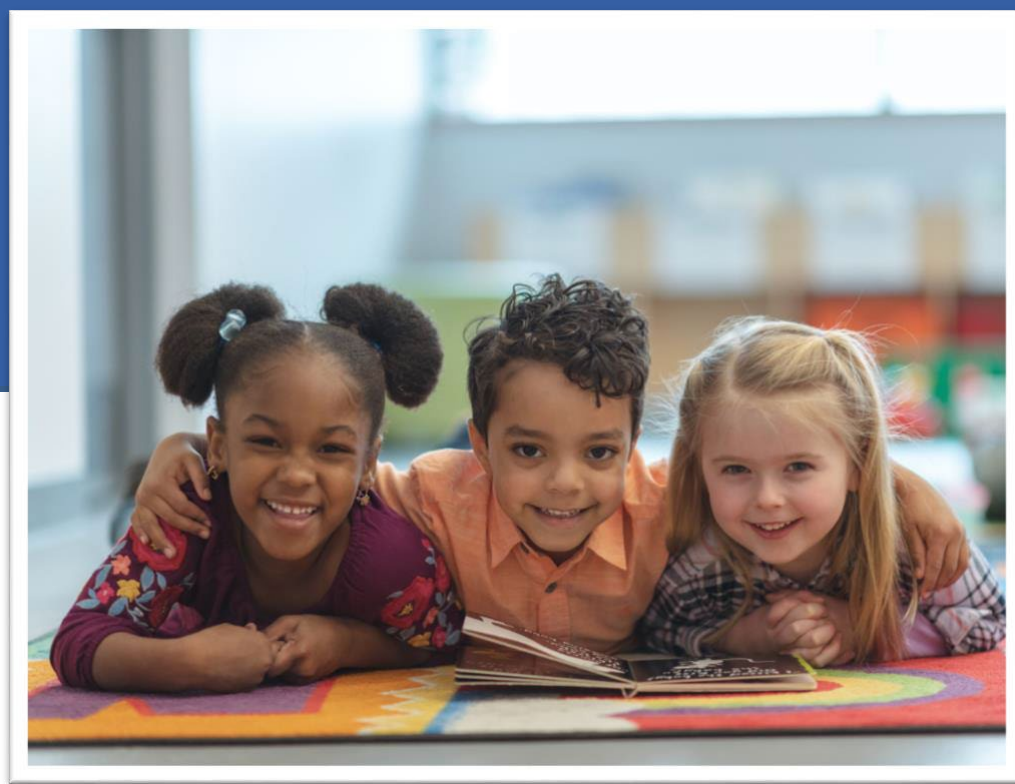

GEORGIA SCHOOL-BASED HEALTH CENTER EXPANSION TOOLKIT

PARTNERS for Equity in Child and Adolescent Health

Emory University School of Medicine, Department of Pediatrics

2022-2023 UPDATE

Updates to the toolkit are a collaboration between

PARTNERS For Equity in Child & Adolescent Health

GEORGIA SCHOOL-BASED HEALTH ALLIANCE

GaDOE Georgia Department of Education
Office of Whole Child Supports & Strategic Partnership

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INTRODUCTION

According to 2021 Kids Count, **18% of all children nationwide (13 million children)** are living in poverty and are at a greater risk for a variety of negative outcomes, including:

- *Increased rates of health problems and mortality, and*
- *Increased risk of academic underachievement and school drop-out.*

Unaddressed health needs can impact a student's ability to learn. Students with chronic health conditions are more likely to miss school due to symptoms associated with their illness or seeking treatment during the school day. Students may also miss school due to oral or behavioral health issues. School nurses, in addition to their other responsibilities, can help manage a student's health needs during the school day. School-based health centers (SBHCs) can provide comprehensive medical care and for some students, serve as a medical home.

SBHCs are recognized as an effective means of delivering physical health, behavioral health, and dental services that can significantly reduce barriers to health care for those living in poor communities. The barriers of cost, transportation, and hours of operation, along with the lack of knowledge around how to manage one's health and when to access healthcare, are readily addressed through SBHCs. SBHCs not only increase access to healthcare but also improve school attendance and academic achievement for these students.

The scope of services for these centers includes but is not limited to:

Medical:
- Diagnosis and treatment of acute and chronic illnesses and minor injuries
- Routine health and sports physicals
- Health Check (EPSDT) Screenings/immunizations Laboratory testing
- Referrals and coordination of outside services

Behavioral Health:
- Behavioral health screening Individual Group counseling
- Crisis intervention

Dental Services:
- Exams, cleaning, sealants, fluoride varnishes, fillings, extractions, and other restorative procedures

Vision Services:
- Screening and eye exams
- For centers with full-service vision centers–comprehensive eye exams and prescription glasses

Other:
- Social services support and community outreach
- School-wide Health Education/Health Promotion and Wellness activities Limited medical support for teachers and other school staff

All services may not be available in every health center. The decision rests with the community and the medical sponsor on the depth and breadth of services offered.

TOOLKIT

The purpose of this tool kit is two-fold:

- Provide information on the process of scaling SBHCs from planning to sustainability
- Provide templates and sample documents required to accomplish this process

The intended audience for this tool kit includes:

- Community stakeholders (school districts, medical providers, community advocates and leaders, parents, students, etc.)
- Medical Sponsors of SBHCs
- Local, state, and federal legislators
- State agencies (DOE, DPH, Community Health, etc.)
- Funders
- Advocacy organizations and partners (i.e., Voices for Georgia's Children)
- Other stakeholders

Visit www.gasbha.org or contact the following for questions or additional information:

- Deborah Holt, PARTNERS for Equity in Child and Adolescent Health daholt@emory.edu
- Ruth Ellis, Georgia Department of Education, Office of Whole Child Supports and Partnerships ruth.ellis@doe.k12.ga.us

For additional resources, visit www.sbh4all.org, the national voice for school-based health care.

SCALING SCHOOL-BASED HEALTH CENTERS

To effectively replicate this healthcare model, four basic elements are required:

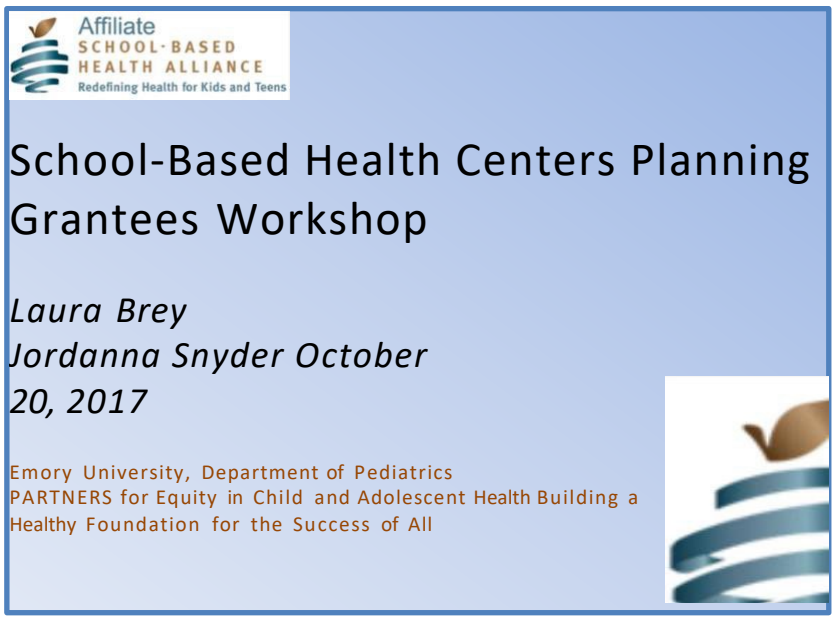
- Recognized community needs and support
- Evidence of health and cost impact
- Sustainability
- Fidelity to an exemplar model

Following an exemplar model (Whitefoord Elementary School-Based Health Center, founded in Atlanta, Georgia in 1994) and under the direction of PARTNERS for Equity in Child and Adolescent Health of the Department of Pediatrics at Emory University, the Georgia SBHC project was created to expand SBHCs in Georgia with 3 key phases that support the four essential elements for scaling:

1. *Planning*
2. *Implementation*
3. *Sustainability*

The planning process occurs over a minimum of one year and can be extended to 2 years or more. From implementation to sustainability, there is usually a minimum of 3 years. For some centers, it may take longer to reach sustainability. Implementation depends on funding and constructing mutual agreements between the school and medical sponsor on how the SBHC should operate, defining liabilities and determining where specific liabilities reside. Factors impacting sustainability are patient volume (number of students in a school), patient enrollment and utilization, ability to serve siblings of students in school, ability to integrate into the culture of the school, the perceived value of SBHC services by school and parents, cultural or language barriers, and financial efficiency and support of a medical sponsor.

PLANNING



It is important that the community is informed about the basic tenets of SBHCs and the value they provide to the students, parents, faculty, staff, and the community at large.

The first SBHCs were established in the late 1960s and early1970s as the 'War on Poverty' led to the introduction of Medicaid. Attention was drawn to the medical needs of high school-aged adolescents living in poverty, with a focus on teen pregnancy and access to health care. Since that time, SBHCs have expanded to elementary and middle schools with the realization that the model effectively serves all children living in poverty and that it's more efficient to identify and address health issues (physical, mental, oral, and vision) early on before they escalate into poor health habits and aberrant behaviors later in a child's life course.

The most recent data from the National School-Based Health Alliance (2016-2017) identified 2,584 SBHCs in 48 of 50 states, the District of Columbia and Puerto Rico. In 2010, PARTNERS for Equity in Child and Adolescent Health, Emory University Department of Pediatrics, began awarding one-year planning grants (funded through the Zeist Foundation) to Georgia counties for local stakeholders to provide evidence of community need and support for local SBHCs. Subsequently Healthcare Georgia Foundation and Emory University Department of Pediatrics joined in funding the planning initiative. Most recently the Georgia Department of Education Office of Whole Child Supports and Partnerships has provided planning grant funds to rural Georgia Local Education Authorities (LEAs) to explore the creation of SBHCs in their communities.

The purpose of the planning grant is to increase knowledge and public will around the development of SBHCs. Grantees are required to create a community advisory group consisting of stakeholders in child and adolescent health and education.

Responsibilities of Advisory Group:

- Provides guidance and direction and assists with the identification of resources and funding for the development of the SBHC. Educating the community on the value of SBHCS and increasing public will around the development of these centers is another important responsibility of this group. Members should include representatives from:
    - Local school system (LEA); administrators; board members; school nurse
    - Health care providers such as Community Health Centers/Federally Qualified Health Centers (FQHCs), private providers, academic centers, hospital systems, faith-based organizations
    - Community agencies (such as local public health departments, Family Connections)
    - Local foundations, businesses, and other potential funders
    - Parents
    - School bus drivers
    - Local law enforcement
    - Local politicians and other child advocates
- Performs a needs assessment to define the health and academic needs of students. The needs assessment identifies specific health problems in the community, the type of services and resources available to address those needs, gaps in service delivery and current barriers to care (physical, mental, and oral health). This assessment will also determine what services are needed and the likelihood of utilizing SBHCs for those services. The assessment involves gathering primary and secondary data. Primary data collection includes parent, student, and teacher surveys, focus groups and targeted stakeholder interviews. Secondary data collection includes school health, county, and state data.
- Participate in site visits of an SBHC to better understand operations and scope. (List of SBHCs by County)
- Identify which school(s) in the district would be best served by an SBHC.
- Determine the SBHC delivery model; the most common models are:
    - Onsite within the school (requires repurposing of existing space with associated costs)
    - Modular unit on school grounds (requires the purchase of modular unit and outfitting of the unit)
    - Mobile unit which can serve multiple school locations

- Determine scope of services and how they'll be staffed
- Determine hours/days/months of operation**.** For example, will the SBHC be open 5 days per week or fewer; 8 hours per day or fewer; 12 months per year, or only when school is in session
- Develop a business plan (a collaboration between the school system, community-at-large, and the medical provider) to determine the financial needs and resources available to support the implementation and sustainability of the SBHC.
- At the end of the planning year, it is expected that:
    - The community will have a clearer understanding of the healthcare needs of their children and adolescents.
    - A determination will be made whether a SBHC is needed.
    - A clearer understanding of the costs associated with start-up and sustainability. The targeted school for the development of a SBHC will be identified.
    - A potential medical provider/sponsor for the SBHC will be identified. For example:
        - Federally Qualified Health Centers (FQHCs)
        - Private physicians in the community Local hospital systems
        - Academic medical systems
- Considerations in choosing a medical provider/sponsor:

    1. Mission alignment with the SBHC.
    2. Flexibility to meet the needs of the school served.
    3. Willingness or ability to provide services regardless of ability to pay.
    4. Services currently provided in the community.
    5. The community's perception of the provider.
    6. Proficiency in maximizing reimbursements.

IMPLEMENTATION

General Overview

Implementation of a SBHC involves the following:

- District and School engagement along with School Board approval
- Creation of a Memorandum of Understanding (MOU between LEA and medical sponsor)—see Sample Memorandum of Understanding)
- Identification and renovation of space for SBHC
- Hiring of staff
- For FQHC sponsoring organizations, obtaining a 'Change of Scope' approval from Health Resources & Services Administration (HRSA)
- Enrolling SBHC site in Medicaid, PeachCare, and private insurers
- Credentialing staff with Medicaid, PeachCare, and private insurers
- Student recruitment and enrollment (includes marketing and outreach)
- Establishing and monitoring enrollment, utilization, and quality metrics

Steps toward implementation involve budget planning and the procurement of start-up funds, creation of a Memorandum of Understanding, marketing strategies, and the creation of the SBHC Advisory Council. In considering costs for a SBHC start up, a sample budget has been developed. (See Sample SBHC Start Up Budget)

Budgets should include costs for:

- **Space renovation**
  - If within the existing school building:
    - This could be the responsibility of the local school system (LEA), the medical sponsor or shared responsibility between the two.
    - Occasionally, funds from other sources (foundations, governmental grants, etc.) are used for renovations. (Sample Floor Plan)
  - If within a modular unit located on school grounds:
    - The expectation is usually a negotiation between the LEA and the medical provider on cost sharing
    - Other resources can be used as well.

- If a mobile unit:
  - The expectation is that this would be funded by the medical sponsor or an outside funder.

- **Clinic Staff:**
  - Funded by and employees of the medical sponsor
  - Core staff include - Physician (part time to provide oversight), Advanced Practitioner or (nurse practitioner or physician assistant), Medical Assistant, Licensed Clinical Social Worker, and front office support.
  - Add additional staff as funds become available (i.e., dentist, dental hygienist, optometrist, health educator, community outreach worker, etc.)
  - Some members of core staff, i.e., behavioral health and dental, can be provided and funded by organizations outside of the medical sponsor.
- **Start-up supplies and equipment**
  - Major medical equipment (exam beds, medical devices, etc.)
  - Major office equipment (copiers, scanners, computers, etc.) and furniture
  - Start-up Medical and Office Supplies
- **Janitorial Services**
  - The school janitorial services are not aligned with what is required to clean and disinfect a medical clinic (SBHC).
  - The SBHC should hire an entity licensed and trained to provide this service.

Memorandum of Understanding

Legal document that outlines the mutually agreed upon roles, responsibilities, and liabilities between the school district and the medical sponsor. This should include:

1. Where the SBHC will be located
2. Who will employ the SBHC staff
3. Who will handle third-party billing
4. Who will own the medical records
5. Who will maintain professional liability (malpractice) insurance
6. Who will ensure adherence to federal and state regulations
7. Who will collect data for reporting and program evaluation purposes
8. How program decisions will be made

Marketing

Marketing is key component to implementation as it is critical in the enrollment and utilization of the SBHC services as well as educating the public (school, parents, and community) on the value of SBHCs. Strategies include but are not limited to:

- Creation and distribution of flyers, brochures, newsletters, other forms of written communication
- Inclusion of SBHC on school and school district websites
- Press releases
- Social media (Facebook, Twitter) campaigns
- Public service announcements
- Presentations at school and community events (i.e., health fairs, school programs)

Note: Marketing is a continuous and ongoing activity.

Advisory Council for the SBHC

It is recommended that an advisory council be created for the purpose of providing oversight and advocacy for the SBHC. Many members of the advisory group from the planning phase can continue in this capacity; however, it is recommended that other members from the community and school district be added to provide broader oversight and advocacy. Staff from the SBHC should be included. This will assure quality and alignment of services with school and community needs and to provide guidance and feed- back as needed. At a minimum, Council members should consist of school administrators, medical sponsor, school nurse and other school personnel (i.e., counselors), SBHC staff, parents, and community members (school board/local politicians). (See Advisory Council job description)

- **Suggested job descriptions for staff:**
  - **Medical Director** – Board certified Pediatrician to provide clinical oversight and consultation to the Nurse Practitioner or Physician Assistant (typically .2FTE)
  - **Advanced Practice Practitioner** (Nurse Practitioner or Physician Assistant) – Georgia licensed and certified to provide primary care to pediatric or pediatric and adult population.
  - **Medical Assistant** – Support for APP. In the absence of a clinic secretary, provide front office support (receptionist, making appointments, etc.)
  - **Licensed Clinical Social Worker** – serves as the behavioral health provider
  - **Dentist/Dental Assistant** – provide dental services to include screenings, cleanings, sealants, fillings, extractions, etc.
  - **Clinic secretary** – front office duties (receptionist, making appointments, etc.)

- **Health Educator** – individual, group and school-wide education
- **Community outreach worker** – identify needs and barriers of students and families and facilitate connections with resources.

- ***Note:***
  - SBHC staff do not replace school personnel, but rather complement services already provided by school nurses, counselors, and family liaison workers.
  - SBHCs adhere to HIPAA (Health Insurance Portability and Accountability Act) protocols to ensure confidentiality of medical information and acknowledge FERPA (Family Educational Rights and Privacy Act) protocols to ensure confidentiality of student educational information. Sharing of information is only accomplished through parental consent

Suggested Timeline for Implementation

- **Memorandum of Understanding**

  Period of time between development to execution is dependent on school board, medical sponsors, and their legal teams. It can take up to several months. Most are executed within 3-6 months but can take longer.

- **"Change of Scope"**

  This is required to cover liability for FQHC sponsoring organizations. Change of Scope is obtained from Health Resources and Services Administration (HRSA) and may take less than 3 months or more.

- **Site enrollment with Medicaid, PeachCare, and Private**

  Insurers. *It may take up to 3 months.*

- **Hiring and Credentialing staff with Medicaid, PeachCare, and Private**

  Insurers. Can take from 3 – 10 months or longer.

- **Student Recruitment and Enrollment**

  This is an ongoing effort. Recruitment through marketing and outreach should begin as soon as the project is approved and construction on the SBHC begins. This process will continue throughout implementation and sustainability. Successful recruitment and enrollment involve:

  - Distributing parent consents for SBHC. The consents can be included along with other school registration documents and distributed at Parent Teacher Organization meetings, health fairs or other community activities. (See Sample Parental Consent Form)
  - Adding electronic consents to school and medical sponsor websites.
  - On-going marketing of the center (see above marketing strategies)
  - Goal is to enroll 25% of student body in year 1; 50% year 2; 70% year

- **Clinic Utilization**

  Services should be available from the first day of operations. Utilization is dependent on:

  - Parental consent – no student can be seen without parental consent
  - Coordination and collaboration with school nurse, counselors, teachers, and administration
  - Establishing utilization and quality benchmarks to monitor utilization and ensure high standards of care. (Sample SBH C Benchmarks)
  - We have created a data template to capture patient utilization

SUSTAINABILITY

From historical data, most SBHCs require at least three years of extramural funding to become sustainable. It takes that amount of time to recruit and enroll a sufficient patient base that will utilize the services for whom the SBHC can bill. Sustainability depends not only upon patient utilization but also on insurance status and patient satisfaction which is a reflection of the patients' perception of the quality of care they receive. Finally, sustainability involves strong business practices and community collaboration.

The School-Based Health Alliance has developed a sustainability model

Sustainability plans should include the following key components

- Develop strong partnerships between the school district, the medical sponsor, school administration, school nursing staff, parents, and the community at large.
- Robust program marketing outreach and promotion to recruit a sufficient number of patients to utilize the services of the SBHC.
- Establish quality benchmarks to promote healthy outcomes and patient satisfaction, and
- Strong business model to maximize billings and collections from Medicaid and private payers while ensuring that all patients are seen regardless of their ability to pay.

FQHCs, due to their enhanced Medicaid reimbursements and access to federal funds, are good medical sponsors for SBHCs in terms of sustainability criteria. Their capacity to bill and receive "cost based" (cost of care) reimbursements from Medicaid and Medicare gives them an advantage over private providers in that their payments can be twice as high. FQHCs are required by federal guidelines to establish benchmarks for health outcomes and reporting. Establishing benchmarks contributes to the quality of services provided.

CONCLUSION

School-Based Health Centers are a proven model of healthcare for children and Adolescents living in under-resourced communities. They provide care in the context of all factors that impact the health and well-being of students (i.e., home, community, and school) and eliminate most barriers to healthcare (i.e., cost, transportation, hours of operation, lack of parental leave from work, etc.). Research has demonstrated that these centers not only improve access to health care, but they also improve health outcomes (i.e., asthma, mental health), increase school attendance and performance, and reduce the cost of healthcare.

This tool kit is designed to serve as a resource for school districts, medical providers (i.e., private physicians, FQHCs, hospital systems, mental health orgs, etc.), community leaders and advocates, parents, and other stakeholders to explore the possibilities of bringing SBHCs into their communities.

We encourage collaboration between all these groups as they seek to create this system of care aimed at improving the health and well-being as well as increasing the academic success of their children and adolescents. We look forward to working with you and providing resources needed to reach that goal.

PUBLICATIONS

Johnson, V, Hutcherson, V and Ellis, R, Evaluating a strategy for the Implementation and Sustainability of elementary school-based health centers in three health-disparate southern communities. *J Sch Health.* 2020 Apr;90(4):286-294. doi: 10.1111/josh.12875.

Zarate, R, Johnson, L, Mogendi, S, Hogue, C, **Johnson, V,** Gazmararian, J. Barriers and Facilitators to School Based Health Centers: Pilot Data from Three Sites in Georgia. *J Sch Health* . 2019 Dec; 90(2):107-118

Adams K, Strahan A, Joski, P, Hawley J, **Johnson V**, Hogue C. Effect of Elementary School– Based Health Centers in Georgia on Use of Preventive Services. *AJPM.* 2020;59(4):p 504- 512

Adams K, **Johnson V,** Hogue C, Montoya D, Strahan A, Joski P, Hawley J. C Elementary School–Based Health Centers in Georgia: Effects on Publicly Insured Asthmatic Children. *Public Health Rep.* Accepted for publication 2021

Adams K. and **Johnson VC**. An Elementary School-Based Health Clinic (SBHC): Can It Reduce Medicaid Costs? *Pediatrics.* 2000; 105:780-788

RESOURCES

- Data Sources for Needs Assessment
  - County-specific data
    - Get Georgia Reading Campaign
    - Neighborhood Nexus
    - Voices for Georgia's Children
    - Georgia Rural Health Innovation Center
    - County Health Rankings & Roadmaps
    - Kids Count 2021
  - Georgia school/district-specific data
    - Georgia Student Health Survey
    - Georgia Insights
    - Governor's Office of Student Achievement
- Educational Resources for
  - Schools
  - Health Professionals
  - Parents
- SBHC sponsored Organizations
  - **Georgia School-Based Health Alliance**
  - National School-Based Health Alliance
  - PARTNERS for Equity in Child and Adolescent Health
- **State Agencies**
  - **Georgia Department of Education Whole Child Supports & Partnerships**
  - Georgia Department of Public Health
- The Blueprint for SBHCs
- National School-Based Health Alliance Mapping Tool

Additional Information/Links:

List of Georgia's SBHCs by county

Benefits of SBHC fact sheet

SBHCs and Mental Health

SBHCs and Childhood Obesity

SBHCs and Academic Success

Relationship Between SBHCs and Academic Accomplishments of Students

SBHCs and the School Nurse

SBHCs and the Pediatrician Fact Sheet