19.

Tammy (02:26:28):

And then one of the important things I think we've learned is that we want to continue that flexibility for medical and behavioral health services and continue those hybrid models of providing telehealth, telemental health, providing that onsite care kind of no wrong door approach so that if we have to pivot back to a virtual. Next slide. And then what partnerships have been successful for us. Certainly with the schools, providing the school based health service sites and then also the services, training with school teams. We've built a lot of protocols together and supporting that whole school community child model to again, make sure that we are supporting the school and the community in the way that they need to be supported.

Tammy (02:27:24):

It has not ever been for us our experience one size fits all. We want to be a good listener, we want to be responsive to what the needs are. And then we collaborate with a lot of agencies, behavioral health, other primary care providers, even other FQHCs in our service area to make sure we're building that

safety net for kids, for families. So again, there's no wrong door to get the treatment and care that they need. Certainly working with the School Based Health Alliance, the North Carolina School Based Health Alliance, NACHC, our state Primary Care Association, sharing our resources and knowledge with others just helps strengthen us as an organization and helps us always view things from different standpoints and how we can also work together.

Tammy (02:28:12):

Your funders, local, national, regional, state. Some of our local ones are Dogwood Health Trust, North Carolina Office of Rural Health, our North Carolina Department of Public Health. Working with those funders, not only when it's a funding cycle and you're responding to an RFA, but helping them understand the model of care. Dogwood Health Trust is actually a legacy foundation that was started. And I have had the honor of them calling on me several times to say, hey, somebody's contacting us about school-based health, or they're wanting to do behavioral health in schools. Can we ask you some questions? Will you help us understand how this model works? So being open to that because that makes the funders open to your request for funding as well. And then one of our newest partners is United Way of Asheville and Buncombe county. We'll let Deborah talk about the full service community school partnership that we're currently engaged with.

Paula Fields (02:29:09):

Thanks Tammy. I'm grateful to be speaking alongside you today to share about our unique partnership that we have right here in Western North Carolina. You can go to the next slide please. Thank you. So I want to talk about community schools. United Way is a part of a national movement with the coalition for community schools supported by the Institute for Educational Leadership. Community schools is the local engagement strategy that creates and coordinates opportunities with public schools to accelerate student success. It serves as a vehicle for local decision making that responds to the unique needs of each community. At United Way we're honored to be in partnership with both our city school system and our Buncombe county school system and a powerful network of over 50 community partners to co-create community schools through our Asheville Buncombe county. We believe that community schools help provide students and families with the resources, opportunities, support systems they need to succeed, working toward our common vision that every person in our community lives free from poverty and injustice.

Paula Fields (02:30:23):

Together we transform our local schools into district wide hubs of service to ensure all youth learn, grow, thrive in a healthy, vibrant and connected community. And as Tammy said earlier about you see one school health center, you see one the same thing with community schools because each community school is a reflection of the local needs, assets and priorities. No two look exactly alike. Currently we have seven here in our community. But what they do share is a commitment to partnership and rethinking. And at times rebuilding relationships based on strong foundation of trust and respect. School staff under the leadership of a principal and with support from our United Way community school coordinators, we have Joceline right here in our picture here work together with families and community partners to create and then implement the shared vision of student and school success. So let's take a look at, let me stop talking. Let's hear from a few of my coworkers and colleagues describing a day in the life of a community school.

Ginny (02:31:35):

United Way has always been a place people know they can give their money to and they know it's going to go out into the community. The United Way of Asheville and Buncombe county decided that they wanted to make some really intentional investments to really be able to tell that things were moving forward. It grew into the community school strategy which we see now. And it was recognized that with all the moving parts of creating a really successful community school, you have to have a full-time person in that building.

Catherine (02:32:03):

So in partnership with United Way we are officially a community school, which we're super excited about. We have Corry Hyde as our community schools coordinator who's here. He stays in the resource room and assesses our student needs. Corey is fantastic. Students look to him as a mentor and he'll make those connections with families inside and outside of the school so that kids have another trusted adult that they can go to.

Corry (02:32:25):

Students oftentimes struggle academically because of barriers at home, the things that go on outside of our school. I have a lot of history in working with families who have been marginalized, who face certain barriers. We really try to meet the needs of our students and their families, whether that be some basic needs such as food, transportation, mental health services.

Catherine (02:32:50):

I think the pandemic really highlighted the challenges that our families have gone through that maybe we weren't even aware of. We have food insecurity, lack of transportation, lack of employment. We are seeing a lot more of our students couch surfing with other family members who are living in cars.

Ginny (02:33:07):

We try to figure out what are the things that are keeping students from attending school? What are the things that are keeping students from accessing education? So we work not only in the school building, bringing in tutors, mentors but we also try to work with their families so that the students' home life can be a little bit more stable so that when they come into school they're ready to learn. Homework diners are a family engagement event that brings the families and the community into the school building, connects them with our teachers and administrators. Provides a community and a family meal, an opportunity to get educational help, academic help, social connection, delicious nutritious food and just an opportunity for family and the staff to come together.

Speaker 2 (02:33:50):

It helped me a lot with math because I'm not that good at math. And it helped me to learn more English. And I made a lot of more friends and it was just a great time. And we had a really nice dinner.

Ginny (02:34:05):

Just to see the different types of people that are walking in the door, the different faces, the different perspectives. These are students who haven't necessarily been served by our traditional way of doing school and haven't always been able to be successful. And we've asked them just to grin and bear it and hopefully they'll figure it out. But we are allowing them an opportunity to thrive and to flourish by meeting them where they are, by bringing resources to where they are in their community and

providing for their families. And that's the way that we can really level the playing field and make sure that none of our students are falling through the cracks.

Paula Fields (02:34:49):

That always brings a smile to my face, to see my coworkers and colleagues out there sharing what we do around community schools. We can go to the next side, please. I'm not going to move heavily into the slide given the time, but know that what Ginny, Corry and Cathy described are some of the supports that are provided under the four pillars of community schools. And one, we really thinked about what was missing and what we worked really hard on in the last three years or so is providing that full service community schools model. We had a lot of supports in place but we did not have the health services. So medical behavioral health services like an actual clinic in any of our schools. So we worked really hard with a group of local partners, and I'll share that in just a minute, to provide that added layer of support with these health services. That helps with all the existing health services of school nursing, mental health, behavioral health supports that were already existing in our schools.

Paula Fields (02:35:51):

But we knew that we needed this added element to make sure that students and families were receiving the care that they needed to be healthy and vibrant. Next slide please. And so it's all in service to our bold community goal. Our focus makes it clear that our community school strategy serves as a central framework for everything we do here in Asheville Buncombe county. But the strategy to be successful, it must include an ambitious goal that is owned and supported by our entire community. That's why we're proud at United Way to serve as the backbone organization for what we're calling the United for Youth Network. This growing network is a multi-generational cross-sector cradle to career partnership built on the principle that equity and educational excellence are inseparable. And so many of the organizations and institutions that have joined forces to bring school-based health centers to Asheville and Buncombe county are together under the banner of United for Youth and are dedicated to achieving this bold goal by 2035. All Asheville city and Buncombe county students graduate from high school, ready and fully prepared to pursue their goals and dreams.

Paula Fields (02:37:01):

And one little note in here, the youth helped us create this bold goal. We had something completely different in some ways and they said, no, we don't want to think about college, career, community. It could be any of those things for us. And so we want to make sure that we are prepared to pursue our goals and dreams and that the community is prepared for us when we go about doing that. And so making school based health centers part of this is amazing. And it's really one important step toward ensuring that families and neighbors have the support and tools that they need for healthy and successful lives.

Paula Fields (02:37:41):

And so here's our partnership that we worked on for a long, long time, trying to get these up and running here. With both of our school systems, we have a city and a county. We have strong leadership from both of them. MAHEC is Mountain Area Health Education Center. They are providing the school nursing component and the partnership with that. Buncombe County Health and Human Services are our local health department, thinking about the safety net piece for our county. And of course United Way, providing that container for those relationships to happen here. And so we're excited because this is a really new partnership. Months long it's been lots of work in the making to have Blue Ridge Health

as our medical behavioral health provider in the clinics and two of our schools and hopefully many, many more. And before I cut off here, I'm not sure if Laura Bright is here, but I just want to give a shout out to School Based Health Alliance. We partnered with them early on to get that much needed support to figure out how do we go about doing this as a partnership in our community? How do we select the most appropriate provider in our community. And Laura Bright and School Based Health Alliance did an amazing job to help lay that groundwork for the foundation of where we are today. And so I just wanted to give a shout out to them.

Emily Baldi (02:39:03):

Thank you so much Deborah and Tammy. I'd like to begin with a question about school nurses. I know that we had prepared to talk about school nurses and then we got quite a few questions. So can you share a little bit about how important that partnership is but also what do some workflows look like? How does that partnership function in practice?

Tammy (02:39:27):

Sure. So school nurses can be employed by many different agencies. In some school districts they're employed by the local health department. As Deborah just mentioned in Asheville and Buncombe county, they're employed by MAHEC, which is another organization. And yet in other counties that serve, they're employed by the school. So working with all of those different partners to figure out how do we best serve the needs of the school and really collaborate together to make sure that students are served. So I can give you a couple of examples. In one of our schools, and we have a school based health center, a physical location where we have a medical provider, a behavioral health provider. We have our own RN who also sits there and the school nurse also sits in the school based health center. So really when students come in as we've mentioned, you've got to have that registration and permission in order to see that student.

Tammy (02:40:26):

But if a student comes in and they're sick, they don't really care if you've got registration and permission, they just need to be seen. So the school nurse can jump in and see that student when we don't have permission to see them. Other situations, we have worked with the school nurses to look at where some of those missing immunizations are, how do we work together? Let's work together to figure out how we can get Tommy and Susie and Jackie and everybody's vaccines that they need because we've kind of come to the point that we're like we don't care who does it. We just need them to be seen.

Tammy (02:41:01):

Same thing around COVID. If school nurses, generally speaking, at least from my experience, are not at a school every day all day long. So making sure that we help fill that gap when someone is not there and how do we do that appropriately and together. And then also we have developed with our registration and permission forms that we have the ability to share information like care plans and other things for kids that have acute or chronic healthcare conditions. So there's lots of ways to partner together and it's really sitting down and figuring out for this school, for this district, what works best and how can we collaborate most.

Emily Baldi (02:41:45):

Thanks Tammy. And I should also share that the School Based Health Alliance and the National Association of School Nurses have worked together on a brief document that outlines the distinct and complimentary roles of school based health centers and school nurses, which is available on our website. Deborah, a question came through the chat about whether community schools are unique to your community. And I wrote back and said, no, they're everywhere but wanted to give you a chance to also expand on that a little bit.

Paula Fields (02:42:10):

Sure. They're unique in Western North Carolina but it is a national movement, a national coalition for community schools across the nation. In fact, here at the end of the month there's I think over 25 of us going to the national conference to learn more about what's happening around the country. And so they're not unique to the nation but they are unique to Western North Carolina.

Emily Baldi (02:42:39):

Thanks Deborah. Another question that is probably for Tammy. Have you explored an urgent care model at any school site health center? I don't know very many details about what urgent care means to the question asker but would love to hear any thoughts you have.

Tammy (02:42:54):

Sure. So no, we have not. But I think part of that is because within our model, which again is one model because we have community health centers, primary care locations within those same service areas, we have extended hours. We can direct people there after hours so they can still be seen on a sliding scale. We do provide some telehealth services, medical services for acute issues at schools that are super rural, they have no providers anywhere. So I don't know if that would be defined as urgent care because we're certainly not doing radiology or any of those sorts of things, but we are providing those acute care services when and where students need them.

Emily Baldi (02:43:45):

Thanks Tammy. One other thing that you mentioned during your presentation when you were talking about the importance of partnerships is that you collaborate with primary care providers. I would love briefly in our last two minutes to hear more about how you build those relationships and how they serve students.

Tammy (02:44:01):

Sure. So we want to make sure we're good partners. We're not trying to "steal patients" from anyone. We want to make sure the primary care provider knows, hey, we're here to help the student, to help the family when the student's at school and when they need access to services. So we certainly have our own electronic health record. We fax those records as soon as we complete the note. As soon as we talk to the parent, we send all of that information to the primary care provider. We have sat down with primary care providers in our area and said, what makes you feel uneasy about this or how can we make this relationship better? I think sometimes people are like, oh, I don't want to talk to them because they're going to say they don't like us. But really again, being that good listener and being able to hear what their concerns are. And I can tell you that 95% of the time it was misinformation and they didn't understand what the model of care was or what we were trying to accomplish.

Tammy (02:45:06):

Some of them have come to meet with us and say, well, you're going to make everybody switch primary care to you. And I'm like that is not what we're doing at all. Let me explain what we're doing and we can really collaborate and help you. If you have a student who has uncontrolled asthma and they forgot their inhaler, guess what? They can come into the school based health center. We have medications there. We're going to coordinate with you in your office to make sure that student's taken care of. And guess what? We'll help get them scheduled for an appointment with you. We'll help them get that well child checkup scheduled with you. There are ways to partner together and we don't need to be fighting. We just need to be supporting students where they need it. And we have found that makes us very approachable with those primary care providers. And really, like I said, once we sit down and kind of talk through what their concerns are, we have found that we can really alleviate those very quickly.

Emily Baldi (02:46:04):

Thank you Tammy. Thank you so much, Tammy, Deborah, Clifton, Vince, Trish, Dr. Harrison for sharing so much of your experience and expertise. For those of you who are participating, if you have questions that were not answered, we invite you to reach out to us via email at info@sbh4all.org. We would love to connect. At this point, I'm going to turn it over to my colleague Shameka who will share some next steps.

Shameka Davis (02:46:32):

Thank you Emily. We are nearing the conclusion of the workshop. Before we end, I would like to go over resources, including some that were mentioned during the presentations today. The resources are located on the School Based Health Alliance website and those resources include clinical performance measure, QI toolkit, hallways to health playbooks, school oral health playbook and children's health and education mapping tool. Throughout the presentation, we went over the school-based health center planning checklist which is also available on the School Based Health Alliance website. Resources, there are also resources available which include infographics on why school-based health centers are important, what is a school based health center, primary functions of a school-based health center and also benefits. Also, on the School Based Health Alliance website you will find the joint statement that Emily mentioned just a short time ago between the School Based Health Alliance and the National Association of School Nurses. Upcoming is a National School Based Healthcare conference. It is a virtual conference taking place June 27th through June 30th. If you would like more information, please visit the School Based Health Alliance website. At this time I would like to say thank you to all attendees for joining today. Thank you to the National Association of Community Health Centers, the School Based Health Alliance, the health resources and service administration, faculties, presenters and facilitators for your presentations on do school based health models, expand your community reach. Yes, come learn the recipes for success.

Shameka Davis (02:48:33):

It is hoped that you are inspired today and can take away some learnings around a model for excellence, school based health center setup, needs assessment, innovative healthcare, addressing barriers to healthcare, partnerships and relationship equities, all for the education and health of the children and youth that we serve. A recording of this webinar will be available within one week on the National Health Center resource clearinghouse. And you will receive an email as well. Also, if you have any questions, please feel free to contact the School Based Health Alliance at info@sbh4all.org. Momentarily, you will automatically be directed to complete an evaluation of today's workshop. Again, thank you for attending and have a good day. Thank you.

PART 5 OF 5 ENDS [02:49:31]