



COLORADO ASSOCIATION FOR  
**SCHOOL-BASED HEALTH CARE**

# Opening a School-Based Health Center in Colorado



**A How-to Manual**

# Preface

This manual is intended to serve as a guide for school administrators, health professionals, parents of school-aged children, and other stakeholders who desire to provide an integrated approach to addressing the health care needs of students in their community. It is intended to be a tool for those considering opening a school-based health center (SBHC) as a possible solution for unmet needs.

Typically, it takes one to two years to move from initial research to opening a new center. To be successful in this endeavor, it is important to engage parents, students, and community leaders early in the planning process. Developing a strategic business plan is critical to long-term sustainability. This manual outlines the steps involved in developing a business plan for an SBHC, including conducting a market analysis with needs assessment, determining the management structure, outlining the operations plan, developing financial statements, promoting the services offered, and evaluating the program. The manual concludes with a discussion of the importance of ongoing advocacy and coalition-building.

There are many resources to assist along the way. Colorado Association for School-Based Health Care (CASBHC) is poised to assist communities throughout the initial planning process. To complete planning grants and needs assessments CASBHC is able to provide [Technical Assistance and Consultation](#). Many SBHC planners find it helpful to visit SBHCs in their area to visualize what they are hoping to achieve. Additional resources are described throughout the manual.

This manual was revised and updated in December 2021 in coordination with the [SBHC Program Request for Applications for Fiscal Years 2023-2027](#). The original version of the manual was created in 2010 with the support of the Colorado Health Foundation and credited to the New Mexico Assembly on School-Based Health Care and the New Mexico Department of Health, Office of School Health for their resource, *Opening a School-Based Health Center: A How-To Guide for New Mexico SBHC Coordinators*. The CASBHC team along with CDPHE SBHC Program representatives and volunteering SBHCs provided feedback. CASBHC also wishes to recognize the work of Maureen Daly, M.D., who managed the first edition of this manual, and Cristina Bejarano, MPH, for managing the current edition. We look forward to working with new communities as they embark on the journey to keep youth healthy, in school, and ready to learn.

Sincerely,  
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# Acronyms

[BPHC – Bureau of Primary Health Care](#)

CAC – Community Advisory Committee

[CASBHC – Colorado Association for School-Based Health Care](#)

[CDPHE - Colorado Department of Public Health and Environment](#)

[CHP+ - Child Health Plan \*Plus\*](#)

[CLIA - Clinical Laboratory Improvement](#)

[C.R.S. – Colorado Revised Statute](#)

CSNC – Community-funded Safety Net Clinic

[ESEA - Elementary and Secondary Education Act](#)

[FERPA - Family Educational Rights and Privacy Act](#)

[FQHC – Federally Qualified Health Center](#)

[Health First Colorado – Colorado’s Medicaid Program](#)

[HIPAA - Health Insurance Portability and Accountability Act](#)

[HRSA - Health Resources and Services Administration](#)

[IEP - Individualized Education Program](#)

MD – Medical Doctor or Physician

MOA – Memorandum of Agreement

NP – Nurse Practitioner

PA – Physician Assistant

PTA/PTO – Parent Teacher Association/Parent Teacher Organization

RHC – Rural Health Clinic

SAC – Student Advisory Committee

[SBHA - School-Based Health Alliance](#)

SBHC – School-Based Health Center

# Chapter 1: Overview

## Why School-Based Health Centers Are Important

School-based health centers (SBHCs) improve the lives of Colorado's children by bringing essential services to students where they are, in school. SBHCs support student success because healthy students are better learners.

### Advantages of SBHCs

- Students have direct access to health care providers while they are at school.
- SBHCs serve all students, regardless of insurance type or ability to pay.
- Students do not have to miss as much class time to receive basic health care.
- Parents do not have to miss work to take their child to the doctor.
- Transportation problems in seeking health care are reduced.
- Risky behaviors are identified and addressed.
- Students learn how to be effective consumers of health care in a non-intimidating environment.
- Referrals are made to appropriate community providers for services not provided at the SBHC.
- Many SBHCs have integrated telehealth, making it easier to connect parents for appointments and provide additional options for students to attend their visits.

### Students who have access to SBHCs on their school campus:

- Are more likely to seek services they need.
- Get services from on-site providers who can follow up informally and who have a broader understanding of the student's functioning in their peer group and in school.
- Can get integrated primary, behavioral, and oral health care.
- Have positive role models of health care professionals.

### Proven Effectiveness of SBHCs<sup>1</sup>

SBHCs have proven to be effective points of entry into the health care system for children because they reduce barriers to accessing care. One of the most powerful impacts of SBHCs is that they can mitigate the effects of poor health. Additional information about the benefits of SBHCs can be found in the School-Based Health Alliance (SBHA) [SBHC Literature Database](#). In addition:

- SBHCs improve school attendance.<sup>2</sup>
- SBHCs improve rates of graduation.
- SBHCs decrease emergency room and urgent care visits.
- SBHCs decrease hospitalizations for children with asthma.<sup>3</sup>
- SBHCs improve access to and use of mental health services for students with public or no health insurance.<sup>4</sup>
- SBHCs reduce depressive episodes and suicide risk among adolescents.<sup>5</sup>
- SBHCs improve access to and use of preventive services and improve vaccination rates.<sup>6</sup>
- SBHCs reduce Medicaid expenditures related to inpatient, drug, and emergency department use.<sup>7</sup>

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The Centers for Disease Control and Prevention’s Community Preventive Services Task Force<sup>8</sup> strongly recommends the implementation and maintenance of SBHCs in low-income communities as they are likely to reduce education gaps and advance health equity. An update of the Task Force report found evidence that the societal benefits of SBHCs are greater than the intervention cost.

It is just as important to anticipate potential sources of resistance to your efforts and prepare for them. Common *false* arguments raised against SBHCs include:

- Students can access services without parental consent thus usurping parental control over their children.
- SBHCs encourage sexual activity by providing reproductive health services.
- SBHCs are a waste of tax dollar investment, providing a duplicative service that families already have access to through private means.
- SBHCs take money from schools that should be used for education.
- Schools should not be in the business of delivering health care.

Most often, people will immediately understand the value of SBHCs, but in case you receive any of these arguments, it is important to be prepared. Appendix A has a list of Frequently Asked Questions that can be served as a template for stakeholders that are trying to educate their communities.

## **Facts about SBHCs**

SBHCs can provide a wide range of health services, from routine check-ups to treatment for chronic illnesses and are endorsed as primary medical homes for adolescents.<sup>9</sup> They deliver convenient, high-quality, low-cost health services to children and adolescents in school or on a school campus. In addition to primary and preventive health and behavioral health services, these community-driven programs may also include preventive dental care, health promotion, and disease prevention services.

SBHCs emerged in the U.S. during the 1970s. Communities across the nation enthusiastically embraced SBHCs to address the unmet health needs of children and families. During the 1990s, due to significant investment by the Robert Wood Johnson Foundation, there was a rapid and significant rise in the number of centers. The 2016-2017 Census for the School-Based Health Alliance identified 2,584 SBHCs in 48 of 50 states, the District of Columbia, and Puerto Rico. They serve children in all grade levels in urban, suburban, and rural settings.

## **Colorado SBHCs and State Grant Program**

SBHCs in Colorado fill a critical gap in health care services. As of December 2021, there are 70 SBHCs in operation throughout the state in 30 of Colorado’s 178 school districts. The first SBHC in Colorado opened in 1978 in Commerce City. The Colorado Department of Public Health and Environment (CDPHE) began administering federal Maternal and Child Health Block Grant funding for SBHCs in 1985. In 1994, CDPHE established a state SBHC initiative, putting Colorado on the map for its thriving school-based clinical practices, prevention programs, and published research.

In 2006, the Colorado General Assembly passed legislation creating a state general fund-supported grant program specifically for SBHCs. In this legislation, SBHCs are defined as “a clinic established and operated within a public school building, including charter schools

and state-sanctioned GED programs associated with a school district, or on public school property by the school district.”<sup>10</sup> Funds appropriated by the State Legislature are administered by CDPHE. Grants are awarded for “assisting the establishment, expansion, and ongoing operations of SBHCs...with priority given to centers serving a disproportionate number of uninsured children or a low-income population or both.”<sup>11</sup> Information on the current Request for Applications for planning and operational sites can be found at: <http://cdphe.colorado.gov/sbhc/funding-opportunities/rfa-FiscalYear2023-3027>.

## Menu of Services

Each local community determines which services will be offered at its SBHC. SBHC staff aim to build cultural sensitivity into all the services they provide. SBHCs that receive CDPHE funding are required to provide [this menu of services](#). Services vary but many SBHCs include the following:

### Medical

- Diagnosis and treatment of illness and injury
- Comprehensive well-child and well-adolescent exams with comprehensive risk assessment screening
- Sports physicals
- Management of chronic conditions, such as asthma and diabetes
- Immunizations
- Laboratory tests
- Comprehensive reproductive health services\*
- Over-the-counter medications and prescriptions
- Referrals and coordination of outside services such as x-rays, medical specialists, and other services not available at the SBHC

### Behavioral Health

- Mental health screening (for depression, anxiety, and other conditions)
- Comprehensive behavioral health assessments
- Crisis intervention
- Individual, family, and group counseling
- Substance use screening, brief intervention, and referral to treatment
- Mental health awareness and outreach, including suicide prevention

### Prevention and Health Education

- School-wide wellness and health promotion services
- Individual and small group targeted health education, such as weight management, nutrition education, asthma management, and smoking cessation

### Other Services that May Be Offered

- Medicaid/Child Health Plan *Plus* outreach and enrollment assistance
- Preventive dental services such as exams, teeth cleaning, sealants, and fluoride varnishes
- Case management

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\* this service varies by community, with some schools offering care on-site and others referring students to community clinics. Comprehensive reproductive health services include human sexuality education, a behavioral risk assessment, counseling, pregnancy testing, contraception or referral for contraception, and diagnosis and treatment of sexually-transmitted infections.

## **Rural Versus Urban Models**

Colorado's first SBHCs were in urban areas. Over time, rural Colorado communities also embraced the concept and began to establish centers in their schools. During the 2020-2021 school year, 46 SBHCs were in urban communities and 21 SBHC were in rural communities. The number of SBHCs in both rural and urban settings is increasing.

Urban and rural areas face different challenges in establishing and operating SBHCs, and thus the model and services are diverse as they adjust to the community's needs. Rural communities face geographic isolation and thus the target population has unique access issues. Recruiting a licensed medical provider may be more difficult. Creative solutions are often needed to address these challenges.

## **Overview of Key Partners**

### ***School-Based Health Alliance***

SBHA is a non-profit membership association whose mission is to improve the health status of children and youth by advancing and advocating for school-based healthcare. Based in Washington, D.C., SBHA advocates for the school health care community. It seeks to be its members' primary resource for professional development, knowledge exchange, and services. In addition, SBHA is a leading information source for the public on school health care and services. For more information, visit [www.sbh4all.org](http://www.sbh4all.org).

### ***Colorado Association for School--Based Health Care***

Established in 1996, Colorado Association for School-Based Health Care (CASBHC) is a non-profit membership organization for the state's SBHCs. It is a state affiliate of SBHA. Its mission is to optimize health outcomes among young people through access to quality, integrated health care in schools. CASBHC supports SBHCs to provide preventive health, primary health, oral health, and behavioral health care for Colorado's children and families. The organization supports school-based health as an essential strategy for improving the lives of children and optimizing their opportunities for success in school and society. CASBHC supports its members by providing advocacy, technical assistance and training, and quality improvement and evaluation. The CASBHC membership form for collaborating organizations and individuals can be found [here](#) and in Appendix B. For more information, including additional membership information visit <http://www.casbhc.org>. A map of all the SBHCs in the state can be found [here](#).

### ***Colorado Department of Public Health and Environment-SBHC Program***

The state's SBHC Program is operated by CDPHE. The SBHC Program's goal is to improve the health and well-being of all Colorado children and adolescents through health promotion, public health prevention programs, and access to health care. In 2020-2021, the SBHC Program supported 53 operating SBHCs with a budget of \$5.2 million. CDPHE also funds planning grants for communities to explore opening SBHCs before they apply for operating funds. In addition, CDPHE has an SBIRT (screening for substance use, brief intervention, and referral to treatment) grant that SBHCs can apply for in addition to operations and planning grants. CDPHE supports the SBHC program through additional vendor contracts, including

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funding CASBHC to facilitate SBHC training. The SBHC Program also has been the recipient of one-time funding through the CARES Act and the American Rescue Plan Act. For more information about the SBHC Program visit: <https://cdphe.colorado.gov/sbhc/what-school-based-health-center>.

### ***Colorado Department of Health Care Policy and Financing (HCPF)***

This department is the administrator of Medicaid and CHP+ programs and is also the manager of the Accountable Care Collaborative (which is managed through contracts with Regional Accountable Entities, known as RAEs – see Chapter 4 for more information). Colorado SBHC providers are enrolled to bill Medicaid and CHP+ and work closely with their local RAEs. Some SBHC sites can enroll patients into Medicaid and CHP+ through a few different pathways (e.g., presumptive eligibility, medical assistance sites), and also can provide other financial assistance options outside of Medicaid, such as Connect for Health Colorado and Colorado Indigent Care Program.

### ***Apex Evaluation (Apex)***

Apex is a consulting firm specializing in systems evaluation that began working with Colorado SBHCs in 2010, replicating a statewide SBHC evaluation effort that originated in New Mexico. Apex’s method is centered around the SBHC Data Hub, which integrates SBHC operational, encounter, screening, and feedback data at many levels including individual, SBHC, sponsoring organization, programs and projects, and units of geography. They are aligned with SBHA and work with four statewide networks of SBHCs.

### ***Colorado Health Institute (CHI)***

Every five years, CHI updates a needs assessment to identify opportunities and communities ready for SBHCs in Colorado. The interactive report allows users to explore the data in their community. For the latest report go to: <https://www.coloradohealthinstitute.org/research/school-based-health-care-opportunities>.

### ***Colorado Community Health Network (CCHN)***

CCHN represents the 20 Colorado Community Health Centers (otherwise known as Federally Qualified Health Centers or FQHCs), the largest primary care network in the state, serving more than one in seven Coloradans. A majority of SBHCs in Colorado are part of a FQHC, making close collaboration with CCHN essential to support SBHCs that form part of bigger entities.

### ***Colorado Safety Net Collaborative (CSNC)***

There are more than 40 safety net clinics in Colorado, some of whom sponsor SBHCs. [Safety net clinics](#) are diverse but all provide access to health care services for people in need at little to no cost. CSNC is a collection of health centers that serve people in a safe and welcoming way. The collaborative specializes in caring for those that are uninsured, underinsured, and on Medicaid with health care and other services that help people get and stay healthy.

## **Key Components for Engineering a Sustainable SBHC**

Due to the structure of SBHCs, creating sustainable operability requires strategic thinking and planning. The U.S. Small Business Administration, Colorado District Office has a [Resource Book](#) with templates and general guidance. The School-Based Health Alliance developed a

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structure that describes how to [engineer sustainable SBHCs](#), the following chapters were adapted from those resources.

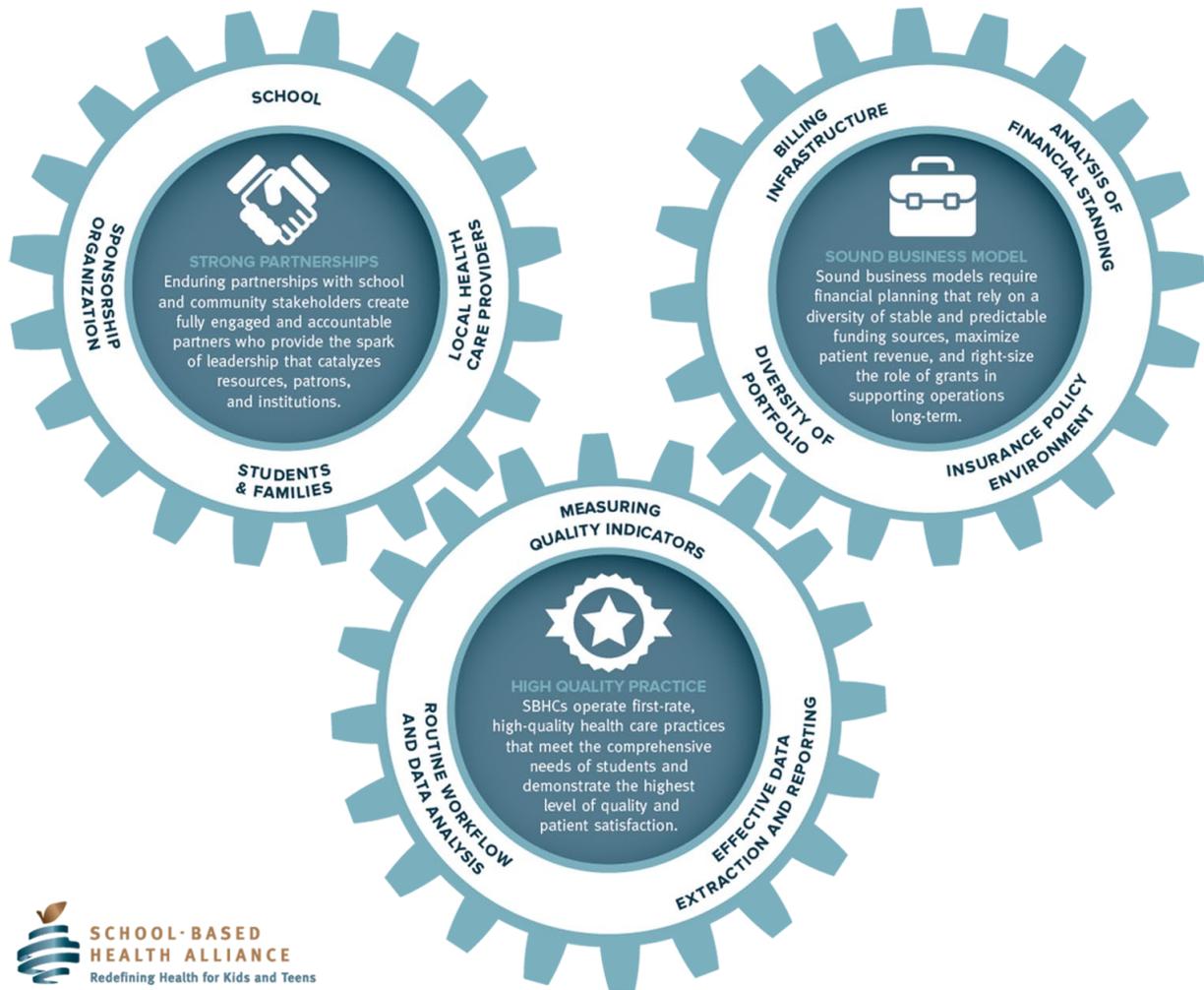
The SBHC model shows that sustainable SBHCs share three common characteristics. They:

- Develop and nurture strong partnerships between medical sponsor, school, and community stakeholders committed to SBHCs.
- Create a sound business model that relies on a variety of stable and predictable funding sources.
- Operate health care practices that meet the comprehensive needs of students and demonstrate a high-quality practice.

The following chapters describe in detail how to develop the three sustainability pillars to successfully launch a SBHC and support its long-term sustainability.

**Figure 1** shows the connectivity between the three pillars that support SBHC sustainability – 1) Strong Partnerships; 2) Sound Business Model; 3) High-Quality Practice.

### Engineering Sustainable School-Based Health Centers



## Chapter 2: Strong Partnerships

The first step in starting a SBHC is to have a champion(s) that brings together interested parties in the community. The champion(s) could be part of the school interested in hosting the SBHC, a medical sponsor, a parent, or a few members of the community that see the need for a SBHC. Champions are typically part of feasibility studies or the planning stages that identify community concerns about the health center, and it helps build and maintain widespread community support. In addition, community members bring expertise to be drawn upon in determining key components, such as floor plans and services to be offered. CASBHC created a [SBHC Assessment Criteria Tool](#) for communities that are trying to identify if a SBHCs is the right partnership for them. A [Power Mapping for Charting Strategic Relationships](#) can be used to define strength of collaboration and a [Check list for Starting a SBHC](#) can also be used (Appendixes C, D, & E).

An effective community planning process can make the difference between a successful SBHC and one that closes its doors due to lack of community support or funding. This process must reflect the culture and priorities of the community.

### ***Who Should Be Involved?***

#### **School Administrators**

As key partners and drivers of SBHC integration into the school health system, the school district should be an active participant in the planning process because the SBHC will be located on school property. The SBHC is a guest at the school and should align with the district and school priorities by engaging education leaders in planning from the beginning – especially the principal and superintendent. School district administrators can also be instrumental in helping identify funding for the health center. Financially successful SBHCs have a strong partnership with their school district, which can be especially useful when SBHCs provide services to multiple schools within the district. The common themes in a successful relationship are:

- The district superintendent is supportive of the SBHC concept and is working closely with the medical sponsor.
- The support of the school principal is crucial, is involved early in the planning of the SBHC, and works closely with the SBHC care team and once the center is open to assure seamless student access to services. Monthly planning meetings with key staff take place at least three months before the opening and for at least a year after the opening of the SBHC. Typical attendees include members of the wellness team (school nurse, principal, members of social-emotional team, etc.). Topics of discussion after the opening include reviewing student traffic, effectiveness of marketing inside and outside the school, connection to referral services, and general support the school needs.
- The school district has identified health priorities and has established or is open to establishing a wellness team or a group that focuses on addressing the overall health of students. The district's wellness coordinator can be a helpful collaborator for this work if the district has such a position.
- The communications between the school districts and the schools includes information on SBHCs and school health.

## **School Board**

To have a SBHC on school property, the approval of the school board is needed. School boards typically pass a resolution in support of a SBHC for the health center to exist. Further, the school board approves what, if any, financial support the school district will provide the SBHC. It is common for schools to supply in-kind donations of utilities and space. In some cases, schoolboard members participate directly in the planning. In most cases, the board is kept informed of the planningprocess by district-level administration and approves a Memorandum of Agreement (MOA) for operations.

## **School Staff**

School staff, including school nurses, teachers, school counselors, school psychologists, and school social workers have a great deal of contact with students and parents and therefore are influential in encouragingthem to use the health center. School staff members are great resources for identifying the needs of the students and advising SBHC staff on operating an effective program within the schoolbuilding. In turn, SBHC staff can be helpful assets to school staff as a resource for consultation and referral as well as classroom education and population health efforts. Some SBHCs are even able to serve school staff and their children as patients. Successful school engagement has a champion within the school who partners with the SBHC to raise awareness.

## **Youth**

Students are critical to the planning process when the target market is middle and/or high school students. Involving youth in the planning process is essential to understanding the services most valuable to them. Youth who are involved in the planning process will also help market the SBHC to their peers once it is operational. Students who are involved in planning their SBHC gain valuable leadership and self-advocacy skills.

## **Parents**

Parents are important to involve from the beginning because they can be influential in encouraging studentsto use the health center. They can also become powerful advocates for SBHCs on national, state, and locallevels. In addition, any objections or concerns parents may have about the health center are best addressed during the planning stage.

## **Medical Sponsor**

A SBHC requires a health care sponsor that has a proven record in serving pediatric populations, has business acumen, and has payer mix knowledge to successfully run a SBHC. Many medical sponsors are safety net clinics, but do not necessarily have to be; however, experience in serving uninsured and Medicaid is critical. The clinic coordinator/manager is typically leading the planning of the SBHC and must have experience with integration and quality improvement processes. In most cases, the sponsoring organization will need to help fundraise or provide in-kind support to launch the SBHC.

## **Health Care Professionals**

It is important to gain support from health care professionals in the community, including practicing physicians, behavioral health providers, and dentists, and to communicate that SBHCs do not take business awayfrom local providers. In fact, referrals from SBHCs can increase the business of local health care providers.

## **Public Health Professionals and Local Public Health**

Public health offices can be great partners in planning, providing data for the needs assessment, identifying community health care professionals to involve, and determining the types of services the health center should provide. The SBHC and the local public health department should coordinate rather than duplicate provision of mandated health services.

## **Community Leaders**

Community leaders are an important group that should also be considered during the planning phase. Including them can help in fundraising efforts as well as in building community support. These leaders can include business owners, members of civic clubs, legislators, members of the media, religious leaders, judges, or other influential women and men in the community.

## **Local Foundations and Other Funders**

It is important to consider involving local foundations and other potential funders in the planning process. Foundations, in addition to potentially funding the project, may have other resources, such as expertise in fiscal management, grant writing, and evaluation, to contribute to the process.

## **Community Planning**

### **Community Advisory Committee**

The participation of the community in the planning and operation of the SBHC should be formalized through the establishment of a community advisory committee (CAC). A representative, supportive CAC is essential for the successful development and operation of a SBHC. CACs are also required for CDPHE and often other funding. CACs are comprised of a diverse group of community members, including the groups mentioned above. CACs should reflect gender and racial/ethnic diversity of the student population and wider community.

CACs provide guidance, advocacy, and assist with the identification of resources and funding and can play a key role in helping school districts develop effective school health programs. CACs are often asked to review and endorse budgets, the scope of services, hours of operation and other policies, client satisfaction, pay scales, staffing plans, community partnerships, and advocacy efforts. CACs are comprised of 10-15 members, though this may vary with community size, and should include the following:

- A representative of the SBHC's medical sponsor
- School administration including principal, teachers etc.
- School health staff including nurse, counselor, aide, etc.
- School board member or district administrator
- Representative from the local medical community, such as a pediatrician or family practice physician
- Community mental health professional
- Dental health professional
- Public health professional representing Local Public Health
- Community members, such as business, civic, religious, and/or political leaders
- Parents, such as a representative of the parent group and/or PTA
- Students, when age-appropriate

It is suggested that each person serve a minimum two-year commitment with a renewal option to encourage continuity and enhance committee function. Terms might be staggered so that rotation occurs for only half the committee each year. For SBHCs seeking CDPHE funding, CACs must follow [Quality Standards for Colorado SBHCs](#).

### Student Advisory Committee

The Positive Youth Development (PYD) approach should be used to develop a Student Advisory Committee (SAC) or another type of group to involve youth in the planning process. PYD enables a better understanding of adolescent health issues facing the community and is an intentional evidence-based public health strategy of providing support, relationships, experiences, resources, and opportunities that promote positive outcomes for young people. Recognize that many youth are willing and able to get involved and SBHCs have the potential to serve as a safe environment for youth’s social-emotional learning that builds resilience, connection, brain development, and creates protective factors.

- SBHCs are serving Generation Z students, typical characteristics of that population and youth culture must be considered when developing the SAC. SBHC staff must develop the vision for what they want the SAC’s involvement to look like during the planning process, as the SBHC launches, and for the operation of the SBHC. Helpful information on positive youth development can be found at [Positive Youth Development Toolbox](#).

A SAC often consists of 6-10 youth who meet regularly and make recommendations to health center staff. Youth can be intimidated speaking among a group of adults. Therefore, SACs are a great way to get youth feedback and help prepare youth to become future members of the CAC. The success of a SAC depends on the level of support and mentorship provided by the organizers. The guiding principles for PYD are:

1. Engagement of youth as partners
2. Strength-based
3. Collaborative
4. Sustainable
5. Inclusive

#### **PYD Experiences – developing a youth friendly & safe environment**

<ul style="list-style-type: none"> <li>• Safe space &amp; inclusivity signage</li> <li>• Youth art</li> <li>• Cell phone chargers</li> <li>• TVs with health information</li> <li>• Free wifi</li> <li>• White noise machines</li> <li>• Message board</li> <li>• Posters re: confidentiality &amp; patient rights</li> <li>• Health information on electronic devices or apps</li> <li>• Washer/dryer</li> </ul>	<ul style="list-style-type: none"> <li>• Privacy</li> <li>• Comfortable furnishings</li> <li>• Increased behavioral health provider hours</li> <li>• Longer, non-rushed visits</li> <li>• Spanish-speaking staff</li> <li>• Electronic, youth friendly tools in English and Spanish</li> <li>• Word of mouth referrals</li> </ul>
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## Ways Youth Strengthen SBHCs

- Assisting with facility preparation, such as selecting colors, waiting room art, and furniture
- Advising on clinic policies, such as when the center is open, what types of services to offer, and, in some cases, whether those services are offered in culturally appropriate ways
- Developing or assisting with marketing efforts that reach youth
- Helping with health education efforts on nutrition, active lifestyles, substance abuse, etc.
- Evaluating services and practices
- Advocating for the health center with policymakers and administrators

## Ways Youth Benefit from Engagement

In addition to youth engagement being valuable to the SBHC, it is great for the youth involved. Young people involved in decision-making grow developmentally and academically. They build skills that help them become healthy, confident, well-rounded community leaders and learn to be advocates for their own health. Academically, youth involved in policy processes can build their critical thinking, public speaking, writing, and other skills that can boost their grades and workforce preparation. In addition, youth who are involved in their SBHC often develop a positive, nurturing connection with a caring adult employed at the health center and learn to advocate for their own health.

## Common Youth Participation Challenges

The following table presents common challenges and solutions to involving youth.

The Problem	Potential Solutions
<p><b>Under-prepared youth:</b> Youth are uncomfortable or bored because they do not have the confidence or training to contribute effectively.</p>	<ul style="list-style-type: none"> <li>• Provide a one-time orientation for new youth members that introduces them to SBHC issues, how the meetings are run, and common acronyms (like SBHC, CAC).</li> <li>• If funds are available, assign a SBHC staff member to provide ongoing training to the youth members.</li> <li>• If funds are <i>not</i> available, turn to other youth organizations in the community to identify young people already trained in health, youth, or governance issues.</li> </ul>
<p><b>Poor logistics:</b> Youth can't attend the meetings because of when or where they are organized.</p>	<ul style="list-style-type: none"> <li>• Offer to conduct meetings during school, after school, on weekends, or in the evenings.</li> <li>• Hold meetings at or near the school and provide video options.</li> </ul>
<p><b>Students may be hard to contact:</b> Because students are in class all day, it is often hard to reach them and get a prompt reply.</p>	<ul style="list-style-type: none"> <li>• Ask that each youth participant has an email account or consider using the app of their choice (TikTok, Instagram, Facebook, or Twitter).</li> <li>• Consider text messaging to communicate with youth.</li> </ul>
<p><b>Finding students to participate:</b> SAC organizers have a tough time recruiting youth who are willing to take on the responsibility.</p>	<ul style="list-style-type: none"> <li>• Get youth excited about serving on the SAC by using youth help/lead in planning how to engage youth in every step of the process.</li> <li>• Provide refreshments at the meetings.</li> <li>• Recruit through people who deal with youth every day, such as teachers and youth organization staff.</li> <li>• Recruit youth who display an interest in health issues, such as peer mentors, health advocates, or those interested in pursuing a health career. Avoid recruiting overextended youth.</li> <li>• Offer a modest financial stipend.</li> </ul>

<p><b>Meetings too technical:</b> The content of the meetings is too complicated for youth to understand.</p>	<ul style="list-style-type: none"> <li>• Provide structured opportunities and empower youth to get and stay engaged – specify projects, purpose, and activities, provide facilitation and logistical support.</li> <li>• Make sure agendas specifically draw on the youths’ expertise, such as what services teens need, what concerns students at school have, or how to make the health center increasingly “teen-friendly.”</li> <li>• Email the agenda in advance, so youth have time to look over it and ask questions before the meeting. Alternatively, write the agenda on a whiteboard at the beginning of the meeting and have youth comment.</li> </ul>
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## Maintaining Community Involvement Long-Term

Establishing a CAC, starting a SAC, and conducting a needs assessment (see Chapter 3) are all ways to get the community involved in the SBHC. As mentioned previously, these activities are important to ensuring adequate support for a new SBHC. However, *maintaining* that community involvement long-term is essential to the SBHC’s ongoing success. Ideas for maintaining community involvement include the following:

- Make sure the CAC members continue to meet regularly and represent different viewpoints and backgrounds.
- Keep CAC and SAC members informed on how their ideas were implemented.
- Create a health newsletter that lets students and parents know what is happening in the SBHC.
  - Consider collaborating with the journalism class to produce the publication once a quarter; the class then becomes another recruitment source for the SAC.
  - Inquire about the school newsletter distribution to families.
  - Create a [marketing calendar](#) for the year.
- Plan a roundtable luncheon twice a year with members of the health community.
- Train a cadre of youth to conduct outreach to youth-serving organizations in the community.
- Suggest that adult and student advisory members help organize booths or information tables at local community festivals, cultural holidays, or other events that parents, students, and potential SBHC supporters are likely to attend.
- Ask members to serve as speakers on behalf of the SBHC program.

## Strengthen School/SBHC Collaborations

- Ensure that you identify and are in touch with the SBHC champion(s) within the school – this person is a partner in the identification of community needs and raising awareness. Send [Meeting Agendas & Follow up Notes](#). Such champions could be:
  - School nurse or school counselor
  - Athletic trainer or PE teachers
  - Principal
  - Teachers (especially science, homeroom, etc.)
  - Main office staff
  - Coaches

- PTA/PTO leadership
- Medical providers within the school community
- **Attend school events – offer swag, host tours, post balloons, and set up booths/tables/activities, etc.:**
  - Parent-teacher conferences
  - Teacher staff meetings
  - Back to school night
  - School assembly
  - Sports games
  - Principal or district meetings
  - School information and enrollment nights
  - PTA/PTO meetings
  - Other school committees/meetings (be aware of HIPAA/FERPA but don't let that be a barrier)
- **Organize events, especially during the grand opening and the beginning of the school year, and continue pushes throughout the year:**
  - Host a clinic that offers well-checks and vaccination clinics in addition to sports physicals before school starts in the fall; coordinate with coaches to inform families.
  - Set up an information table outside the school near where parents come to pick up and drop off their kids.
  - Invite faculty and staff to go on tours of the SBHC so they can see it for themselves.
- **Learn how the school communicates with families and how you can include info about SBHC enrollment in those communications:**
  - Ask how information about the SBHC can be included in the regular communication channels that go to parents, including newsletters for school and for district, emails, phone messages, text messages, "Friday Folders," etc.
  - Ask the school to place information about the SBHC squarely on the school website. Link SBHCs' webpage to the school's page
  - Develop social media presence and invite school staff to participate.
  - Include consent forms in the electronic enrollment packets and allow for paper signatures if preferred. Old-school works too – you might stand out more if the school is not sending any mailing and you are!
  - Consider messaging changes to approach different grade levels and different identities (students of color, LGBTQ students, immigrants, English language learners, students whose families are experiencing homelessness, and low-income students)
    - Messaging such as "everyone is welcome here" are effective and common ways of signaling inclusiveness.
    - Messaging in Spanish and other commonly spoken languages in your community – just be sure you use a trusted translation entity to avoid "google translate" errors. We highly recommend [Community Language Co-op](#) and emphasize interpretation supports in the clinic.

- Messaging catered to different grade levels and different age-appropriate tastes (fun, youthful graphics might be more suitable for younger kids and less so for adolescents; older kids respond to self-advocacy messages and availability of confidential services.
    - Emphasize enrollment help for low-income, non-immigrant families.
  - Consider messaging that addresses a health concern that has come up in the community – for many school communities, mental health and vaping are major concerns, but folks may not know that the SBHC has resources to address those challenges.
    - See if the school is willing to work with school administrative staff to develop a script to read when families call a student in as sick that mentions how they can access the SBHC.
    - Post clear signage directing people to the clinic in the school. Put SBHC info on the sign in front of the school. Put up fun signs in the school or add arrows to the wall with directions.
- **Consider organization-wide connections to capture as many people as possible:**
  - Have a single phone number across your whole organization for appointments and train the call center staff to direct any qualifying individuals to the SBHC, especially when the main clinics are unable to schedule a same- or next-day appointments.
  - Encourage any families who seek care at the community clinic to also go to the SBHC especially if their kid gets to a certain age where they are new at the school with a SBHC.
  - Ensure that your website and social media accounts have the most up-to-date and clear information.
- **Seek out ways for SBHC staff to engage with the school and students:**
  - Reach out to schools to ask about including student art, school event flyers, etc. in the clinic.
  - Take on student engagement projects (have SBHC staff be involved in school clubs, conduct school-wide health challenges, make posters promoting health issues to display in the school).
  - Offer to present to classes on wellness topics (health classes, social emotional learning, etc.)
  - Offer treats or a prize to the class that gets the most returned consents or make some other kind of competition. Health-related treats such as a smoothie bottles, water bottles, basketballs, etc. are especially useful.
  - Work with school communities adopt trauma-informed approaches. This cultural shift allows room to understand individuals and their behavior in the context of their experiences and respond by meeting needs. SBHCs can play an important role in facilitating trainings and serving a resource for meeting identified needs.

- **Adjust for remote transitions and use lessons learned from the COVID-19 pandemic:**
  - Ask for SBHC updates and services to be included in any special school/district communications sent to families (on their website, emails, social media, etc.)
  - Coordinate with school districts and IT on policies that might allow use of school-issued electronics to access SBHC telehealth services.
  - Establish a process for remote referrals, especially with school staff.
    - Consider HIPAA / FERPA needs.
    - Ensure school staff are updated on SBHC’s services (occurring in person, telehealth, hybrid) during a period of remote learning.
  - Join school meetings held remotely (online) as appropriate.
    - Continue to conduct wellness team meetings remotely.
  - Partner with the school(s) for any in-person event that may occur during a time when school is closed, for health issues and during regular school calendar breaks. This could look like a vaccine clinic at the time of picking-up chrome books, SBHC staff present with flyers/brochures during a stagger orientation, etc.

**Tips to Strengthen Partnerships – always nurture the relationship and increase your visibility!**

**When working with schools:**

- Identify school champion(s)
- Share the voice and decision making
- Share your health expertise with school personnel for population health efforts
- Offer employee wellness services and activities to school staff as incentives to get them involved with your SBHC program
- Nurture the relationship
- Expand QI efforts with school staff and students
- Increase your visibility

**When working with medical sponsors:**

- Identify champion(s) at medical sponsor
- Invite medical sponsor to be part of school staff meeting
- Share information about school health efforts and include Medical Sponsor on population health efforts

**Resources:** [School Re-Entry Guide](#)

# Chapter 3: Sound Business Model

During the past few years, SBHCs have experienced a decrease in funding from sources of support other than CDPHE SBHC program. Medicaid, CHP+, and other funding also decreased in 2019. A sound business model that accommodates innovation and the current influx of funding along with the constant need to fundraise is in order.

## What is a Sound Business Model and What Does It Include?

Sound business models require financial planning that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and right size the role of grants in supporting operations long-term. The two components to a sound business model include an up-to-date **business plan and financial plan**. Together, they result in a successful business strategy and a diversified portfolio of stable and predictable funding sources: patient revenue from Medicaid, other third-party insurance, and patient fees; in-kind contributions of staff and resources; and local, state, federal, foundation, and corporate funding leading to a sustainable SBHC.

### SBHC Business Plan

A business plan is a written guide that defines the business, presents the vision, goals, and objectives, and outlines the path to operational success and financial stability. It serves as an important communication tool to inform key stakeholders, including potential funders, of the clear and compelling case for the SBHC. A well-written business plan that makes the case for the business and describes the resources needed to accomplish the goals “can be a powerful tool for marketing and fundraising.”<sup>19</sup>

A complete business plan includes the following components: executive summary; market analysis, including a needs assessment; description of sponsoring organization; mission, vision, goals, and objectives of project; management structure; operations plan and description of products or services; marketing strategy; financials; and appendices. The appendices should include:

- Most recent audited financial statement of sponsoring agency, including a balance sheet and profit and loss statement
- Organizational chart
- Resumes of key team members
- Job descriptions for all SBHC positions
- Copies of professional licensure of SBHC providers
- Memorandum of agreement (MOA) between licensed medical provider and school district (see Appendix D)
- Sub-contracts for specific services, such as laboratory, behavioral health, dental, and pharmacy services
- Copy of 501(c)(3) designation if sponsoring agency is a private, non-profit organization

The market analysis is discussed below. The management structure, operations plan, marketing strategy and financials of a business plan, in the context of planning an SBHC, are discussed in later chapters. A helpful resource can be found here: [Template for Business Plan](#).

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## Financial Plan

A financial analysis that contributes to the financial plan will provide the overall program cost, cost per enrollee, cost per visit, and cost per type of visit. It would be best to start with a detailed SBHC cost analysis that includes demographics of population served, utilization, actual and in-kind revenue, expenses for staffing, facilities, equipment, supplies, lab, pharmacy, administration, billing, liability insurance, travel, and indirect costs. Results from the analysis help create proforma financial plan with projections for the next 3-4 years.

## Infrastructure for Billing and Collections:

A well-functioning billing and collections policies and procedures, assigned staff, and an electronic health record with an integrated billing system is essential for efficient patient and third-party insurance billing and collections. According to Colorado Revised Status (C.R.S) 18-13-119, deductibles and copayments for health care services can be waived if delivered at a SBHC. It is your choice to waive copays and deductibles to increase access for SBHCs patients, and if you decide to do so, you can still bill insurance for the services. Make sure you design:

- **Diversified portfolio** – Anticipating patient revenue from Medicaid, other third-party insurance, and patient fees, in-kind contributions of staff and resources, and local, state, federal, foundation, and corporate funding is key. During your market analysis and needs assessment, you will learn more about the breakdown of your target population and will be able to anticipate the amount of revenue you will have with the SBHC.
- **Insurance policy environment** – A high percentage of your population will qualify for Medicaid or CHP+, being abreast of Health Care and Policy (HCPF) rules and Regional Accountable Entities (RAEs) rules, regulation and reimbursement is a must. Your team must have the capacity to ensure maximum reimbursement for services provided and assist uninsured patients in enrolling in Medicaid or other insurance plans if they are eligible. For more information, go [here](#).
- **Uninsured and self-pay** – grant funding typically covers or subsidizes the cost of providing services to uninsured.

## Sustainable Business Practice:

- Enable each staff member to work at the top of their licensure or job description:
  - Assign providers adequate clinical time for patient care and necessary non-clinical time for other responsibilities as required (i.e., meetings, outreach, and administration). Do not include non-clinical hours when calculating efficiency and productivity.
  - Conduct an analysis of the activities that providers engage in from the time the patient arrives until the patient leaves the SBHC; identify which of their activities are non-clinical and could be reassigned to other staff members.
  - Reassign any non-clinical provider activities (e., registration, health history, vital signs, etc.) to other team members (clinical and administrative support staff). This will allow other them to perform at the top of their licenses and job

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descriptions.

- Prepare ahead of time for next day's appointments. This allows time to verify current consent and insurance status and assess the need for completion of national best practices for SBHCs: well care visit and risk assessment, BMI, annual depression, and Chlamydia screenings.

Implement effective appointment systems:

- Develop scheduling protocols for walk-in and scheduled appointments.
- Simplify scheduling by offering two types of visits to reduce wait times and unused visits: a short 20-minute visit for established patients with acute needs and a long 40-minute visit for new patients, well care visits, complicated health histories, or patients whose primary language is not English.
- Determine how many visit slots you need to have available for walk-in visits.
- Add appointment slots during non-school hours, if possible, to generate more visits, encourage family participation, and reduce the time students are out of class.
  - Consider the use of telehealth for appointments outside of regular hours.
- Limit the number of appointments booked more than two weeks ahead to minimize no-shows for appropriate appointment types.
- Implement system for administrative support staff to notify students/teachers when the SBHC is ready for them to proceed to clinic. This minimizes time out of class and unnecessary waiting.
- Use text messaging to have patients confirm or reschedule their appointments.

**Tips to achieve a sustainable business practice:**

- Ensure utilization – develop and sustain a strong school partnership, strong student and family engagement, and high awareness of SBHC services.
- Ensure reimbursement – consistent and systematic utilization of consent, insurance status verification, proper coding/billing and collections.
- Achieve efficiency – support your team to work at the top of their licensure/job description and use paneling – win/win for all and a good quality standard.

[Sustainability Self-Assessment Tool](#)

Source: <https://tools.sbh4all.org/s/sustainable-business-practices/efficiency/>

**Tools for SBHC Sustainability**

[Key business plan components presentation](#)

[Key business plan components](#)

[Business plan template](#)

[Billing & Coding Training – 2020 presentation](#)

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## **Market Analysis**

### **What is a Market Analysis?**

A market analysis is an important component of a business plan and is one of the first steps undertaken to inform planning activities when considering a SBHC. The main goal of the market analysis is to define the target market to whom services will be provided. For SBHCs, the target market often begins with children and adolescents who will have access to the SBHC services within the school or school district. Parents must be considered when doing a market analysis as they have great influence on their children's choice for health care services. For non-confidential services and well-checks, they will ultimately decide if their children will use the SBHC.

The market analysis also assesses the specific behaviors and needs of the target market and the extent to which these needs are being met. The needs of the target market and the extent to which the needs are being met vary from community to community and can be determined by doing a needs assessment.

### **What Should a Market Analysis Include?**

In the context of planning a SBHC, the primary "market" often begins with children and adolescents within the school or the school district. A market analysis should provide a description of the following:

- Geographic boundaries and characteristics of the community, school district and/or service area.
- Schools within the district, their student body size, student profiles (including percent of students enrolled in the free and reduced-price lunch program) and proximity to each other.
- Social determinants of health (SDoH), including socioeconomic characteristics and demographics of the population, education, income, ethnicity, language(s) spoken, religion, and other cultural factors.
- Major industries and employers and unemployment rates.
- Market trends, such as population shifts or economic situations, that may occur and impact the target population.
- Major health and behavioral health care providers and programs within the boundaries of the identified service area providing the same or similar services.
- Existing school nurse, school counseling, and other school health services.
- Major decision-makers or those who have authority to accept or reject the plan.

### **Target Market**

The market analysis determines the best location for the SBHC. The primary market for SBHC services often begins with children and adolescents within the school or school district. SBHCs serve only the students enrolled in the host school. Other SBHCs also serve students enrolled in designated feeder schools. Some SBHCs also may choose to provide services to the siblings and/or children of school staff. As telehealth becomes more common, SBHCs are looking at how to use hub and spoke models to reach students in schools further away from the school campus on which the SBHC is located. This is important to keep in mind as you assess market size and utilization.

Every SBHC should define how they serve their community's needs. SBHCs have been adapting to the needs of the communities and their own sustainability needs, and some have decided to provide limited services to school staff, faculty, and other community members, in addition to their student populations. SBHCs have a pediatric/adolescent focus that aims to improve the health and academic success of children. When defining the target

market, SBHCs should consider the needs of staff to have providers qualified to treat both children and adults, as well as the security and confidentiality considerations when opening a SBHC up to adult community members. While it is an option to provide services to adult populations, the core of the work should always be pediatric and adolescent focused.

### **Assessing Market Size and Utilization**

As part of the market analysis, it is important to consider whether market size and anticipated utilization will be sufficient to be cost effective. There are several factors that influence utilization.

- **Student Body Size and Users-** To be cost-effective, a minimum number of students in the target population must be using the services. Nationally, the average student body enrollment rate (students who registered with the SBHC and had a consent form on file) was 64 percent of the target population, and the average SBHC utilization rate was 84 percent of enrollees.<sup>12</sup> The School-Based Health Alliance (SBHA) suggests that there be a minimum of 600 users per SBHC staffed with one primary care provider.
- **Average Utilization of Users -** During the 2019-2020 school year, Colorado SBHC student users made an average of three visits with a range of two to five visits.<sup>13</sup> Higher utilization may result depending on the availability of daily behavioral health services.

Age is also a factor in SBHC utilization. Adolescents are known to avoid or delay seeking needed services in traditional settings. Twenty percent of insured adolescents in one study went without care that they thought they needed.<sup>14</sup> SBHCs have been found to be an effective way to reach the adolescent population and meet their needs. The availability of both on-site medical and behavioral health services offered by SBHCs addresses the adolescent's needs for care in a way that few traditional providers can duplicate. SBHCs have been shown to eliminate many of the barriers to adolescents accessing health care.<sup>15</sup> Telehealth offers new opportunities for all reaching potential SBHCs users at all ages, as it can enable parents to attend visits without having to physically make it to the SBHC and eliminating the need for staff to escort a young child to the clinic. It allows adolescents to access care from their own devices or through a designated space at their school.

### **Identifying the Major Decisionmakers**

The market analysis should also identify the major decision makers who have the authority to choose or reject the plan. In the case of SBHCs, decision makers include school board members, the superintendent, and the principal of the host school, as well as the director or chief executive officer of the licensed medical provider (see Chapter 4). Involving the decision makers and other key community members early in the planning process, as described in Chapter 2, is an effective strategy for identifying concerns early and fostering support.

## **Needs Assessment**

### **What is a Needs Assessment?**

A needs assessment is a tool to determine the needs and priorities of the target market as well as the best methods for addressing those needs. Needs assessments can include surveys, focus groups, interviews with community leaders, or other strategies developed to gather information. In conducting such an assessment, it is important to identify community assets, as well as service gaps that may exist in the community's healthcare delivery system. It is also important that the needs assessment gather information about the ways the community's

culture and history influence people's views about health care. For example, to what degree are the members of the community in favor of youth receiving services in their schools? How might those beliefs influence people's willingness to use the SBHC? Needs assessments answer questions about the type of services the health center should offer and how to structure those services, so they fill gaps that are experienced by the target population.

### **What One Can Learn from a Needs Assessment**

It is important for planners to identify the questions they hope to answer through a needs assessment. The CDPHE SBHC Program provides this [Needs Assessment Template for Planning and/or Operating SBHCs](#) (Appendix G). SBHCs in the process of planning a site can use this template as guidance.

Common questions that needs assessments help answer are listed below.

- What are the specific health problems the community faces?
- What do the students voice as their biggest health problems and/or concerns?
- What kinds of services would address the identified needs?
- What community and school health resources already exist?
- Which health facilities are used most and why?
- Are there services in the community that could meet these needs that are not being utilized and why are they not being utilized?
- Is the community satisfied with the current set of services?
- How well are services coordinated? How might coordination of services be improved?
- What service gaps exist?
- What are the barriers students and families experience in accessing the services they need, such as hours of operation, transportation, language, or available appointment times?
- In what ways do language, race, and culture influence people's views about the health care system in the community? How would one go about building trust?
- Would the SBHC services be utilized by the target population?
- Would the SBHC or another service model be best suited to meet student needs?
- What are the potential challenges for sustaining a SBHC? Is there parental support and public will?

### **Strategies for Answering Needs Assessment Questions**

There are many ways to answer the questions listed above. Different needs assessment strategies will have to be used to get all the answers. This section presents four approaches to collecting information.

#### **Existing Data**

Existing data should be gathered before collecting new data to avoid duplicating the effort of other agencies and wasting resources. Data concerning the health and well-being of the community will help determine the students' health care needs. It will also prove helpful later when writing grant proposals.

The following table lists useful online resources.

Data Source	What it Contains	URL
U.S. Census Bureau American Fact Finder	Community level population, housing, economic, and geographic data	<a href="https://data.census.gov/cedsci/">https://data.census.gov/cedsci/</a>
State of the Cities Data System	Data for individual metropolitan areas, central cities, and suburbs	<a href="http://socds.huduser.org">http://socds.huduser.org</a>
Colorado Department of Local Affairs, State Demography Office	Population and demographic information that serves as a resource to state and local organizations in program planning	<a href="https://demography.dola.colorado.gov/">https://demography.dola.colorado.gov/</a>
CDPHE - Colorado Health Information Dataset (CoHID)	Tool for users to access data on health status by neighborhood, community, county, or region in Colorado	<a href="https://cdphe.colorado.gov/cohid">https://cdphe.colorado.gov/cohid</a>
Colorado Department of Human Services - Alcohol and Drug Abuse Division	Resource on substance abuse prevention, treatment, and recovery services in Colorado	<a href="https://cdhs.colorado.gov/behavioral-health/substance-use-prevention-early-intervention">https://cdhs.colorado.gov/behavioral-health/substance-use-prevention-early-intervention</a>
Colorado Health Institute	State and county level health-related information, including: access to care, health care costs, delivery systems, health indicators, workforce, etc. Report on SBHC opportunities and database specific to SBHCs.	<a href="http://coloradohealthinstitute.org">http://coloradohealthinstitute.org</a> ; <a href="https://www.coloradohealthinstitute.org/research/school-based-health-care-opportunities">https://www.coloradohealthinstitute.org/research/school-based-health-care-opportunities</a>
Colorado Rural Health Center	Information and resources for rural communities to assure adequate access to health care	<a href="http://coruralhealth.org">http://coruralhealth.org</a>
Colorado Children's Campaign - Kids Count	State and county data relevant to the health status of children, including: vulnerable families, family economics, education, and maternal and child health indicators	<a href="http://coloradokids.org/facts/kids_count.html">http://coloradokids.org/facts/kids_count.html</a>
Colorado Department of Education	School accountability reports academic performance indicators by school district and individual school, as well as school safety and discipline records, free and reduced-price lunch eligibility, etc.	<a href="https://cde.state.co.us/accountability">https://cde.state.co.us/accountability</a>
	Colorado education statistics, district and school level	<a href="http://cde.state.co.us/index_stats.htm">http://cde.state.co.us/index_stats.htm</a>
Colorado Bureau of Investigation	Data on crimes and arrests reported by local law enforcement agencies	<a href="https://cbi.colorado.gov/">https://cbi.colorado.gov/</a>

Colorado General Assembly	Information on health care issues and programs, listings of major legislation, committee members who sit on health and education committees	<a href="http://leg.colorado.gov/">http://leg.colorado.gov/</a>
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In addition, check the websites of the local public health department, social service agency, and school district for valuable information. Existing data may come from a variety of sources, including the following:<sup>16</sup>

- **School District Offices**- school nurse records, including immunization rates, number of students with asthma, disabilities, and other chronic conditions.
- **Local Chamber of Commerce**- information on industries and major employers in the community.
- **Local Journals and Newspapers**- articles pertaining to local health concerns and existing programs.
- **Student Survey Data**- local and state agencies may conduct assessments of health risk behaviors of students, such as tobacco, alcohol, and drug use, as well as mental health concerns. School principals know what surveys have been conducted and what local data is available for review.

### Focus Groups

In addition to collecting statistical data about the community, it is important to gather information about the community members' needs and wants. A focus group is one strategy for collecting that information. A focus group is a meeting of about ten people during which a moderator asks questions about a particular topic. It can be an effective way to gather feedback quickly, but the results reflect only the opinion of the people present. It is an excellent precursor to a survey because it can help refine survey questions and topics. It is also an effective way to collect information about cultural values and concerns. Frequently, subtle types of information will come out more readily in a focus group than in the more traditional forms of gathering data for a needs assessment, such as surveys.

Depending on the funds available to conduct a needs assessment, a consultant who specializes in planning and facilitating focus groups can be hired, or planners may conduct one on their own. The simplest way to conduct one is to start by brainstorming a set of open-ended questions on the topic for which feedback is wanted and determine which group of stakeholders you want to provide feedback on this topic. Next, schedule group meetings of students, community leaders, policymakers, or whoever's feedback is desired. For example, if the goal is reaching out to the community in general, include adults who reflect the ethnicities, lifestyles, and economic backgrounds of the community. Once a group has been convened, ask questions and give everyone a chance to speak. Make sure to assign someone to take notes or record the meeting. [Sample of Youth Focus groups](#) in Appendix H.

### Key Informant Interviews

Interviewing key formal and informal leaders in the community is an effective way to gather information on available school and community resources, programs, and gaps in services. It also provides an opportunity to discuss SBHC services and gain the support of these leaders. Leaders might include directors of the local health, probation, and social service agencies; representatives from local foundations; major employers in the area; heads of youth-serving agencies; religious leaders; local health and mental health providers; community organization representatives, including parent-teacher associations; and school nurses and counselors.

## **Community Surveys**

A survey can be a highly effective tool. Surveys of parents, students, school staff, and community members provide information about the perceived health needs of students from a variety of perspectives. An outside consultant can be hired to design, disseminate, and evaluate the survey, or planners can manage one on their own – CASBHC is able to provide [these services](#). The survey can be as simple as a brief questionnaire asking people to rank their top priorities for a new SBHC. Depending on the issue and audience, a more complex survey can also be developed with detailed policy questions (for sample parent, student, and teacher/school staff surveys for assessing student and school health needs see [CDPHE website](#)). The following samples were developed for the SBHC-SBIRT program: [Sample parent/guardian experience surveys](#) and [sample user experience survey in Spanish](#) are here and included in Appendices I and J.

## **Utilizing Results**

Once all the data for the needs assessment are collected and a preliminary analysis has been completed, it is important to summarize it in written and presentation forms so it can be shared with stakeholders. This provides the opportunity to get the “go-ahead” to establish a new SBHC, to clarify plans for implementation, to build enthusiasm among stakeholders, to cement cooperation from partner agencies, and to identify next steps. The general conclusions from the needs assessment may also be appropriate to share with the community-at-large to build awareness and support.

# Chapter 4: Business Plan – Governance and Management Structure

As discussed in Chapter 3, a good business plan includes the following elements: market analysis with needs assessment, management structure, operations plan, marketing strategy, and financials. The market analysis was reviewed in Chapter 3. The management structure is detailed in this chapter.

## **Governance and Management Structure**

A SBHC is a partnership between, at a minimum, a medical sponsor and a school district. The SBHC's medical sponsor is responsible for the clinical operations of the SBHC. Most often, the medical sponsor is a health care organization in the community. Other organizations, such as a mental health agency or a dental clinic, may be included in the partnership. The ability to provide integrated services is an important consideration when selecting partner organizations.

Determining which partnering organization, the medical sponsor or the school, takes the lead role and becomes the SBHC's "lead sponsoring agency" is one of the first decisions the Community Advisory Committee (CAC) should make. The lead sponsoring agency takes responsibility for general operations of the SBHC, coordinates the activities of all partners, and acts as fiscal agent.

The governance and management structure defines the relationship between the lead sponsoring agency and other partners. It also includes a staffing plan. Determining the governance and management structure is critical to success. Funders want to be assured that the sponsoring agency is knowledgeable and experienced, that staffing levels will be appropriate, and that the staff will be qualified to provide the services.

## **Role of Lead Sponsoring Agency and development of MOA**

The lead sponsoring agency is most commonly the community health care organization serving as the SBHC's medical sponsor. In some cases, the school district takes on the role of lead sponsoring agency instead. No matter which organization takes the lead, it is necessary to spell out the responsibilities of each party in a Memorandum of Agreement (MOA). While the lead sponsoring agency is responsible for general operations of the health center, the MOA should clarify issues, such as who employs which SBHC staff, how SBHC program data is collected and reported and how program decisions are made, who handles SBHC finances, and how each organization will navigate compliance for HIPAA and FERPA regulations. The MOA should spell out the medical sponsor's clinical duties including ownership of medical records, maintenance of professional liability (malpractice) insurance, and medical oversight Appendix K provides [MOA Samples for School District and Medical Providers](#).

Additionally, the MOA should address any in-kind services, shared space and resource usage (such as meeting rooms, copiers, etc.) and SBHC program communications and promotion responsibilities. Additional elements might include the role of SBHC staff in school policies and procedures, student engagement with SBHC, and any reporting requirements.

Below is a list of common allocations of responsibilities. This list assumes the medical

sponsor is also acting as the lead sponsoring agency and employing all SBHC staff. There are additional complexities to consider in the breakdown of responsibilities if the school district operates as the lead sponsoring agency rather than the medical sponsor taking on that role.

### **SBHC Lead Sponsoring Agency**

The SBHC lead sponsoring agency is typically a health care organization that is also the fiscal agent. Responsibilities include, but are not limited to:

- Outfitting SBHC space with equipment, furniture, supplies, and materials to provide services.
- Establishing MOU/MOAs with community partners.
- Hiring, supervising, and training SBHC staff.
- Ensuring that staff are credentialed.
- Providing professional liability coverage for SBHC providers and staff.
- Deciding how billing revenues will be used and reported.
- Contracting with Medicaid and commercial carriers and billing for services.
- Following state and federal health regulations governing medical record-keeping, lab testing, patient confidentiality, and pharmaceuticals.
- Collecting data on clinical encounters and reporting to funders and the school district.
- HIPAA compliant process for obtaining permission to release relevant patient information to the school.
- Ensuring regular communication between school and SBHC.

### **School District Responsibilities**

School district responsibilities include, but are not limited to:

- Provision of physical space for the SBHC, who will clean it, and how utilities will be paid (most often rent, custodial services, and utilities for the clinic are provided as “in-kind” services to the SBHC by the school).
- Provision of liability insurance to cover the SBHC space is most often provided by the school district.
- Orientation of SBHC staff to school policies and procedures in which the SBHC might be included.
- Inclusion of SBHC space, staff, and patients in school safety protocols.
- Communicating with school staff, students, parents and community stakeholders about the SBHC.
- Marketing the SBHC and media relations such as inclusion in school communications.
- Ensuring regular communication between school staff, including the principal or his/her designee, and SBHC staff.
- Establishing school procedures to students to access the SBHC during the school day.
- FERPA compliant process for obtaining permissions to release student information to SBHC.

During the planning stage, the functions listed below should be discussed between the medical sponsor and the school district and primary responsibility determined.

- Securing funding for the SBHC operations and any capital construction costs.
- Determining the layout of the SBHC facility.
- Remodeling or building the SBHC facility.
  - If the SBHC will be in a new exterior structure on school grounds, the school should secure any funding for its construction and retain ownership of that building.
  - Equipment (exam tables, vaccine storage, desks, etc.) are typically purchased by the medical sponsor and are the property thereof.

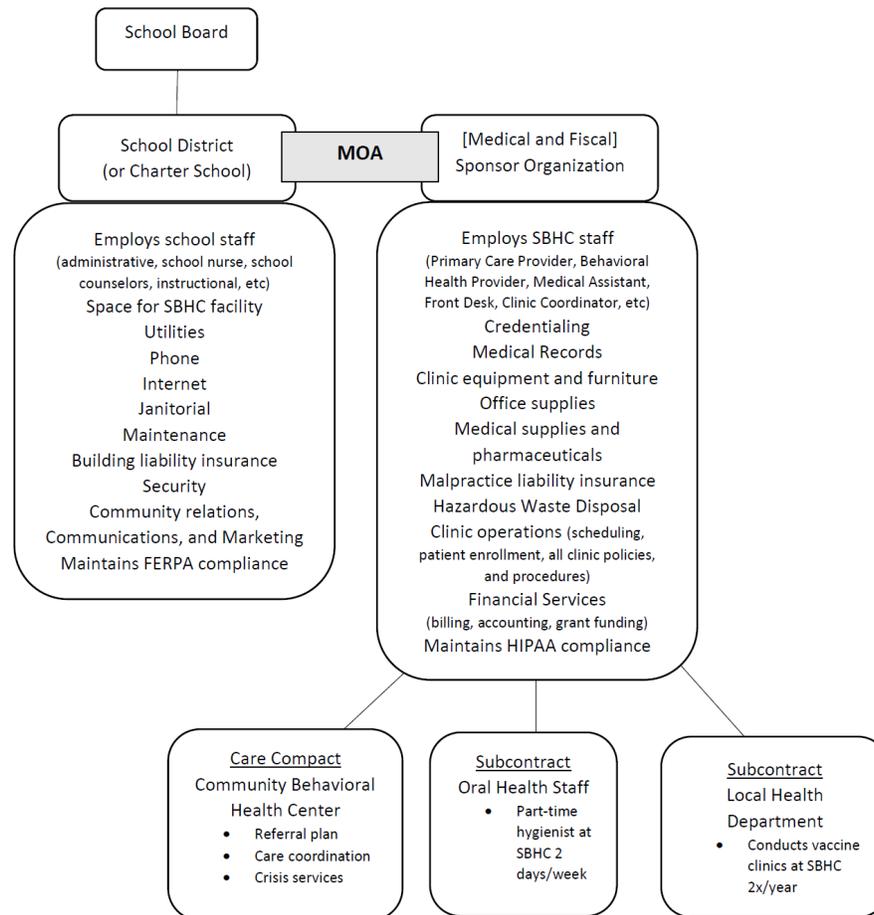
- Establishing/coordinating the CAC and hosting space for those meetings.
- Establishing MOU/MOAs with community partners.
- Hiring, supervising, and training SBHC staff.
- Orienting SBHC staff about school policies and other policies such as crisis response in which the SBHC might be included.
- Communicating with school staff, students, parents, and community stakeholders about the SBHC
- Marketing the SBHC and media relations.
- Ensuring regular communication between school staff, including the principal or his/her designee, and SBHC staff.

### **Subcontractors/Partners in Delivering Care**

In addition to the services provided by the school district and licensed medical provider organization, the SBHC may decide to partner with other organizations to provide certain services or programs. Care compacts and additional MOUs are common methods for formalizing these partnerships. For example, the sponsoring agency may decide to contract with a dental organization to provide oral health services rather than hire these providers directly. Lines of authority, roles, responsibilities, record sharing, and plans for formal communication between providers need to be clearly detailed in these contracts with other agencies. When considering what services to contract verses those to hire for in-house, consider what level of integration is possible in each arrangement.

### **Sample Management Structure for SBHC Operation**

[This structure](#) shows the typical operational distribution. Structure also available in Appendix L.



## Types of Medical Sponsors

### Federally Qualified Health Centers

Federally qualified health centers (FQHCs) are public or private non-profit entities recognized by the U.S. Health Resources and Services Administration (HRSA) as community-based and patient-driven organizations that provide primary care and other services to people in medically underserved areas. (Additional information about FQHCs can be found at: <https://bphc.hrsa.gov/>). Their services must be available to all residents in their service area, regardless of their ability to pay, and must meet other administrative, clinical, and financial requirements as mandated and regulated by HRSA's Bureau of Primary Health Care (BPHC).

The law defining this program is Section 330 of the Public Health Service Act and therefore sometimes FQHCs are described as "Section 330" organizations. FQHCs include three types of clinics:<sup>17</sup>

- Health centers funded under Section 330, such as Community Health Centers (CHCs), Migrant Health Centers, Health Care for the Homeless Health Centers, and Public Housing Primary Care Centers.
- FQHC "Look-Alikes" that have been identified by HRSA and certified by Centers for Medicare and Medicaid Services (CMS) as meeting the definition of health center under Section 330 but do not receive grant funding under Section 330.
- Outpatient health programs operated by tribal organizations.

FQHCs can provide billing and staffing infrastructure and are reimbursed for the services they provide to Medicaid enrollees at their actual cost for providing those services.

## **Rural Health Clinics**

Rural health clinics (RHCs) are federally designated clinics located in rural, underserved areas. The law defining this program is the Rural Health Clinics Act (P.L. 95-210) that was signed into law in 1977. RHCs and FQHCs differ in eligibility criteria, governance structure, management requirements, and scope of services among other things. The Colorado Rural Health Center serves as the State Office of Rural Health for Colorado (<http://www.coruralhealth.org/>). Like FQHCs, RHCs receive cost-based reimbursement from Medicaid.

## **Community-Funded Safety Net Clinics**

Community-funded safety net clinics (CSNCs) provide primary care services to low-income, uninsured, and underinsured Coloradoans. Like FQHCs and RHCs, CSNCs are part of the health care safety net in Colorado. Unlike FQHCs and RHCs, they are not eligible for enhanced reimbursement rates under Medicare and Medicaid. They are funded by private and public grants, patient revenues, and contributions. Colorado Safety Net Collaborative is the state advocacy organization for CSNCs and RHCs in Colorado (<https://www.cosafetynet.org/>).

## **Hospitals**

Local hospitals that provide outpatient services generally have the necessary billing and staffing infrastructure to sponsor an SBHC. In addition, many hospitals regard SBHCs as an important part of their community service and outreach efforts and as a strategy for reducing unnecessary emergency department visits and hospitalizations through the provision of timely, accessible, primary and preventive health care.

## **Universities/Provider Training Programs**

Universities with affiliated training programs for physicians, nurse practitioners, and physician assistants can serve as SBHC sponsors. This is usually a mutually beneficial arrangement as SBHCs can serve as valuable community-based clinical sites for their students.

## **Physician or Physician Group**

This approach to SBHC sponsorship is most likely to occur in small communities where few if any non-profit health agencies exist. Under this structure, the doctor's practice hires and supervises the SBHC's practitioner(s) and provides insurance billing.

## **Local Public Health Department**

Local public health departments have sponsored SBHCs in other states although no local public health agency currently sponsors an SBHC in Colorado. In most Colorado communities, public health agencies have moved away from providing direct health care. However, public health departments make good community partners because they have relationships with many local agencies that provide health and human services, and an understanding of the community and its health needs.

## **Staffing Requirements**

### **Typical Staffing**

When deciding on a SBHC's staffing configuration and the number of administrative and provider hours, planners should take into consideration the size of the host school and the total target population of students in feeder schools with access to the SBHC (if any).

The Health Resources and Services Administration found that demand for primary care services is a function of age, gender, and geographic location (urban versus rural). Several other studies have been done to identify the number of primary care providers needed for a given population based on practice type (fee-for-service versus health maintenance organization), patient mix, and insurance status. These studies are often considered by health entities when determining the

size of patient panels and clinic staffing needs.<sup>18</sup>

Clinical providers of primary physical and mental health care need to be licensed and/or supervised in accordance with discipline-specific requirements published by the Colorado Department of Regulatory Agencies. Ideally, SBHC staff members should reflect the racial and ethnic diversity of the community, and at least one staff member should speak the predominant language of the target population.

## ***Job Descriptions***

### **SBHC Coordinator**

The coordinator of a SBHC is the lead administrator. This person is responsible for overseeing operational procedures, including preparation of the annual budget, purchasing, supervision of staff, grant writing, and continuous quality improvement. The coordinator is also responsible for maintaining a good relationship with the school and community and advocating for the SBHC. This role of community and school liaison includes communication and coordination of services with the sponsoring agency, managing the Community Advisory Committee, ensuring that SBHC services are delivered in culturally appropriate ways, and communicating with school administration, faculty, and staff. Duties may also include periodically conducting a needs assessment, ensuring coordination of health promotion activities, overseeing organization of health fairs and risk reduction activities such as tobacco cessation, suicide awareness, physical activity, and nutrition.

### **Physician Medical Director**

The medical director is a physician who may or may not work at the SBHC but who provides clinical oversight to the SBHC and medical consultation to mid-level providers.

### **Primary Care Provider - Nurse Practitioner/Physician Assistant/Physician**

The licensed primary care provider provides a full range of primary and preventive medical services for patients at the SBHC. The scope of services provided must be congruent with her/his training and licensure. The primary care provider may also be involved with school-wide or classroom-based health promotion activities.

### **Behavioral Health Provider**

Behavioral health providers (BHP) in SBHCs support students by providing brief interventions to respond to health needs including physical health, risky behaviors, substance use, relational problems, stress, and mental health concerns. The BHP is typically a licensed clinical social worker or licensed professional counselor qualified to provide psychotherapy. A candidate for licensure can also fill this role if supervision by an appropriately licensed staff is available.

Increasingly, primary care settings are including a BHP employed by the same organization as their primary care staff to allow for increased integrative services and the ability to document in the same EHR and bill under the same umbrella.

### **Support Staff Position**

The title and duties of this position vary across SBHCs. This position supports SBHC operation and providers. This position performs such functions as answering phones, making appointments, following up on non-respondents (no-shows), taking inventory, ordering supplies, recording health information, and entering data into the computer. This individual might also support insurance claims and generate utilization and outcome reports for the SBHC program.

If this position is filled with a certified medical assistant, they may also assist the primary care

provider by performing health screenings, taking vital signs, and providing first aid to patients with minor injuries.

### **Additional Staffing Options**

Depending on the SBHC's resources, it may be able to include the following types of additional staff members, often on a part-time or contract basis:

- Outreach and enrollment technician to assist families with the Medicaid application.
- Health educator for student, school, and community education and outreach.
- Psychiatrist for oversight and consultation of medication management for behavioral health conditions.
- Addiction counselor for youth with identified substance misuse concerns.
- Dietitian to provide clinical assessment, education, and counseling for students and families.
- Dental hygienist to provide oral health education, screenings, and prophylaxis (i.e., fluoride and sealants).
- Case manager or patient navigator to link students to school, community, and social services agencies that support their academic, health, and social needs.
- Staff to provide and/or support youth development services such as mentoring, youth advocacy training, peer education, and youth conferences.

## **School Health Personnel**

### **School Nurses**

School nurses are employed or contracted by the school district, not the SBHC. They are vitally important to comprehensive health care for students, and their partnership is highly valued by SBHC staff. Their work is defined in part by federal statute and state regulations and includes conducting vision, hearing, and other screenings. They provide counseling regarding health-related matters and make referrals as needed. School nurses also conduct follow-up care and monitor students with chronic conditions and special needs, including staff training and delegation. They are also responsible for the related services provided in the Individualized Education Program (IEP) and 504 plans for students with disabilities. In addition, school nurses administer medications and often track immunization records. School nurses do not provide primary care but can bill Medicaid under the Medicaid School Health Services Program.

The school nurse/SBHC partnership focuses on increasing compliance with treatment plans, facilitating access to care, monitoring outcomes of care, assessing care needs, and providing case management. Schools may choose to have the school nurse's office within the SBHC facility to enhance collaboration for comprehensive care of the students. Unlike SBHC practitioners, school nurses do not have prescriptive authority. Recent pilot programs are exploring the possibility of using telehealth to connect school nurses to SBHC providers for virtual visits that would allow the SBHC provider to provide an order for the school nurse to distribute and OTC medication. As telehealth becomes more common in schools, nurses are likely to take on the role of health technician to support the visit between the student and the virtual provider.

In 2021, the National Association of School Nurses, SBHA, and the American School Health Association, School Nurse Section issued a [joint statement](#) on the school nurse/SBHC partnership (see Appendix E).

### **School Counselors/Psychologists/Social Workers**

Like school nurses, counselors, psychologists, and social workers are employed or contracted by the school district. They too work in partnership with SBHC staff. The school counselor at

the high school level, among many duties, provides academic skills support and planning as well as career counseling and sometimes 504 management. The school psychologist assesses learning disorders and is also responsible for the documentation of IEPs and often 504. The school social worker duties vary from school to school. They may address student welfare, family, and discipline issues. Because of the contact with students and parents, the school counselors, psychologists, and social workers are often the first to become aware of behavioral health problems and serve as an important source of referrals to the SBHC. They can also be a support to refer students to when the SBHC is looking for resources.

### **Communication between SBHC Staff and School Personnel**

SBHC staff work in partnership with school personnel, including the school nurses, counselors, school psychologists, school social workers, classroom teachers, coaches, principals, and physical, speech and occupational therapists, to provide a continuum of care for students. SBHC staff do not replace any school personnel, but rather, they complement services already being provided by placing additional resources in the schools. SBHC staff function as an integral component of a school's comprehensive health program. It is vital that the SBHC and school staff communicate regularly to optimize services.

Some SBHCs and their host schools have developed an interdisciplinary team consisting of SBHC staff and school staff that meets on a regular basis throughout the school year to collaborate on students' needs. These collaborations are highly encouraged so long as both entities ensure HIPAA and FERPA requirements are met.

The Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) refer to two federal laws that impact the sharing of confidential health information and education records. SBHCs are subject to HIPAA regulations while school personnel are subject to FERPA (see Chapter 5 and Appendix G). Attention to age of consent is important when patients and parents sign releases of information to share protected information.

## Chapter 5: Business Plan – Operations

The operations plan describes how the SBHC will be run and includes the physical set-up. Many SBHC planners find it helpful to visit an operational SBHC in the area to tour the facility and observe the operation of the center. Operational aspects of an SBHC business plan include location, floor plan; furniture and equipment; medical record keeping, third-party billing systems, and other information technology; hours of operation; patient confidentiality, consent, and enrollment; service delivery, including laboratory and pharmaceutical services; and standards of care. The business plan financial pro forma, which includes the projected income statement, will be discussed in Chapter 6.

### Location and Facilities

SBHCs can be located either in the school building or in a separate building on the school campus. By Colorado law, a SBHC is “a clinic established and operated within a public school building, including charter schools and state sanctioned GED programs associated with a school district, or on public school property.”<sup>19</sup> The SBHC occupies dedicated space used exclusively for the provision of SBHC services.

#### In the School Building

The SBHC should be located where it will be visible and easy to find by students and parents. The ideal arrangement is co-location with the school nurse, school mental health staff, and other student support services. An entry door that provides direct access to the space from outside the school building is highly encouraged as it allows the SBHC to remain open in summer months and other times when the remainder of the school is closed.

#### In a Separate Building or Unit on Campus

Another option for a SBHC is to place it in a standalone building such as a stationary trailer, a brick-and-mortar building on school grounds, or a mobile unit parked in the parking lot of the school. This decreases opportunities for colocation with school health staff though increases options for clinic space. There are companies that design, construct, and install modular clinic space. However, water, electricity, and sewer hookups must be available.

#### SBHC Floor Plan

The physical space must be adequate to accommodate staff, provide patients with verbal and physical privacy, and to allow for ease in performing necessary clerical, laboratory, and clinical activities. It is important to consider [trauma-informed design](#) concepts in the floor plan and furnishing of the clinic.

At a minimum, the SBHC should include a waiting/reception room, one or more exam rooms with a sink, a counseling room, a space large enough for group counseling and advisory meetings, bathroom, office/clerical area, secure medication storage area, designated lab space, secure medical records storage area, private telephone and fax lines, and internet access/data connection. A room for telehealth equipment and visits may also be beneficial. The Colorado Department of Public Health and Environment has detailed the facility requirements for SBHCs receiving state funding in their Quality Standards for Colorado School-Based Health Centers.<sup>35</sup> [Sample floor plans](#) can be found in Appendix N.

#### Telehealth Extensions

SBHCs are increasingly looking at telehealth opportunities to expand the reach and accessibility of their services to schools off the campus where their brick-and-mortar clinic resides. Using a hub and spoke model of telehealth, in which the physical building the SBHC is in is the hub and telehealth units in schools off the host-school campus are spokes requires a designated space for SBHC services in spoke sites. This space must provide patient

confidentiality, have appropriate hook-ups for technology, and enough room to accommodate a patient, a health technician, equipment, and supplies.

## **Furniture and Equipment**

SBHCs must have the necessary furniture and office and medical equipment to provide services and to operate efficiently. Medical equipment, such as scales and laboratory equipment, must be maintained and calibrated regularly as recommended by the manufacturer (see Chapter 6 for a listing of medical and office equipment typically needed to operate an SBHC). It is important to plan for telehealth equipment and space for its use as well. This includes thinking through technology at the SBHC and at telehealth spoke sites, which virtually connect SBHC services to students in other schools that do not have a brick-and-mortar SBHC on the school campus.

## **Medical Record Keeping and Information Technology**

SBHCs must maintain a medical record for each student seen in the SBHC. This is essential for quality care. The service data is used for billing purposes and quality improvement metrics. The medical record includes the patient's medical history and all services provided or ordered, including results of laboratory tests and imaging exams. There are many ethical and legal issues concerning the medical record, including third-party access and the appropriate handling, storage, and disposal of these records. It is important to be aware of HIPAA and FERPA differences in record requirements and for SBHCs to maintain HIPAA compliance. As part of this compliance, the medical sponsor is the owner of all SBHC patient records.

Most medical sponsors have an organizational electronic health records (EHR) system that is used throughout the organization's clinics. When selecting an EHR, consider the platform's ability to support integrated services such as behavioral health and oral health care both in documentation and billing. Other considerations include the EHR's ability to send text and phone notifications to patients, online patient portal access, and the ability of the EHR to interface with telehealth software.

## **Third-party Billing**

SBHCs should maximize revenue for services provided to insured patients by billing third-party payers. This requires obtaining a Medicaid and Child Health Plan *Plus* provider number and billing for services provided to enrollees. SBHCs should also seek reimbursement from commercial insurance companies and establish contracts with commercial payers when necessary. Federal Medicaid policy requires providers who bill Medicaid to also bill other responsible third parties. To do this, SBHCs must have a process in place for ascertaining student insurance information. Commonly, this information is requested on the parental consent form with an explanation to parents of SBHC billing practices.

In 2018, Health First Colorado (Colorado's Medicaid program) launched a new organizational structure comprised of seven Regional Accountability Entities (RAEs) tasked with managing the state's Medicaid services for both primary care and behavioral health. In addition to management claims reimbursement, RAEs provide training, case management opportunities, and incentive programs for practice transformation. More information on RAEs is available in [The Way of the RAEs](#) report by Colorado Health Institute.

Also in 2018, the Colorado Department of Health Care Policy and Financing (HCPF) began Medicaid reimbursement for up to 6 short-term behavioral health visits in a primary care setting, which are billed directly to the state Medicaid office rather than the patient's RAE. More information on this program is available on [HCPF's website](#). For behavioral health

services provided to Medicaid recipients beyond the sixth session, providers should contact RAEs for regional policies.

## **Hours of Operation**

Each SBHC operates differently, based on the needs of the student population it serves. In general, this means that a full-time SBHC may operate during school hours and provide access for a period before and/or after school. Some SBHCs are also open during the summer months. It is preferable that part-time centers are open each school day for a minimum of two hours to provide access to acute care. Parents and students should be informed of arrangements for referral and emergency care when the health center is closed through signage, printed materials, and the telephone answering machine. Use of telehealth to cover patient needs when the clinic building is closed is also an option to consider.

## **Patient Confidentiality, Consent, and Enrollment**

SBHCs require the parent or legal guardian to sign a consent form before their minor child may receive services in the SBHC (unless it is a service minors may consent for without prior parental or guardian permission). Once signed, the consent form becomes part of the child's medical record. Because of the variance in minor consent laws across services, some SBHCs use a consent form that is signed by both the patient and the parent, while others use a separate form for services provided with minor consent. Because SBHCs take the approach that the clinician, parents, and children should work together to resolve health problems, the staff promote strong family communication. Releases of Information (ROIs) are important to have in place to ensure legal communication. Educating school staff on how to secure ROIs for communication greatly aids this process. Consider distributing SBHC ROI forms to school staff such as school nurses, school counselors, and school administrations.

Below are links to information on pertinent state and federal confidentiality laws:

- [Colorado Minor Consent Laws](#)
- [HIPAA](#)
- [FERPA](#)
- [Legal Guide to School health Information and Data Sharing in CO](#)

## **Service Delivery**

### **Scope of Services**

SBHCs provide a full range of services, targeted to the health needs of children and adolescents as outlined in the first chapter of this manual. The comprehensive SBHC provides primary and preventive physical and behavioral health services and health education, as well as basic laboratory services and prescriptions. SBHCs also strive to provide preventive dental care, such as hygiene education, screening, fluoride varnishes (if indicated), and sealants. SBHCs refer students to needed services not available at the SBHC and provide appropriate follow-up. Services must be available to all students, regardless of their ability to pay.

The [Quality Standards for Colorado School-Based Health Centers](#) and the [Menu of Services](#) lists the scope of services that are required by CDPHE to be provided on-site or through direct referral in order to obtain state funding. Optional services are also listed. SBHCs are a community-driven initiative, and local communities decide what optional services their SBHCs will offer.

### **Integration of Services**

“Integrated school health services” means comprehensive, coordinated, continuous, and age-appropriate physical, behavioral, and oral health services, provided by a multidisciplinary

team to students while they are in school, using a process of care that includes direct delivery, co-management, and referral.

Service integration refers to the process of coordinating the delivery of all services provided to the patient. This includes the coordination of medical, dental, mental health, substance abuse, and community-based services. This is important to avoid overlap, unnecessary testing, contradictory treatment, and other inefficiencies. This assures that all providers are working together to meet the physical and emotional needs of the patient.

SBHC operate at various levels of collaboration and integration, with a goal of increasing integration as resources and capacity allows. The National Council for Well-being has more detailed information on the [Six Levels of Collaboration/Integration](#) and now hosts the [Center of Excellence for Integrated Health Solutions](#), which has many resources. The level of integration of primary care, behavioral health, and oral health care will impact and be impacted by staffing structure and medical records selections as well as billing protocols.

SBHCs are staffed by a multidisciplinary team and are well positioned to provide integrated services. SBHC staff work closely with each other, the school's nurses, psychologists, and counselors, as well as the student's primary care provider to coordinate services. Formal policies and procedures should be developed that outline communication methods for sharing information, including regular interdisciplinary team meetings and case conferencing, to assure integrated services.

SBHCs have the option of serving as the primary care provider or "medical home" for students. Colorado statute defines medical home as "an appropriately qualified medical specialty, developmental, therapeutic, or mental health care practice that verifiably ensures continuous, accessible, and comprehensive access to and coordination of community-based medical care, mental health care, oral health care, and related services for a child." In order to be certified as a Patient-Centered Medical Home, [certain criteria](#) must be met.

### **Laboratory Services**

Clinical Laboratory Improvement Amendments (CLIA) are a set of federal requirements that ensure quality laboratory testing. To perform laboratory tests in an SBHC, some form of CLIA certificate is needed. SBHCs most commonly obtain a certificate of waiver, which allows sites to perform only tests that have been designated as CLIA-waived. CLIA-waived tests include:

- Blood glucose
- Hemoglobin/hematocrit
- Urinalysis
- Urine pregnancy test
- Rapid strep screen
- Mononucleosis test

To perform certain microscopy procedures, such as wet mounts and potassium hydroxide (KOH) preparations, a CLIA certificate for provider-performed microscopy procedures (PPMP) is necessary. This certificate allows qualified providers to perform both waived testing and certain microscopic examinations during patients' visits.

To apply for either certificate, the SBHC must complete the [CLIA application \(Form CM-116\)](#). Instructions for completing the CLIA application begin on page 7. Completed CMS-116 CLIA applications or changes to existing information on a CLIA certificate may be faxed to 303-344-9965 or emailed to [jeff.groff@state.co.us](mailto:jeff.groff@state.co.us). For questions or assistance, please call 303-692-3029.

Additional information on CLIA-waived testing and certificates for PPMP, including a list of waived tests and PPM procedures, can be found at <http://www.cms.hhs.gov/clia/>.

For other lab tests that cannot be performed on-site, arrangements are made to have collected specimens sent to a qualified lab for analysis. The SBHC's medical sponsor may already have a contract in place with a lab that can be extended to the SBHC (see Chapter 4). The following are lab tests that are typically sent out for processing:

- Throat cultures
- Urine cultures
- Pap smears
- Chlamydia and gonorrhea tests
- Thyroid tests
- CDPHE performs Chlamydia, gonorrhea, and other sexually transmitted infection lab tests at an affordable price. They have a courier service that picks up at designated sites. A complete listing of lab tests run by CDPHE with prices can be found at <https://cdphe.colorado.gov/public-health-microbiology-lab>.

## **Pharmacy Services**

### **Written Prescriptions**

SBHC primary care providers (nurse practitioners and physician assistants) can write prescriptions that can be filled at local pharmacies.

### **Administration of Medications**

The administration of medications is defined in Colorado law as the “direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other method.”<sup>20</sup> SBHCs often administer over-the-counter and prescription medications to students in the SBHC. For example, Tylenol may be administered to a student for a headache, or a nebulizer treatment might be administered to a student with asthma. Vaccinations are also administered on-site (see below).

### **Dispensing of Medications**

In Colorado, dispense means to “interpret, evaluate, and implement a prescription drug order or chart order, including the preparation of a drug or device for a patient or patient’s agent in a suitable container appropriately labeled for subsequent administration to or use by a patient.”<sup>21</sup> To dispense prescription medications from a clinic, it is necessary to first submit an application to the Colorado Department of Regulatory Agencies (DORA) and be established as an “other outlet pharmacy.”

The most important part of establishing an “other outlet pharmacy” is to identify a licensed pharmacist to provide consultation and assist with the process. The pharmacist becomes largely responsible for the application to the Colorado Board of Pharmacy and overall operation of the SBHC pharmacy. The consultant pharmacist will be responsible for requesting an application, writing protocols, conducting annual compliance reviews and quarterly inspections, as well as documenting all actions carried out.

For further information regarding the “other outlet pharmacy” application process, visit <https://dpo.colorado.gov/Pharmacy/ApplicationsBusiness>.

### **Vaccinations and Vaccines for Children Program**

In general, SBHCs administer vaccinations on-site. SBHCs are encouraged to become Vaccines for Children (VFC) providers. If you choose to do this, consider vaccination storage, including back-up power needs and equipment purchasing stages. The VFC Program is a federally

funded program administered in each state by the state health department. Through the VFC program, government-purchased vaccine is available at no charge to enrolled health care providers for eligible children.

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccines: Medicaid-enrolled, uninsured, or American Indian or Alaskan Native. Underinsured children through 18 years of age are eligible to receive VFC vaccines at local health departments, federally qualified health centers or rural health clinics. Children whose health insurance covers only select vaccines or caps the vaccine cost at a certain limit are categorized as underinsured.

It is advantageous for SBHCs to become VFC providers because it reduces the cost of purchasing vaccine, allows the SBHC to provide all vaccines recommended by the Advisory Committee on Immunization Practice (ACIP), and saves patients the expense (and inconvenience) of getting school-mandated vaccines elsewhere. For more information on becoming a VFC provider, visit <https://cdphe.colorado.gov/prevention-and-wellness/disease-and-injury-prevention/immunization/health-care-professionals-1>.

### **Medicaid/Child Health Plan *Plus* (CHP+) Application Assistance**

SBHCs assist families of uninsured children and adolescents in applying for Medicaid and CHP+. CHP+ is low-cost health insurance for Colorado's uninsured children whose families earn too much to qualify for Medicaid and yet cannot afford private health insurance.

Often, families who have children eligible for Medicaid or CHP+ do not know they qualify, or they do not know how to sign up. SBHCs should consider having at least one staff member trained to help people apply for Medicaid and CHP+. To learn more about Medicaid and CHP+ application assistance, contact the local Department of Human Services. Contact information for each Colorado county can be found at <http://www.cdhs.state.co.us/servicebycounty.htm>.

## **Standards of Care**

### **Policies and Procedures Manual – Administrative and Clinical**

Every SBHC is different, but some elements – such as maintenance of basic equipment and credentialing medical providers – are similar across the board. The following table lists content areas for which policies and procedures are needed when operating an SBHC. Some have already been discussed. Most medical sponsors will already have policies and procedures in place that can be adopted for SBHC use (see Chapter 4). CDPHE publishes [Revised Quality Standards for Colorado School-Based Health Centers](#) where interested applicants can compare CDPHE and SBHA Core Competencies as they define the proper standards of care for their new SBHC. For Fiscal Year 2023-2027, see this [Quality Standards](#). Attachment P provides suggested content areas for [Policies & Procedures Manual](#).

### **Clinic Forms**

In addition to policies and procedures, SBHCs will need to develop a variety of forms for clinic use, including a consent form, referral form, encounter form, and create templates in the electronic medical records (EMR). Examples of consent forms can be found on CASBHC's website: <https://www.casbhc.org/operations>.

SBHCs are finding it increasingly helpful to utilize HIPAA compliant e-signature technology to allow for patients and parents to sign forms electronically.

## **Cultural Responsiveness**

Health care providers in the US are caring for an increasingly diverse patient population. There is concern that some health care providers offer services that do not take this diversity into consideration. However, a person's culture and background may impact their preferences for care (such as reproductive health and consent) and interactions with their health care provider. To manage a successful provider-patient relationship, it is essential to approach care with a cultural responsiveness lens.

Culture and language have considerable impact on how patients access and respond to health care services. The [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) offer a framework for improving health care quality and equity. No one can truly become competent in any culture but their own; however, health care providers have a responsibility to learn as much as they can about their patients' various cultures to increase awareness about how it may impact clinical interactions. Providers should commit to being humble and open to feedback from their patients and ensure they view their patients as individuals and not as a monolith but use the cultural awareness as a starting point for conversations in the clinic. For example, not all Latino/as are strictly practicing Catholics and do not support the use of contraceptives. Continuous improvement is the goal here in order to achieve high-quality and equitable health care.

Another important element of cultural responsiveness is language justice, which means the "the right everyone has to communicate in the language in which we feel most comfortable."<sup>22</sup>

By providing an environment where diverse languages are truly supported, there is a greater balance of power dynamics and higher quality of care for patients who speak languages other than English. Supporting language justice may look like: making sure you have your clinic communications materials in multiple languages spoken in the community (including the dialect spoken in the community) and appropriate translation resources are provided in the clinic. The number one preference is for the provider to speak the same language as the patient, and when that is not possible, having an interpreter in-person is the next best choice. From there, video interpreters are preferable than over-the-phone interpreters. Making sure the patient feels supported in understanding and communicating their needs and medical directions is critical. By adequately building a language-just environment, you build trust with the patient and can achieve high-quality and equitable care environments.

# Chapter 6: Business Plan -Financial Pro Forma & Sustainability

## What is a Financial Pro Forma?

Business plans typically include financial projection statements, also called a financial pro forma, which are developed for at least one year and up to five years of future operations. These statements are used to manage and report a business's financial operation.<sup>23</sup> A financial pro forma is developed to answer two questions:

1. What will this project cost for start-up and ongoing operations?
2. Is a SBHC in this school/community

sustainable over time? The pro forma includes the following:

- **Income Projection Statement** is like a budget. It is a financial document that estimates the gross income and expenses, and the resulting net gain or loss of the program over a specified period.
- **Monthly Cash-Flow Forecast** is a financial projection that demonstrates whether the money coming in will cover the money going out each month.

The financial pro forma is given serious review by funders. This chapter will first address the critical elements of long-term sustainability and then outline things to consider when developing the financial pro forma for a new SBHC program.

## Sustainability

Sustainability, in the case of SBHCs, is defined as the ability to maintain operation over time. SBHC sponsors are in the business of providing needed health services to children and adolescents in communities that have been experiencing high levels of harm and discrimination. In general, SBHCs do not generate sufficient revenue from billing for services rendered because a substantial proportion of the population served is uninsured and low-income. In 2019-2020, 16 percent of Colorado SBHC users were uninsured 11% of users' insurance status was unknown. Therefore, to finance their operations, SBHCs need support from sources other than insurance reimbursement. Tools such as the SBHA [SBHC Sustainability Self- Assessment Tool](#) are available for SBHCs to identify their strengths and areas of opportunity.

SBHCs should consider long-term sustainability when developing a business plan. Four critical elements to long-term sustainability include:

- Diversified funding (multiple sources of revenue)
- Stable and supportive leadership
- Strong community partnerships
- Medicaid and Child Health Plan *Plus* outreach and enrollment

## Diversified Funding

The funding mix for each SBHC in Colorado is different, due to the unique resources and needs in each community. Diversity of funding is central to long-term sustainability. Most SBHCs in Colorado are funded with three or more sources and over half are funded with five or more sources of revenue. Sources of revenue include federal, state, and local government dollars,

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private grants and donations, insurance billing, and in-kind support. The following is a list of potential funding sources for Colorado SBHCs

### **Federal Government Funds**

SBHCs that are sponsored by federally qualified health centers (FQHCs) may be eligible to receive support through Section 330 of the Public Health Services Act. In addition, SBHCs that are designated as FQHCs or rural health clinics (RHCs) are eligible to receive enhanced Medicaid reimbursement (see *Insurance Billing* below).

Other special circumstances may qualify a SBHC to receive federal funding for specific services.

- Health Resources and Services Administration (HRSA) <https://www.hrsa.gov/>
- Substance Abuse & Mental Health Services Administration (SAMHSA): <http://www.samhsa.gov/>
- Office of Juvenile Justice and Delinquency Prevention (OJJDP): <https://ojjdp.ojp.gov/>
- U.S. Department of Agriculture - nutrition grants: <http://www.usda.gov/wps/portal/usd/home>

### **State Government Funds**

- **Colorado Department of Public Health and Environment/SBHC Program:** <https://cdphe.colorado.gov/sbhc>
  - The Colorado Department of Public Health and Environment (CDPHE) distributes legislatively appropriated general fund dollars for SBHCs through contracts with local organizations. Most SBHCs in Colorado receive some funding from CDPHE's SBHC Program.
- **Colorado Medical Home Community Forum:** <https://cdphe.colorado.gov/colorado-medical-home-community-forum>
  - The forum is focused on integrated care and is a collaborative effort coordinated by the Colorado Department of Public Health and Environment and the [Colorado Department of Health Care Policy and Financing](#) to promote a medical home approach in Colorado. Stakeholders represent various agencies, families, medical facilities, Regional Care Collaborative Organizations, and policymakers from all over Colorado.
  - Serves as a resource for people and organizations committed to a medical home model that strengthens the delivery of care in Colorado.
  - [Subscribe](#) to receive email alerts for upcoming quarterly Medical Home Community Forum meetings.
- **Colorado Indigent Care Program (CICP):** <https://hcpf.colorado.gov/colorado-indigent-care-program>
  - The Colorado Indigent Care Program, which is administered by the Colorado Department of Health Care Policy and Financing, distributes federal and state dollars to medical providers serving the indigent population. provides discounted health care services to low-income people and families. CICP is not a health insurance program. Discounted health care services are provided by Colorado hospitals and clinics that participate in the CICP. SBHCs are reimbursed for part of the cost of services provided to uninsured or underinsured students who are not eligible for Health First Colorado (Colorado's Medicaid) or Child Health Plan *Plus*.
- **Elementary & Secondary Education Act:** <https://oese.ed.gov/offices/office-of-administration/about-us/legislation/>
  - The Elementary and Secondary Education Act (ESEA) is a federal statute that funds elementary and secondary education. While being sensitive to the funding challenges that local school districts face, SBHCs should discuss with their local school district administration the possibility of using these funds to support SBHC services, particularly funding tied to the following titles of the ESEA:

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- Title I, Improving Academic Achievement of the Disadvantaged
- Title IV, Part A, Safe & Drug Free Schools
- Title IV, Part B, 21<sup>st</sup> Century Community Learning Centers
- Title V, Part D, Subpart 14, Mental Health Services

### Local Government Funds

- **Medicaid Extended School Health (MESH) Program:**
  - Colorado law allows school districts to contract with the Colorado Department of Health Care Policy and Financing to receive federal matching funds for amounts spent in providing health services through the public schools to students who are receiving Medicaid benefits.<sup>24</sup> In a few districts, revenues from this source have been used as a source of funding for SBHC services. In these cases, there will be a MOU between the SBHC and the school for the SBHC to hire or contract with the school health staff to be billed to this program.
- **Colorado Works: Temporary Assistance for Needy Families (TANF):**
  - Temporary Assistance for Needy Families (TANF) is a federal block grant given to states and tribes to support programs that move people of extremely limited means into the workforce. States must contribute money to help TANF-eligible families. Counties may also contribute to these funds. SBHCs may be eligible to apply for these funds to support pregnancy prevention services. SBHCs should contact their local county governments or departments of human services to learn more about the availability of TANF dollars or how SBHCs can support enrolling eligible families into this program.

### • Other Local Sources

Other potential local sources of SBHC funding include city and county governments as well as health districts (supported by voter-approved local taxes).

### Private Grants and Donations

In Colorado, private grants and donations make up over one third of revenue for SBHC operation. Many foundations support the important work of SBHCs in providing services to underserved populations.

- **National Foundations**
  - W.K. Kellogg Foundation: <http://www.wkkf.org/>
  - The New York Life Foundation: <http://www.newyorklife.com/foundation>
  - Prudential Foundation: <https://www.prudential.com/links/about/corporate-social-responsibility>
  - The Commonwealth Fund: <http://www.commonwealthfund.org/>
  - Robert Wood Johnson Foundation: <http://www.rwjf.org/>
- **State Foundations**
  - The Colorado Health Foundation: <https://coloradohealth.org/>
  - The Colorado Trust: <http://www.coloradotrust.org/>
  - Caring for Colorado Foundation: <http://www.caringforcolorado.org/>
  - Rose Community Foundation: <http://www.rcfdenver.org/>
  - El Pomar Foundation: <http://www.elpomar.org/>
- **Fundraising**

In addition to writing grant proposals, many SBHCs actively fundraise. Donations from local businesses, corporations, and individuals are solicited. In addition, local health care

organizations will often donate durable or reusable medical equipment, such as exam tables and wheelchairs, to SBHCs.

### **Insurance Billing and Patient Revenues**

SBHCs should pursue third-party reimbursement, from both public and private insurance, as a means of continuous funding and sustainability of the SBHC. As mentioned above, SBHCs that are designated as FQHCs or RHCs receive cost-based (enhanced) Medicaid reimbursement. Variances in utilization, payer mix, and reimbursement rates can all affect the financial health of an SBHC program. It is critical to maximize patient revenue. In 2019-20, grantees reported more than \$20.9 million in total operating costs and \$15 million in Medicaid, CHP+, private insurance and other sources of support.

### **In-Kind Support**

In-kind support is the donation of goods or services to support the program as opposed to cash. In-kind support has value beyond its estimated financial worth. It can be an indicator of the SBHC's value to the community. Therefore, many potential funders take an interest in the amount of in-kind support that a SBHC can generate.

The vast majority of SBHCs receive in-kind support from their school district. This includes facility space in the school, telephone and fax, internet service, other utilities, janitorial services, general liability insurance, maintenance of the facilities, and security. School districts may also provide staff to assist with clinic operation.

Community partners are also an important source of in-kind support. Community in-kind support might include the construction/renovation of the facility; SBHC staff; furniture, equipment, pharmaceuticals, and supplies; legal, financial, and billing services; Medicaid application assistance; and lab testing or x-ray exams for uninsured students.

### **Database Websites**

The following websites provide searchable databases of potential funding sources and grant-writing tips. Some of these websites allow users to sign-up to receive email notices of grant alerts.

- Center for Health and Health Care in Schools: <http://healthinschools.org/#sthash.ChjbVOba.dpbs>
- Candid (previously Foundation Center and GuideStar): <https://candid.org/>
- Center for Disease Control and Prevention: <http://www.cdc.gov/about/business/funding.htm>
- Foundations Online Directory: <http://www.foundations.org/>
- Federal Grants: <http://www.grants.gov/>
- School-Based Health Alliance: <https://www.sbh4all.org/>

### **Stable and Supportive Leadership**

In addition to diverse funding streams, stable and supportive district and licensed medical provider leadership are essential for sustainability. SBHCs that have successfully operated for years have leaders who are strong and vocal advocates of SBHC. They understand the many benefits of these services and can articulate these advantages to policymakers, funders, and others within their own organization whose support is critical for ongoing success.

The financial health of the sponsoring agency is also of critical importance in terms of long-term sustainability. The balance sheet best describes the financial condition of an organization. It is a summary of the assets, liabilities, and equity of the sponsoring agency at a given point in time. It is included as an appendix in a business plan to show that the organization has the financial capacity to successfully operate the SBHC and is given strong consideration by funders.

## **Strong Community Partnerships**

Community partnerships are critical to the success and sustainability of SBHCs and were covered in Chapter 2. With a shared mission to keep students healthy, in school, and ready to learn, community groups contribute generously, allowing SBHCs to maximize their resources and serve more children. Community support is also essential for advocacy, which will be discussed further in Chapter 9.

## **Health First Colorado (Colorado's Medicaid Plan) and Child Health Plan Plus Outreach and Enrollment**

The fourth critical element to long-term sustainability is successful Medicaid and Child Health Plan *Plus* outreach and enrollment. Assisting families of eligible students to enroll in Medicaid and Child Health Plan *Plus* must be a key priority and service offered at SBHCs.

## **Developing the Financial Pro Forma**

### **Integrated Budget**

SBHCs should develop an integrated budget as the starting point for completing a financial pro forma. An integrated budget is the basis for a projected income statement. An integrated budget identifies:

- All sources of anticipated income, including both cash and in-kind contributions of all partners in the SBHC.
- All anticipated expenses, both fixed and variable.
- Projected net gain or loss from operations.

To be functional, the integrated budget needs to tie to the sponsoring agency's accounting system, utilizing the same chart of accounts, definitions, and allocation system. When developing an integrated budget also keep in mind whether the funding from each revenue source is flexible, or whether it must be spent for a particular purpose within a particular period.

When completed, the integrated 12-month budget illustrates all expenses, and the sources of revenue that will be used to fund each expense. It calculates the total dollars needed to operate the SBHC and projects whether there will be an overall surplus or deficit. It specifically illustrates for each expense category whether there will be enough funds to cover that expense or whether additional funding must be secured.

### **Estimating Insurance Revenues**

The following projections regarding utilization, mix of care, and insurance coverage are needed to assist with estimating insurance revenue as part of the financial pro forma.

### **Utilization**

Utilization is the use of the center by the students. As discussed in Chapter 3, utilization of services is affected by several factors, including the age, gender, and geographic location (rural versus urban) of the center. The cost of services, (collection of co-payments, deductibles, fees), and the student's access to other providers will also influence utilization.

National benchmarks for an SBHC target population do not exist, but work by the School-Based Health Alliance (SBHA) suggests that there be a minimum of 600 users per SBHC staffed with one primary care provider.<sup>25</sup> In Colorado during the 2019-2020 school year, student users made an average of three visits per year. This is true in other states as well.

The following utilization projections will vary from SBHC to SBHC:

- Number of students with access to the SBHC
- Number of student users
- Number of visits/year.

### Service Mix, Case Mix, and Average Collection per Visit

“Service mix” refers to the proportions of types of care provided, e.g., medical, mental health, substance abuse, health education, dental. Projections of service mix must be made because reimbursement for these several types of services varies. Not all types of services are covered. For example, SBHCs may be reimbursed for medical care, but not for health education or mental health visits. Reproductive health services, when delivered confidentially as required by law, are not billable because of insurers’ practice of sending Explanations of Benefits to the policyholder, which is often the parent. Decisions must also be made regarding whether cash payments made directly by patients at the time of service will be required, encouraged, or not allowed because of security and cash handling requirements of the school district.

“Case mix” refers to the proportions of patients who are uninsured or are covered by public (Medicaid, Child Health Plan *Plus*) or private insurance. Projections are needed regarding insurance coverage of students to accurately estimate revenue from billing.

Finally, once service mix and case mix are projected, and average collection per visit can be estimated. SBHC sponsorship can affect reimbursement rates. For example, FQHCs are reimbursed by Medicaid at a higher rate for medical services than non-FQHCs. Once these projections have been made, the income portion on the financial pro forma can be developed.

### Determining Start-up Costs and Operating Expenses

Start-up costs include one-time costs for construction or renovation of space for the SBHC facility as well as the cost of furniture and equipment. Equipment needs vary depending on the age of the students served. Operating expenses are those expenses that are recurring such as salaries, office supplies, medical supplies, and hazardous waste disposal. Expenses to consider are included in this sample [SBHC Equipment Supply List](#). Since personnel expenses are so varied, it is recommended that a market research is done to complete this process, the following table provides very wide salary range guidelines.

### Sample Personnel Expenses

Salary Range Guidelines for SBHC Staff			
SBHC Staff	Hourly Salary Range	Annual Salary Range	10-month Salary Range
Manager/Coordinator	\$17 - \$34	\$46,000 - \$76,000	\$38,180 - \$63,080
Mid-Level Provider (NP or PA)	\$30 - \$55	\$76,000 - \$115,400	\$63,080 - \$94,950
Behavioral Health Professional	\$20 - \$37	\$47,000 - \$77,037	\$39,010 - \$63,940
Clerk/Receptionist/MA	\$15 - \$18	\$23,000 - \$41,142	\$19,090 - \$34,147

**Notes:** We provide these ranges from one urban SBHC and some other market research – each clinic will have to do their own market research. 1) These salaries do not include benefits, which vary but may be estimated at an additional 26-28 percent of the salary. Malpractice insurance would be an additional cost for medical providers. 2) School districts have specific pay scales for technical, non-technical, and managerial positions; therefore, these estimates need to be adjusted if the school district chooses to direct hire for these positions. If the school district contracts with a licensed medical provider to provide all SBHC staff, the licensed medical provider takes responsibility for salaries, benefits, and any other personnel issues. 3) Eight hours of services/week would correlate with .2 of the 10-month salary; 16 hours would correlate with .4 of the 10-month salary; 40 hours would correlate with the full 10-month salary. 4) Ten-month salaries are based on .83 of the annual salaries.

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## Projected Income Statement

A projected income statement should include the following elements.

	Year1	Year 2	Year 3	Year 4
<b>Revenue</b>				
Federal				
State				
Local Government				
Private grants/contributions				
In-kind				
<b>TOTAL NON-PATIENT REVENUE</b>				
<b>Gross Patient Revenue</b>				
Medicaid				
Child Health Plan <i>Plus</i>				
Private Insurance				
Uninsured				
<b>TOTAL GROSS PATIENT REVENUE</b>				
<b>Unreimbursed Portion</b>				
Medicaid				
Child Health Plan <i>Plus</i>				
Private Insurance				
Uninsured (fees if applicable)				
<b>TOTAL UNREIMBURSED PORTION</b>				
<b>Net Patient Revenue</b>				
Medicaid				
Child Health Plan <i>Plus</i>				
Private Insurance				
Uninsured				
<b>TOTAL NET PATIENT REVENUE</b> (TOTAL GROSS PATIENT REVENUE minus TOTAL UNREIMBURSED PORTION)				
<b>TOTAL ALL REVENUE</b> (TOTAL NON-PATIENT REVENUE plus TOTAL NET PATIENT REVENUE)				
<b>EXPENSES</b>				
Salary and Benefits				
Program Costs				
Administrative Costs				
In-kind Costs				
<b>TOTAL EXPENSES</b>				
<b>NET REVENUE (EXPENSES)</b> (TOTAL REVENUE minus TOTAL EXPENSES)				

# Chapter 7: Business Plan - Marketing

## Why Is Marketing Important?

Marketing promotes and raises awareness about the SBHC and informs students and families of the services that are offered and lets them know how to access these services. Marketing is also used to generate support for the SBHC within the community, successful SBHCs typically involved youth in the development of marketing tools. Marketing is also used for advocacy, which is a tool for reaching policy-makers to influence policy, is discussed in Chapter 9.

The type of marketing used at SBHC is “social marketing”. “Social marketing is the systematic application of marketing, along with other concepts and techniques, to achieve specific behavioral goals for a social good.”<sup>52</sup> Rather than dictating the way that information is conveyed from the top-down, social marketing urges public health professionals to listen to the needs and desires of the target audience and build a program from there. This focus on the “consumer” involves in-depth research and constant re-evaluation of every aspect of the program and its marketing materials. One of the benefits of a social marketing approach is that the materials will more likely reflect the cultural values of the community.

Before marketing can begin, the following questions must be answered:

- What “business” is the SBHC in?
- What services are offered and why are they being offered?
- Who is the competition?

For example, people in the field of school health are in the “business” of providing quality health care that is child-and/or adolescent-friendly, parent- and community-friendly, culturally sensitive, easily accessible, comprehensive (including health education, mental health services, and primary care services), and prevention-focused. They are also in the business of promoting child, adolescent, and family development, improving the health and well-being of their communities, building a healthier future for society, and reducing disparities in health outcomes and access to care. The job is to figure out how to communicate all these aspects of SBHCs to the different audiences.

Marketing the SBHC is a year-round project. Schools are rapidly changing environments. Students, teachers, and even administrators change frequently. Therefore, it is necessary to continually get the word out about SBHC services. [CASBHC Re-Entry Guide](#) provides guidelines on how to do this work and this [Marketing Calendar](#) provides a sample of activities during the year – both forms available in Appendixes Q and R.

## Good Times to Market the SBHC

### At School

- School registration
- Faculty meetings
- Teacher in-services
- Coach meetings
- School board meetings
- Awards banquets
- Sporting events
- Parent meetings
- Student groups, such as team athletics and student government

- Orientations
- Classroom presentations

### **In the Community**

- Sporting events
- City council meetings
- Community association meetings, such as Rotary, Lions and Elks Clubs
- Health fairs
- Provider gatherings, such as local medical association and nursing chapter meetings and conferences
- Festivals and other cultural events

As part of the marketing plan, it is a good idea to set up a yearly schedule of events at which to promote the SBHC. Make a list of the materials that will be needed in advance. This approach will give time to adapt the materials to the different target audiences.

### **Marketing Tools**

Many tools can help market the SBHC. In the current marketing climate, utilizing a variety of these tools is necessary to reach diverse groups. To be most effective, many of these materials should be developed in English, Spanish, and any other language commonly spoken in the community:

- **Social marketing tools**, such as Tik Tok, Instagram, Facebook, and Twitter, can be used to keep students, parents, business leaders, and other “friends” updated about the SBHC. Social marketing venues are an effective means of issuing invitations to events and sending reminders, such as the importance of getting the COVID shot, to students and families. They are also useful for monitoring any concerns that arise regarding the SBHC and provide an opportunity to intervene early.
- **Texting** has proven to be efficient at reminding youth and parents about appointments.
- **Brochures** can be handed out at the beginning of the year and periodically thereafter to explain what services the SBHC offers.
- **Fact sheets** can provide interesting and persuasive information about the need for a health center, the effectiveness of the health center, and the health care needs of the school and community.
- **Flyers** advertise timely health care services offered by the center such as sports physicals. They can be displayed at school or in the community. This [email template](#) along with this [marketing flyer](#) can be used to reach out to administrators – reach out to CASBH for modifiable forms.
- **Press releases** can be distributed to media outlets to notify the public about a specific event or special programs offered by the health center.
- **SBHC webpage** can be developed and maintained to provide general information about the student health center, such as hours of operation, services, staffing (biographies and photos), accessing services, enrolling children in Medicaid and Child Health Plan *Plus*, as well as health alerts.
- **Public service announcements**, on the radio, television and in newspapers and other publications, alert the public about specific services offered at the health center as well as health education activities sponsored by the health center, such as a “Bike to School” day.
- **Robo-Calls** can be made through the phone system of some school districts. These are

automated calls that leave messages for parents on their home phones. These can be used to remind parents of special events offered by the SBHC such as immunization clinics or dental sealant opportunities.

- **Presentations at public events** enlist support for the SBHC by making people more aware of key facts about the center (such as the number of students serviced, health education activities, etc.)

## **Marketing Audiences**

To ensure that the marketing materials are effective, it is important to tailor them to the specific audience to be reached. Different audiences often need to hear different messages about the SBHC. For example, a brightly colored, youth-designed flyer might be used to draw students into the health center, but a simple one-page fact sheet might be given to parents attending school orientation. In most cases, the message will be to: 1) encourage personal use of the SBHC; 2) encourage others to use the center; or 3) support the services financially and politically.

### **Parents**

This important group influences students' support of and decision to use the health center. Marketing messages for parents might focus on the services the health center offers, the benefit to parents of not missing work every time their child needs a medical appointment, and the level of control they have over their child's use of health services.

### **Students**

This audience's knowledge about the health center and perceptions about the program will influence their use of its services. The messages to youth might include what services are provided, which ones are confidential, and when the center is open.

### **School Staff**

Teachers and other school employees have a significant role in the success of the SBHC. To build support from the school staff, communicate the message that healthier young people learn better and often score better on standardized tests, that the SBHC reduces absenteeism since students do not have to leave school for medical appointments. SBHC staff can make teachers' jobs easier by providing some of the support that high-needs students require.

### **Community Leaders**

This important audience has the capacity to influence parents' and policy-makers' support for the SBHC. These leaders, which can include civic and religious leaders, often affect local and state policy. To garner their support, communicate the message that the SBHC is striving to support the successful education of the community's children by improving the health status of young people, supporting families by providing valuable assistance to working parents, and helping to build a stronger community.

### **Local Health Care Providers**

This group needs to know that SBHCs do not take away their business. Local providers also like to know that they will receive some form of communication about services provided to their patients and that the SBHC will refer students back to them for additional treatment. Further, medical practitioners want assurance that the providers at the SBHC are qualified and licensed.

# Chapter 8: Data Collection, Reporting, and Evaluation

## Data Collection

SBHCs must have a system in place for the collection, storage, and analysis of encounter data. In most SBHCs, their electronic health records (EHRs) serve as the main database. The data from patient encounters is aggregated and used for evaluation purposes. SBHCs that receive funding from CDPHE are required to fully participate in the SBHC Program evaluation and cooperate with CDPHE's selected evaluation vendor. SBHCs not funded by CDPHE may also decide to partner with CDPHE's evaluation vendor and to utilize their Data Hub, which helps CASBHC obtain a complete picture of all Colorado SBHCs regardless of their funding for advocacy and other purposes.

The [Quality Standards for Colorado School-Based Health Centers](#) requires that SBHCs that receive state funding maintain an electronic data collection system that captures the minimum variables outlined in CDPHE's SBHC program evaluation framework. CDPHE's SBHC program evaluation framework. Other considerations for data collection include how to capture and report data collected outside of the EHR (such as screening data from outside platforms). In addition to visit data and operational data, program surveys are also informative data.

### Satisfaction

surveys collect feedback from clients, parents, school staff and faculty, and providers about how to improve SBHC services. This type of data can also be useful for policymakers, funders, and administrators. Sample satisfaction surveys can be found in Appendix B. Sample parent and student satisfaction surveys can be found on the Colorado Department of Public Health and Environment's SBHC Program website at <https://cdphe.colorado.gov/sbhc>.

## The Importance of Evaluation

Evaluation is necessary for monitoring the program and determining if the program goals are being met. Evaluation is useful for assessing the quality of services, including client satisfaction, and taking steps to continually improve the program. Quality improvement projects rooted in data are often required by various entities, including CDPHE's SBHC program. Additionally, many RAEs are encouraging the use of EHR data to support value-based service models of payment. Evaluation provides evidence to funders, policymakers, the school community, and others that the SBHCs is a wise investment. Lastly, evaluation is needed for future grant proposals to support the program.

## First Steps in Evaluation

### Obtain Baseline Data

It is important to collect some data before the SBHC opens to document change that occurs because of the health center. For example, SBHCs are often successful at decreasing the number of students being sent home from school because of illness or injury. SBHCs can also decrease absenteeism, particularly for students with asthma; decrease the number of

disciplinary referrals; improve immunization rates; etc. It is helpful to request this information from the school before the SBHC opens to have baseline data with which to compare future measurements.

Data collected during the planning phase may also be suitable for including as an element in the evaluation. For example, planners may find that 75 percent of students surveyed during the needs assessment had not seen a doctor or nurse in the last 12 months. On a repeat survey one year after the SBHC opens, this percentage may have declined to 50 percent or less. Such information will be of interest to stakeholders.

Some SBHCs have been able to show that access to SBHC services decreases the number of visits made by children and adolescents to the local emergency room and/or urgent care provider. If the licensed medical provider is the local hospital, this data may be readily available.

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The SBHC may want to consider surveying students, parents, and school staff and faculty before and annually after opening the SBHC to demonstrate improved access and satisfaction with SBHC services.

### **Consider Who Uses Evaluation**

When planning the evaluation and data collection, consider the groups who have a stake in the SBHC. What will they want to know about the SBHC and its impact on students? Compile a list of the information based on their needs and interests. The evaluation plan can be crafted from the list. Below is a list of the various groups who use evaluation and the information that is likely to be important to them. Many of the statistics listed are important to more than one group. Consider involving funders directly in designing the evaluation plan. It is also recommended that you consult with your RAE to ensure you align evaluation metrics to maximize reimbursement and other incentives available to your SBHC.

### **Policymakers and Funders**

Policymakers – including legislators and other elected officials – have an obligation to their constituents to ensure that tax dollars perform the greatest possible good. The best way to maintain funding for the work of the clinic is to provide concrete evidence that the services improve health. Data of interest to this group include:

- Number of children with access to SBHC services
- Number of children served
- Insurance status of children served
- Number of uninsured students assisted by the SBHC to enroll in Medicaid and Child Health Plan *Plus*
- Reduced Medicaid expenditures related to emergency department use and hospitalizations
- Health care outcomes, such as immunization rates, before and after the SBHC opens
- Community support for the SBHC, including businesses, religious leaders, and other influential community members

### **School Administrators and Board Members**

Schools are in the business of educating children. They are interested in services and programs that positively impact academic achievement. Parent satisfaction is very important to them as well. Data of interest to this group include:

- Number of students leaving school due to illness or injury
- School attendance
- Rates of graduation
- Number of suspensions, expulsions, and drop-outs
- Number of referrals for disciplinary problems and any other related outcomes
- Improvement in grades or other academic outcomes
- Parent and student satisfaction

### **Government Administrators (State and Federal)**

Government administrators are responsible for making sure programs are run effectively and improve health. These administrators are required to demonstrate that government funds are used in the manner intended. Data of interest to government administrators might include:

- Users by ethnicity, gender, and age
- Access to/utilization of primary and preventive services, including comprehensive health screenings
- Access to/utilization of reproductive health services
- Access to/utilization of mental health services
- Access to/utilization of tobacco, alcohol, and other substance abuse prevention and intervention service
- Access to/utilization of oral health services
- Immunization rates
- Obesity prevention and management programs
- Social determinations of health screening and referrals to resource
- Access to and/utilization of case management services
- Sources of revenue, including insurance and in-kind revenues

### **Student Users and Parents**

Student and parent satisfaction is critical to the success of the SBHC. If they are not satisfied with the services, they are unlikely to use the SBHC. Therefore, it is important to include their assessment of the SBHC in the evaluation plan and respond to the feedback with meaningful changes. Evaluation data of importance to students and parents include:

- Hours of operation
- Wait times
- Types of services provided
- Privacy and confidentiality
- Courteousness and friendliness of staff
- Inclusive and trauma-informed clinic milieu
- Answers to student and parent questions
- Quality of services

- Convenience for student and parent
- Parent communication with SBHC providers

**SBHCs**

Evaluation information is used to raise funds, demonstrate to local officials that the health services are valuable, make staffing and budgetary projections, and verify client satisfaction. SBHC managers find that good data make their jobs much easier.

# Chapter 9: Advocacy and Recruiting Champions

## What is Advocacy and Why is it Important?

Advocacy aims to influence public policy. Some people consider advocacy a form of marketing or education. For the purpose of this manual, *marketing* is defined to reach clients whereas *advocacy* is a tool for reaching policymakers. Advocacy can include public speaking at meetings, letter-writing, issuing press releases, and other strategies for getting the message to policymakers. Many marketing materials can be easily tailored for this audience.

Lobbying is an attempt to influence specific legislation. It is a form of advocacy. The Internal Revenue Service distinguishes between direct lobbying and grassroots lobbying. Direct lobbying “is any attempt to influence any legislation through communication with a member or employee of a legislative or similar body; a government official or employee who may participate in the formulation of the legislation, but only if the principal purpose of the communication is to influence legislation; or the public in a referendum, initiative, constitutional amendment, or similar procedure.”<sup>56</sup> Grassroots lobbying “is any attempt to influence any legislation through an attempt to affect the opinions of the general public or any part of the general public.”<sup>57</sup> For the communication to be grassroots lobbying, it must encourage a specific action to be taken regarding the legislation., (e.g., asking an elected official to vote “yes” or “no” on specific bill that is pending in the process - “Senator Jones, can you please vote yes on Senate Bill 200 to fund SBHCs?”). It does not count as lobbying if you are talking for general support not tied to any specific piece of legislation or if you are educating legislators about your SBHCs in hopes they support you in the future.

It should be noted that federal and state funds cannot be used for lobbying and foundations can only support certain amounts of direct lobbying (e.g., you count the amount of time you took to make the ask for specific action on a piece of legislation). SBHCs may be asked by funders to quantify the amount of direct and grassroots lobbying they are conducting. It is a good idea to clarify within your organizations if you can lobby at all - if you cannot, then work with CASBHC to make sure you get your language right when you are interacting with elected officials.

## Who to Consider when Advocating

### School Boards

School boards are responsible for planning and setting a school’s goals, setting district policy, adopting an annual operating budget, approving the instructional program, approving building plans, and ratifying contracts negotiated with local bargaining units. A local school board must approve the establishment of an SBHC in any of its schools.

### City and County Government

Often, public health offices are controlled by city or county governments, so advocating for the SBHC to city or county officials may be useful to tap the resources of the local public health department.

### Tribal Governments

Tribes are sovereign nations, so relationships must be established with tribal leaders just as with other local or state leaders. Many tribes have both an executive and local system of government. Often, there is a governor or president of the tribe as well as village or chapter

officials.

Since each tribal structure is different, it is important for SBHC staff working in Native American communities and reservations to learn how local tribes are structured. Tailor the advocacy to the appropriate leaders. Another potential audience for advocacy is Bureau of Indian Affairs administrators. This federal agency, among other responsibilities, runs some schools on tribal lands.

In addition to their systems of government, tribes' legal codes and judicial systems vary, so advocates must also familiarize themselves with applicable tribal law. In most cases, federal but not state law applies on tribal land. State law applies if the tribe has adopted state law into tribal law.

For more information on tribal governments, visit the following websites:

- American Indian Policy Institute: <https://aipi.asu.edu/>
- U.S. Department of the Interior/Bureau of Indian Affairs (which contains a Tribal Leaders Directory): <http://www.bia.gov/>

### **State Government**

The Colorado General Assembly, i.e., the Colorado Legislature, consists of the House of Representatives and the Senate. There are 65 representatives and 35 senators. Members of the House of Representatives are elected every two years, and senators are elected every four years. Regular legislative sessions are held annually and begin no later than the second Wednesday in January. They last no more than 120 days and are held at the state Capitol in Denver. Special sessions may be called at any time by the governor or upon written request of two-thirds of the members of each house. Special sessions are infrequent.

SBHCs may want to invite their local senator and/or representative to become a member of the Community Advisory Committee (CAC). At the very least, SBHCs should invite their state senator and representative to tour the SBHC and learn more about the services it offers. We recommend doing this in partnership with CASBHC so CASBHC can follow up with the state legislator on policy actions – and we also recommend including your young patients to be tour guides and advocates.

Colorado SBHC staff may find themselves advocating in Denver because the legislature controls the Colorado Department of Public Health and Environment's SBHC Program budget. Most SBHCs in Colorado depend on this funding source for at least part of their annual budget.

Future legislation may address SBHC issues concerning funding or services. It is important as an advocate to be aware of the issues discussed in the state legislature. CASBHC is the state advocacy organization for SBHCs in Colorado and is responsible for coordinating SBHC advocacy efforts. They closely track legislation that impacts school health care.

Information on pertinent health care issues, major legislation being considered, and legislators who sit on health and education committees can be found on the Colorado General Assembly website, <http://leg.colorado.gov/>.

CASBHC operates a Policy Committee that meets frequently during the legislative session to inform CASBHC's positions and strategy on bills moving through the state legislature. Any member of CASBHC is invited to join the Policy Committee to ensure that our decisions are member informed. We also provide opportunities for anyone from the SBHCs to testify or contribute to CASBHC's testimony with stories. For more information about this work, contact a member of the CASBHC team.

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## **Federal Government**

Federally elected officials make decisions and set policies for a wide range of issues related to child and adolescent health, including health care access, reproductive health services, substance abuse issues, sexuality education, etc. As a SBHC advocate it is important to have the center's voice heard at the national level. There are seven representatives and two senators representing Colorado in the United States Congress. School-Based Health Alliance (SBHA) is the national advocacy organization for SBHCs. SBHA and its state partners were instrumental in seeing that there was funding appropriated for SBHCs in the Patient Protection and Affordable Care Act of 2010 and continue to be instrumental in finding other funding opportunities from the federal government.

SBHA will drive the advocacy strategy and CASBHC will pass along opportunities for SBHCs to engage with their elected officials and staff. Every few years, SBHA will host their conference in DC – this is a great time to meet with your elected officials in DC and educate them about your SBHCs. Otherwise, we will engage with their staff in local offices and in DC to support our efforts.

## **Recruiting Champions**

Advocacy is often most effective when organized by a group instead of an individual. Coalition-building and recruiting champions in the community are effective ways to create support for the SBHC. Collaborating with organizations such as CASBHC, SBHA, and local health care coalitions will strengthen advocacy efforts and increase their effectiveness.

Your SBHC is as powerful as your network of supporters in the community – otherwise known as champions. You want to build a strong network of champions to advocate on your SBHCs' behalf in their spheres of influence – and you want to build all levels of champions. For example, within the school district or school where your SBHC is located, you want to build champions not only with teachers and school health staff so they can promote your SBHC directly with students, but you also want to build champions within the school and district administration so they can ensure that a strong partnership to enable success for your SBHC.

To build your circle of champions, CASBHC recommends using a “power map” to check on which champions you may need to recruit by thinking through who influences what and who that person is influenced by. Power maps are typically used by advocates to figure out how to pass challenging legislation by figuring out who has the power to make decisions to move forward a policy and who you know can influence that person. However, power maps can often be used to figure out how to build a wide circle of influence around anything (not just legislation). A few examples of power maps are [here](#) and a template is provided in Appendix D. You can also consider power mapping to recruit other champions in the community such as local public health agencies, food pantries, and other community partners, who are great potential collaborators and influencers on your SBHCs' behalf.

Not only can your champions assist you with any school or district decisions or promotions, but they can also be great allies if we need additional support at the school board level or at the state Capitol.

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Messages to your champions should be simple. The central message is student need and the fact that an SBHC is a positive development for schools. The impact of health on education should be demonstrated and the point made that healthy children keep parents at work, reduce absenteeism, and increase student performance.

Coalition-building is effective. In 2008, CASBHC and SBHCs statewide worked together to successfully advocate at the Capitol to increase the line item in the state budget for SBHCs from \$500,000 to \$1,000,000. And in 2021, our successes at the Capitol are thanks to our partnerships with other organizations who value SBHCs.

## **Advocacy Strategies**

The goal of advocacy is to build positive knowledge and recognition about SBHCs and to promote policies that support their operation. Typically, any efforts at the state Capitol or in DC to influence positive policies for SBHCs will be led by CASBHC and SBHA, respectively, and advocacy tactics will be shared with SBHCs for them to participate in as staff as well as to share with appropriate champions. There may be times that your SBHC might want to consider taking on advocacy actions locally.

### **Letter Writing or Email Campaigns**

As an individual, one might make a difference by writing or calling a local politician. A bigger impact can be made by organizing a campaign where *many* people call or write. Here are some steps for making that happen:

- Before starting, contact related organizations to see if they are already organizing a campaign. If so, ask if the SBHC can help. If not, ask if they can help the SBHC. Make sure you fully understand the issue – you need to have a clear ask and a clear target of the ask (e.g., School Board Member X, please vote yes on X issue).
- Put together a short handout telling people about the issue, what they need to know, and all necessary addresses or phone numbers. Include a sample letter and script for phone calls. Many will be distributed, so the handout should be brief, 2-3 pages at the most. (In the instructions, ask people to also send a copy of their email or letter to the coordinating group so that the number of policymaker contacts can be tracked.)
- Distribute the information as widely as possible. For example, perhaps the SBHC wants people to write their state legislator in support of a new bill to expand SBHC funding. Packets of flyers might be delivered to parents and students, non-profit organizations, and school personnel.
- Ask other groups to announce the campaign in their own newsletters and at meetings.
- After a couple of weeks, follow-up with all partner organizations, checking on their progress. Call and remind. Call and remind. Call and remind.
- In the meantime, be working on the follow-up strategy. Options include: a press release announcing the number of letters, calls, and emails generated by the campaign; a meeting (or series of meetings) with elected officials; or a public rally. Be sure to thank your elected officials who acted on your behalf as that builds the relationship and encourages future action (or builds them as champions of your cause!).

### **Letters to the Editor & Editorials**

Letters to the editor and editorials are good advocacy tools. They are used to influence

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readers to think or act a certain way. They also reach a wide audience. Editorials and letters to the editor can tell readers how to contribute to the SBHC or express an opinion related to a school health topic, such as why junk food should be banned in schools.

### **About Editorials**

Editorials (also called “guest editorials” or “op-ed pieces”) are well-researched articles that present a particular opinion. They are submitted to newspapers or other publications. They are different than regular newspaper articles in that the author is not expected to remain unbiased; instead, the author is typically someone who is an expert about a particular cause and wants to advance that cause. To get editorials published, one must:

- Contact the editorial page editor of the newspaper or find editorial policies online in advance to learn their policies on accepting outside editorials. Be prepared to tell the editor why the cause is important and why the author of the guest editorial is the right person to write about it (i.e., their authority or expertise on the matter). Depending on the size of the publication, the editorial editor may decline to accept the editorial but may decide to write about the cause herself. If this happens, do not be offended; instead, be glad as this will bring attention to the cause.
- If given the thumbs-up by the editorial editor, write a clear, well-researched editorial.
- After the editorial is published, send copies to other organizations, the school newspaper, local elected officials, and others that the SBHC would like to influence. Also consider adding a link to the editorial on the SBHC website.

### **About Letters to the Editor**

Letters to the editor are shorter than editorials and require less research. They are also easier to get published. They might contain a short call to action, make a public announcement, or respond to a previous newspaper article or public decision. Many smaller newspapers publish all credible letters to the editor, so one stands a good chance of getting the information in print. The downside is that letters to the editor typically get less attention than editorials.

### **Writing Tips**

Below are some tips to help get the letter or editorial printed.

- **Get to the point.** The first paragraph should usually be a concise summary of what is going to be told to the reader audience.
- **Establish credibility.** The author should establish himself or herself as an expert on the topic. For example, if arguing for more funding for the SBHC, the author might say: “As the coordinator of the school’s health center, I know how important it is to keep students healthy and in class. In the six months since our center opened, we have handled over 300 student appointments – double what we had expected. I now realize how helpful it would be if we were open full-time, instead of just three days a week.”
- **Do the homework.** Research the issue well before starting to write. The article should support the claim with a few statistics, facts, examples, or quotes. The editorial should be clear and forceful but should avoid attacking others. Be honest and accurate.
- **Mention the opposition.** If there is “another side” to the issue, one gains credibility if it is acknowledged – although a lot of detail is not necessary.
- **Be brief.** Try to limit the editorial to 300-500 words (about one or two double-spaced,

typed pages) and a letter to the editor to 100-200 words. Keep the paragraphs brief and direct. Unlike regular academic writing, the paragraphs should be short (2-3 sentences).

- **Look for a "hook."** The editor is more likely to print the letter if it refers to something currently in the news. For example, if the letter pertains to policy issues concerning legislative action, the editorial should be timed to correspond to the legislative session and mention that in the piece.

### **Face-to-face Meetings with Policymakers**

Typically, any engagement with state legislators or federal lawmakers will happen in conjunction with CASBHC and SBHA efforts and you'll receive support from their staff to have successful meetings. These tips are good reference for those meetings and may also be helpful for school board meetings or meetings with other local officials.

#### **Before Going**

- Do a little research. Has this official supported SBHCs or other health issues in the past?
- If talking with more than one official on the same day, do not schedule the meetings too close together. Due to busy schedules, politicians are sometimes late, so plan on the meeting ending later than expected. However, always be early.
- Develop in advance a short summary of the group's mission, cause, and request for action. Bring extra copies in case the official invites extra staff members to sit in.

#### **When Getting There**

- If meeting with a busy politician, know that the meeting can happen anywhere: in the official's office, in a committee room, in the hall, in the reception area – don't be surprised.
- Anticipate changes in who attends the meeting. A politician may assign a staff member to meet instead of him/herself. If this happens, do not feel bad; the staff member might prove more helpful.
- Always begin the conversation by thanking the person for taking time to meet. If she/he has supported the cause in the past, be sure to express appreciation.
- Make important points clearly and succinctly. If a community needs assessment or other research was done, mention it. It is important to demonstrate the need for school health care.
- Be honest, candid, and relaxed. Use a conversational tone. Do not be defensive or argumentative. Do not read a prepared statement and risk boring the official.
- The total presentation should take no more than 5 minutes.
- Be prepared to answer questions about the SBHC.
- Expect a neutral reaction. Politicians rarely make firm commitments on the spot - ask them when you can find out of their decision to commit or not and what other information they need to make their decision.
- Never talk about an official or staff member while in public buildings

#### **After Leaving**

- Follow-up with a polite thank you letter.
- Take some notes about what was discussed for future reference.

## **Social Media Tools**

Social media tools, such as Facebook and Twitter, can also be used to advocate for school-based health care. It is a particularly effective strategy for grassroots lobbying when supporters need to be mobilized quickly. Again, if you are asking an elected official to take a specific action (yes or no vote) on a specific piece of legislation, you will have to count this as direct lobbying.

# Appendices

Appendix A: [Frequently Asked Questions about School-Based Health Centers](#)

Appendix B: [CASBHC Membership Form](#)

Appendix C: [SBHC Readiness Criteria](#)

Appendix D: [Power Mapping for Changing Strategic Relationships](#)

Appendix E: [Checklist for Starting a SBHC](#)

Appendix F: [Template for Business Plan](#)

Appendix G: [School-Based Health Center \(SBHC\) Program Needs- Assessment Template](#)

Appendix H: [Youth Focus Group Results - Sample](#)

Appendix I: [Sample Parent/Guardian Experience Survey](#) | [In Spanish](#)

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Appendix K: [MOA Samples between School District and Medical Provider](#)

Appendix L: [Sample Management Structure for SBHC Operations](#)

Appendix M: [Joint Statement: School Nurse/School-Based Health Center Partnership](#)

Appendix N: [Sample Floor Plans](#)

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## **Appendix O: [Legal Guide to School Health Information and Data Sharing in Colorado](#)**

### **Resources Developed Specifically for Colorado**

Under a Healthy Students, Promising Futures technical assistance contract, Rebecca Gudeman from the National Center for Youth Law developed the tools below to support efforts to share school health information and data for the HSPF state team in Colorado. Explanatory webinars and FAQ Session materials can be found [here](#).

#### **Tools**

- [Legal Guide to Sharing School Health Information and Data](#)
- Appendix B: [Colorado Minor Consent and Confidentiality Laws](#)
- Appendix C: [Quick Reference Chart to Confidentiality Laws](#)

## **Appendix P: [Policies & Procedures Manual](#)**

## **Appendix Q: [Marketing Calendar](#)**

## **Appendix R: [Re-Entry Guide](#)**

## **Appendix S: [Back to school email/letter](#) & [School Health vs SBHC Services Flyer](#)**

## **Appendix T: [SBHC Sustainability Self- Assessment Tool](#)**

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