
Opening a School-Based Health Center

A How-To Guide for West Virginia

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Adapted from New Mexico's "Opening a School-Based Health Center: A How-To Guide for New Mexico SBHC Coordinators".

West Virginia School Health Technical Assistance Center

Robert C. Byrd Center for Rural Health

Marshall University

info@wvshtac.org

www.wvshtac.org



Foreword

This resource was developed for administrators, managers, school nurses and community members involved in planning, opening and administering school-based health centers (SBHCs) in West Virginia. It is not intended to be an exhaustive manual, but instead an introductory tool. It has been modified from a document produced for New Mexico's SBHCs. It was originally compiled for New Mexico by Heather Balas, a private contractor (heather@heatherbalas.com), with assistance by Yasmine Mogharreban.

Some of the policies and standards contained in this manual reflect policies for SBHCs that are funded by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Community Health Systems and Health Promotion, Division of Primary Care (DPC). Although Centers that are not DPC-funded may not meet these policies, it is recommended that they meet the standards to ensure a comparable level of quality for all SBHCs in West Virginia.

Opening a School-Based Health Center: A How-To Guide for West Virginia was produced by the WV School Health Technical Assistance Center at Marshall University. A special thank you goes to the WV School-Based Health Assembly and the Division of Primary Care for their assistance.

A special thank you also goes to New Mexico Office of School Health and the New Mexico School Based Health Assembly for sharing their document.

For more information, contact the West Virginia School Health Technical Assistance Center at Marshall University at info@wvshtac.org

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Background Information About School-Based Health Centers in WV

What Are School-Based Health Centers (SBHCs)?

SBHCs are health clinics that bring preventive and immediate care, as well as counseling, health education and sometimes dental care, to children and adolescents at school. Services provided are determined by the community.

In West Virginia (WV), most SBHCs are satellite clinics of community health centers. WV SBHCs follow a set of standards for care, including parental consent for enrollment and treatment.

Why SBHCs?

It works! Students learn better when they are healthy – one of the best ways to keep students in class and learning is to bring quality services to them in the school.

A 2006 national survey conducted by Lake Research Partners shows that the majority (two-thirds) of U.S. voters favor the idea of providing health care in schools.

Advantages of SBHCs

- Students served by a SBHC have direct access to healthcare providers in a convenient and confidential setting while they are at school
- SBHCs serve all students, whether or not they have insurance
- Students do not have to miss as much class time to receive basic healthcare
- Transportation problems in seeking healthcare are reduced
- Prevention and early intervention are promoted
- Students learn how to use medical services in a non-intimidating environment
- Referrals are made to appropriate community providers
- Parental time off from work is reduced
- School employees also receive services which helps them stay healthy and on the job

Students Who Have Access to Health Centers Inside Their Schools:

- Are less intimidated about seeking services
- Comply with scheduled appointments with very few “no-shows”
- Get services from on-site providers who can follow up informally and who have a broader understanding of the student’s functioning in his or her peer group and in school
- Can have their care integrated with primary care and/or mental health clinicians
- Have positive role models of healthcare professionals

- Have fewer ER visits, lower rates of absenteeism, and higher rates of graduation ¹

Facts/History of SBHCs

SBHCs can provide a wide range of health services, from routine checkups to treating chronic illnesses. A SBHC is an accessible, friendly place located in or near a school where students can receive a wide variety of healthcare services. Across America, school health centers are providing medical and mental health services, serving over a million students each year.

SBHCs emerged in the U.S. during the late 1960's and have experienced a rapid and significant rise in number since then. They originated in connection with the advent of Medicaid in 1965, which among other things, highlighted the need for better healthcare for low-income children.

The year 2015 marked the 40th anniversary of the first school-based health center, which opened in a Dallas high school. Today, over 1,900* SBHCs deliver primary, mental health, preventive and early intervention services to nearly a million children in all grade levels in urban, suburban, and rural settings. SBHCs are located in 46 states and have experienced a ten-fold growth in the past decade (School-Based Alliance Census 2010-11).

Models of SBHCs

Levels of Services

Levels of service will vary from SBHC to SBHC depending upon the local community needs, student health needs, size of the schools, and utilization from students, as well as availability of the health care personnel and sponsoring agency. These may also vary depending on length of time a center has been open. Below are some recommendations for a fully operational center:

SBHCs funded by the West Virginia Bureau for Public Health, Division of Primary Care (DPC) agree to meet the WV Standards & Guidelines, one of which is that a SBHC should have a minimum of 12 hours per week of medical provider time at any one SBHC. Additionally, the WV Standards & Guidelines adopted by the DPC and the WWSBHA recommend the following **by the time the SBHC is fully operational**:

Level: School Population	NP /PA	MD	Nursing/MA	Behavioral Health	Office Support
1: >1300	32-40/week	as needed	32-40/week	32-40/week	32-40/week
2: 900-1300	21-31/week	as needed	21-31/week	21-31/week	21/31/week
3: 300- 900	12-20/week	as needed	12-20/week	12-20/week	12-20/week

¹ McCord, M.T., Klein, J.D., Joy, J.M., Fothergill, K. (1993). *School-based clinic use and school performance*. Journal of Adolescent Health. 14(6), 458-463.

Many different SBHC models exist and will be addressed throughout this document. One such model is the hub-model in which a SBHC is placed in a school and provides outreach to its satellite schools, thereby serving students on a continuing basis.

Staffing and Administration

SBHCs are typically staffed by a receptionist/data entry clerk, nurse and a nurse practitioner or physician assistant with supervision and consultation from a physician. ***SBHC staff work with, but do not replace, the student's physician or school nurse.***

Types of Services

Each community decides which services will be offered at its SBHC. Health center staff aim to build cultural sensitivity into all the services they provide. Services may also depend on availability of health care professionals in the local community. Those services vary but could include the following:

Medical

- Comprehensive health exams
- Diagnosis and treatment of medical conditions
- Routine management of chronic conditions
- Immunizations and laboratory testing
- Preventative services
- Health education and promotion
- Referrals and coordination of outside services such as x-rays, dental work and other services not available at the SBHCs

Behavioral Health

- Mental health awareness and outreach, including suicide prevention and screening for depression
- Behavioral health care including assessment, treatment, referral and crisis intervention
- Individual, group and family therapy
- Case management
- Social service assessment, referral and follow up as needed

Prevention

- Health promotion and risk reduction programs, including educational efforts that encourage healthy lifestyles
- Health risks assessment²
- Nutrition and physical activity promotion

² Health risk assessments identify, measure, and prioritize aspects of a client's life that might put her/him in jeopardy – such as the likelihood of having an unplanned pregnancy or using drugs. An assets assessment, by contrast, looks at the *positive* elements in a student's life. Assets might include a supportive family, a caring school environment, or a safe home life. This focus on identifying and cultivating positive assets in a young person's life is part of the "youth development" model. Visit the following link for a comprehensive list of assets: <http://www.search-institute.org/research/developmental-assets>

- Health education

Dental & Oral Health Services

- School based programs can support linkages with oral health professionals and other health partners in the community
- Oral health education, prevention, and treatment services for students at high risk for oral disease
- Preventive services such as application of fluoride and dental sealants
- Screening, referral, and case management to ensure timely receipt of oral health care from professionals in the community

Other Services that May Be Offered

- “Telehealth” services enable SBHC practitioners to consult with off-site medical specialists via closed-circuit television or phone
- Other services as identified by the community, parents and students

West Virginia’s Place in the National Movement for School Health

West Virginia has been a leader in the nationwide movement for school health since 1994, when the Claude Worthington Benedum Foundation partnered with the Division of Primary Care in the West Virginia Bureau for Public Health, to fund the West Virginia School-Based Health Center Initiative. The SBHCs aim to improve the health of the states’ children and teens, a laudable goal since West Virginia ranks toward the bottom of childhood health indicators. Based on Kids Count Data in 2013, the state ranked 37th (with 50th being the worst) in child well-being, as measured by infant mortality rates, child death rates, teen birth rates, high school dropout rates, percentage of children living in poverty, and the percentage of teens not in school or working. SBHCs in West Virginia fill a critical gap in healthcare services.

As of spring 2014, there are 101 SBHC programs, representing approximately 123 school sites in 32 counties. About half serve primarily high school students; the others are located in middle and elementary schools. Of these, over half receive some funding from the WV Bureau for Public Health, Division of Primary Care to subsidize the services provided.

Community Schools

SBHCs are recognized as part of the state’s strategy for student well-being. One component of the eight components of the Community Schools Framework is health and social supports. School health services must provide a comprehensive approach to quality care in coordination with community resources to meet the needs of the students. SBHCs are a proven model for increasing access to healthcare. For more information or to access the Healthy Kids ~ Healthy Schools report visit the Department of Education Office of Health Schools website at <http://wvde.state.wv.us/osshp/main/>, the WV School Health Technical Assistance Center website at www.wvshtac.org or the West Virginia School-Based Health Assembly website at www.wvsbha.org.

Key Partners Overview

School-Based Health Alliance (formerly NASBHC)

The School-Based Health Alliance is a nonprofit membership association whose mission is to improve the health of children and youth by advancing and advocating for school-based health care. Based in Washington, D.C. the School-Based Health Alliance advocates for the school health care in the community. It seeks to be its members' primary resource for professional development, knowledge exchange, and services. In addition, the School-Based Health Alliance is a leading information source for the public on school health care and services. For more information, visit www.sbh4all.org

West Virginia School-Based Health Assembly

Established in 1995, the West Virginia Assembly promotes health services in schools to help students become healthy learners. The mission of the West Virginia School-Based Health Assembly is "to advance comprehensive health care in school settings through responsive policies, practices and partnerships". The organization supports sustainability and expansion of school-based health centers as an essential strategy for improving the lives of children and optimizing their opportunities for success in school and society. The West Virginia Assembly supports its members through advocacy, partnership development, information and knowledge exchange, and networking opportunities. It is a partner of the WV Primary Care Association. The Assembly is funded by the Sisters of Saint Joseph Health and Wellness Foundation. In 2010, the WWSBHA became an affiliate of the School-Based Health Alliance. For more information, including membership information, visit: www.wvsbha.org.

West Virginia School Health Technical Assistance Center

Since 1994, staff at the Robert C. Byrd Center for Rural Health, Marshall University, have provided technical assistance, data compilation and reporting, and program evaluation for the statewide network of school based health centers and school based mental and oral health programs. Funding for their services is from the Claude Worthington Benedum Foundation; the Office of Oral Health, West Virginia Bureau for Public Health; the West Virginia Bureau for Behavioral Health; and the Appalachian Regional Commission. The Center works closely with the WV School Based Health Assembly and provides consulting and technical assistance to state-funded programs, health centers, schools, and communities interested in developing school based services.

For more information about the Center and its services visit: <https://livewell.marshall.edu/mutac/>

West Virginia Division of Primary Care (DPC)

The West Virginia Division of Primary Care (DPC), in the Office of Community Health Systems and Health Promotion, is located in the Bureau for Public Health of the WV Department of Health and Human Resources. The DPC funds many SBHC programs in WV. The DPC collaborates with agencies within WVDHHR as well as the WV Department of Education and community partners to ensure coordination of school-based health services

For more information, visit <http://www.dhr.wv.gov/dpc/Pages/default.aspx>

Community Planning

Why Good Planning and Relationship-Building Are Important

The first step in starting a SBHC is to bring together interested parties in your community. This action is essential for planning and assessing community interest and resources. The planning stage helps you identify community concerns about the health center before they become a crisis, and it helps build and maintain widespread community support. In addition, community planning allows you to draw on expertise from community members so you do not have to re-evaluate key components (such as floor plans or health center services) after they are in place.

A well thought-out and 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. Activities include the following list. More details are provided in this chapter.

- Involving a wide range of community members
- Visiting a SBHC
- Conducting a needs assessment
- Selecting your sponsoring agency, if you have not already done so (*See Chapter 3 for more information on sponsoring agencies*)

Who Should Be Involved

School Administrators

School administrators should be consulted because the health center will most likely be located on school property, requiring administration oversight. The SBHC is a guest in the school and its coordinator should communicate on a regular basis with the school administration – especially the principal. School administrators can also be instrumental in helping identify funding for the health center.

School Board

In order to have a SBHC on school property you must have the approval of the school board. School boards typically pass a resolution in support of a SBHC in order for the health center to exist, and they also typically approve any changes to the SBHC services. Further, the school board approves what, if any, financial support the school district will provide the SBHC.

The WV School-Health Technical Assistance Center has developed a Power Point presentation for initially discussing a SBHC with the Board of Education. It is available at:

http://livewell.marshall.edu/mutac/?page_id=269

School Nurses

The school district's nurse(s) should be involved from the very beginning in discussions about student health needs and SBHC planning. Often, it is the school nurse who initiates and leads the planning process. School nurses' support and involvement are essential to a successful program. *What Matters Most: The Health of Children – A Retreat for School Nurses and School-Based Health Centers* report from May 2006 is available at:

<http://wvde.state.wv.us/healthyschools/documents/WhatMattersMost2006-FullReport.pdf>

The SBHC may provide school nursing services if agreed upon and delegated to by the certified school nurse RN (W.Va. Code §18-5-22). Since the SBHC cannot function as a certified school nurse RN nor are these billable services (insulin administration, G-Tube feedings, sterile urinary catheterization, mechanical ventilator, nebulizer and metered dose inhaler administration, medications, etc.), they can only be provided under an agreed upon cost during certain timeframes, through MOA for use of facility and always under the delegation and individualized health care plan of the certified school nurse RN. The SBHC may not bill for school nursing services under Free and Appropriate Public Education (FAPE) as these are services built into the daily education of students. See Policy 2422.7 at <https://wvde.state.wv.us/policies/>. A SBHC cannot replace such services as noted in state and federal laws.

Other School Staff

Other school staff – including teachers, school counselors, coaches, or secretaries have a great deal of contact with students and therefore are influential in encouraging them to use the health center. School staff members are great resources for determining what types of services students most need and how to reach students effectively.

Parents

Parents are important to involve from the beginning because they can be influential in encouraging students to use the health center. They can also become powerful advocates for SBHCs on national, state, and local levels. In addition, any objections or concerns parents may have about the health center are best dealt with during your planning stage, along with services that should be offered.

Youth

Youth are critical to the planning process because this population is your primary target. Involving youth in the planning process is essential to understanding the services most valuable to that age group. Youth who are involved in the planning process will also help you market the SBHC to their peers when it is up and running. (*See Chapter 7 on effective youth engagement strategies.*)

Health Care Professionals

It is important to gain support from the private healthcare providers and to communicate that SBHCs do not take business away from local providers. In fact, referrals from SBHCs can increase the business of local healthcare providers. In particular, pediatricians and family physicians should be included in the planning process and invited to help lead the process when interested. The AAP recommend that SBHC providers must communicate with each student's existing sources of health care, link students to a medical home, encourage parental involvement and have an ongoing process of evaluation. For more information please refer to the AAP position statement on school health centers published in *PEDIATRICS* Vol. 107 No. 1 January 2001 available at <http://pediatrics.aappublications.org/content/129/2/387.full.pdf>

Community Leaders

Community leaders are an important group that should also be considered during your planning phase. Their assistance can help you in your fundraising efforts and help build community support. These leaders can include parent organizations, business owners, officers with civic clubs, legislators, members of the media, religious leaders, judges, or other influential women and men in your community.

Community Health Agencies

These agencies provide accessible, affordable healthcare services to low income families. They include local public health offices, community health centers, rural health clinics, and community hospitals. They are described in more detail in Chapter 3.

Public health offices and community health centers should be core partners in planning the SBHC. In WV, county health departments are responsible for conducting a community health needs assessment every five years. This assessment and other surveillance data from the local health department can be useful in determining priorities. Currently, community health centers, also known as Federally Qualified Health Centers, (FQHCs) operate the majority of SBHCs in WV. There are strong advantages to partnering with a FQHC: they have stable federal funding, offer a sliding fee based on income, have capacity and expertise in managing health services, are normally reimbursed by Medicaid at a higher rate, and are governed by a community board that includes consumers. Community health centers may be able to contribute resources, provide administrative support, or even employ healthcare practitioners to work at the SBHC.

Public Health and Regional Specialists

WV has a statewide system of agencies and regional specialists who should be at the planning table. These include local Family Resource Networks, Regional School Wellness Specialists, regional adolescent health specialists, oral health educators, drug and tobacco prevention specialists, and the community behavioral health centers. Other health care agencies in the community should also be included, such as hospitals. Many of these agencies and persons are already providing school based services of one sort or another and some may be able to provide resources to the SBHC. They are described in more detail on in Chapter 3.

Doing a Community Assessment and Determining Feasibility

What is a Community Assessment?

A “community assessment” is a process used to determine the strengths, needs and priorities of your community as well as the best methods for addressing those priorities. Assessments can include review of existing data, conducting surveys, focus groups, interviews with community leaders, or other strategies you develop to gather information. In conducting such an assessment, it is as important for you to identify service and community assets, as well as service gaps that may exist in your community's healthcare delivery system. It is also important that your assessment gather information about the ways your community's culture and history influences people's views about healthcare. For example, to what degree do the members of your community favor alternative approaches to medicine? How might those beliefs influence people's willingness to use the SBHC?

Community assessments enable you to answer questions about the type of services your school-based health center should offer and how to structure those services so they fill any healthcare gaps in your area. Common questions that needs assessments help answer are listed below.

What You Can Learn from a Community Assessment³

- What are the biggest health problems and/or concerns for the students?
- What are the specific health problems the community faces?
- What strengths exist to help address those health problems?
- In what ways do race/culture influence people's views about health issues in the community?
- What community and school health resources already exist?
- Which health facilities are used most and why?
- Are there services to match each of the problems the community faces?
- How are services coordinated?
- What are the barriers to care for students and families?
- What service gaps exist?
- Is the community satisfied with the current set of services?
- How have previously implemented programs worked?
- Would the SBHC or another service model be best suited to meet student needs?
- What resources are available to meet these needs?
- Will you need additional funding to meet the needs?
- What resources, other than financial, will you need to fill service gaps?
- Who are the key persons that need to be involved in program planning and implementation?

Strategies for Answering Assessment Questions

There are many ways to answer the questions listed above. You will probably need to use multiple strategies in order to get all the answers you need. This section presents several approaches to collecting information.

Review and Collect State and County Health Data

As a first step, it is important to track down and review health demographics for your area, including West Virginia Bureau for Public Health (WVBPH) data, in your assessment. Your local family resource network may also have current community assessment data, including current community survey results. Data concerning the health and well-being of your community will help you determine your school's healthcare needs. (It will also prove helpful later when you start writing grant proposals.) See the following table for useful online resources.

Data Source	What it Contains	URL
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³ Adapted from "A Guidebook for Evaluating School-Based Health Centers" by Claire D. Brindis, David W. Kaplan, Stephanie L. Phibbs

West Virginia Dept. of Health's "Health Statistics Center"	Information on a range of information including vital statistics, Behavioral Risk Factor Surveillance Survey, WV County Health Profiles and Briefs.	http://www.wvdhhr.org/bph/hsc/
CDC Health Youth Data & Statistics	Surveillance activities including data from Division of Adolescent and School Health (DASH) and Youth Risk Behavior Surveillance System (YRBSS), School Health Profiles (SHP) as well as state-by-state data.	http://www.cdc.gov/HealthyYouth/data/index.htm
KIDS Count	KIDS COUNT identifies and tracks state and county-level trends in child well-being in West Virginia and publicizes those trends to inform public policy decision-makers and citizens.	http://www.wvkidscount.org/explore-our-data
Workforce WV	Labor market information (i.e. unemployment rate)	http://workforcewv.org/lmi/
WV Census	State and county quick facts	http://quickfacts.census.gov/qfd/states/54000.html
WV Department of Education	School information including enrollment, race, ethnicity, free and reduced lunch rate, test scores	http://wvde.state.wv.us/
Rural Assistance Center		www.raconline.org

Conduct Focus Groups

In addition to collecting statistical data about your community, you will want to gather information about your 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 a good way to gather feedback relatively quickly, but the results may not be taken as seriously as a survey. It is an *excellent* pre-cursor to a survey because it can help refine future survey questions and topics. It is also a good 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 needs assessments, such as surveys.

Depending on your budget, you may either hire a consultant who specializes in planning and facilitating focus groups or you may attempt it on your own. Perhaps the simplest way to conduct one is to start by brainstorming a set of open-ended questions on the topic for which you want feedback. Then schedule a meeting of students, community leaders, policymakers – whoever you are trying to understand. For example, if you are reaching out to the community in general, you want to include adults and youth that reflect the ethnicities, lifestyles, and economic backgrounds of your community. Once you have a group together, ask your questions, giving everyone a chance to speak. Make sure to assign someone to take notes or record the meeting.

Conduct Individual Interviews

Individual interviews may also be beneficial. They often will allow people to speak off the record and facilitates the detection of potential problems and allows time to express their view and eliminates constraints of group discussions.

Conduct Community Surveys

A survey can be a very effective tool. Again, you can hire an outside consultant to design, disseminate, and evaluate your survey – or you can attempt one on your own. Your survey can be as simple as a brief questionnaire asking people to rank their top priorities for a new SBHC. Depending on your issue

and audience, you can also develop a more complex survey with detailed policy questions. (See *Appendix F for sample surveys.*)

Establishing a School Health Advisory Committee (SHAC)

Every SBHC that receives funding from the WV BPH agrees to establish a School Health Advisory Committee (SHAC). SHACs are comprised of people from different professional fields, and they advise the SBHC staff on various policies and procedures. One requirement for WV SHACs is that a majority of the members be users or parents of users of the SBHC. Some of the SBHCs use the Local School Improvement Council (LSIC) or their school's health and wellness council to serve this purpose. The SHAC should meet at least twice a year and meeting minutes should be documented and distributed.

SHACs often review and endorse budgets, scopes of service, hours of operation and other policies, client satisfaction surveys, staffing plans, community partnerships and advocacy efforts. SHACs are generally comprised of 10-15 members, including some combination of the following:

- Students/clients, parents
- School district officials, board members, administrative staff & teachers
- Practicing physicians, school nurses, mental health providers, and dentists
- Local health department officials
- Members of the media
- Business leaders
- Religious leaders
- Local judicial officials such as parole officers or judges

The membership of your SHAC is directly related to the services that your health center offers. For example, if you do not offer dental services, you probably don't need a dentist. SHACs should reflect gender and racial diversity. It is suggested that each person serve a minimum two-year commitment with renewable option to encourage continuity and enhance committee function. Terms might be staggered so that rotation occurs for only half the committee each year.

The School-Health Technical Assistance Center at Marshall University have developed a Power Point presentation on an Advisory Committee available at: http://livewell.marshall.edu/mutac/?page_id=269.

Youth Participation on the SHAC

Youth membership on the SHAC is important. It enables you to better understand the adolescent health issues facing your community. WV BPH Health *recommends* that its grantees' SHACs include youth members. Some people are reluctant to include youth in advisory groups like the SHAC because they doubt youths' abilities to handle that type of responsibility. Others have seen youth engagement efforts fail and are reluctant to try again. The following table presents common challenges and solutions.

Common SHAC Participation Challenges

The Problem	Potential Solutions
<p>Under-prepared: Often adults and youth are uncomfortable or bored because they do not have the confidence or training to contribute effectively.</p>	<ul style="list-style-type: none"> • Provide a one-time orientation for new SHAC members that introduces them to SBHC issues, how the meetings are run, and common acronyms (like SBHC, SHAC, and BPH). • If funds are available, assign a SBHC staff member to provide ongoing training and transportation to the new and youth members. • If funds are <i>not</i> available, turn to other youth organizations in your community

	<p>to identify young people already trained in health, youth, or governance issues.</p> <ul style="list-style-type: none"> Recruit some of your SHAC members in youth-adult teams. For example, offer effective youth-serving organizations two slots, one for an adult and one for a youth. The adult would be responsible for recruiting the youth and helping with transportation and meeting preparation. Be sure to obtain parental consent for youth members.
<p>Not enough youth representation: Often only one youth is included on these types of councils, which can be an intimidating experience for the young person.</p>	<ul style="list-style-type: none"> Aim for at least three youth members on your SHAC. This number enables the youth to provide a support system for one another, making their participation more valuable. Including at least three youth also enables you to gain multiple youth perspectives and potentially expand the racial diversity of your SHAC. Make sure the youth know to clarify when they are speaking for themselves or on behalf of their peers.
<p>Poor logistics: Youth can't attend the meetings because of when or where they are organized.</p>	<ul style="list-style-type: none"> Conduct your meetings after school, on weekends, or in the evenings. Hold your meetings at or near the school, or assign each youth an adult partner who is responsible for giving her/him a ride. If at least one of your youth members has a car, assign her/him to be the driver, and provide reimbursement for gas. Again, be sure to obtain parental consent as applicable. <i>Best-case scenario:</i> The SHAC meetings are held twice a month on campus immediately after school.
<p>Students may be hard to contact: 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"> Require that each youth participant has an email account. Indicate in your recruitment materials that SHAC members are expected to check and reply to email at least twice a week.
<p>Finding students to participate: SHAC organizers have a hard time recruiting youth who are willing to take on the responsibility.</p>	<ul style="list-style-type: none"> Get youth excited about serving on the SHAC by producing fun recruitment flyers that point out how important the SBHC is (or will be) to teens. Recruit through people who deal with youth every day, i.e. teachers and youth organization staff. 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. Offer a modest financial stipend.
<p>Meetings too technical: The content of the meetings is too complicated for youth to understand.</p>	<ul style="list-style-type: none"> Make sure each agenda has at least one or two items that specifically draw on the <i>youths'</i> expertise, such as what services teens need, what concerns students at school have, or how to make the health center increasingly "teen-friendly." Assign each youth an adult partner to help prepare youth for the meetings. Email the agenda in advance, so youth have time to look over it and ask questions before the meeting.

Establishing a Youth Advisory Board

In addition to including youth on your SHAC, you can also consider establishing a youth advisory committee comprised exclusively of a diverse group of young people. This approach is described in Chapter 7: Youth Involvement.

Maintaining Community Involvement Long-Term

Conducting your community assessment, establishing your SHAC, and perhaps starting a youth advisory committee are all ways to get the community involved in your SBHC. As mentioned previously, these activities are important to ensuring adequate support for a new health center.

However, *maintaining* that community involvement long-term is essential to your SBHC's ongoing success. Ideas for maintaining community involvement follow:

- Host an open house at the beginning of each school year so that students, parents, community leaders, and policy makers are familiar with the SBHC. The West Virginia School-Based Health Assembly has tools and resources available to help you organize an open house.
- Make sure your SHAC continues to meet regularly and represent different viewpoints and backgrounds.
- Create a health newsletter that lets students, parents, and local legislators 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 your SHAC.)
- Plan a round-table 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.
- Get your adult and youth SHAC members to help you organize booths or information tables at local community festivals, cultural holidays, education days at the State Capitol, or other events parents, students, and potential SBHC supporters are likely to attend.

Worksheet: Your Community Planning Process

This worksheet will help you get your community planning off the ground.

1. What are the major things you want to accomplish with your community planning process? (i.e., widespread support from local nonprofits, endorsement by respected medical leaders in your area, support from the PTA or other parent groups)

2. Who are the key types of people who should be involved in your community planning process?

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<hr/>	<hr/>
<hr/>	<hr/>

3. What types of needs assessment tools (i.e., surveys, data collection, focus groups) will you use to gather initial information about your community? Which might you conduct later? Set timelines.

What to do now: _____

By when: _____

What to do later: _____

By when: _____

4. What types of people do you need to recruit for your SHAC? Is this list different than the list in question 2? (You want a wide range of people reflecting diversity in gender, race, and professional expertise.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. How will you go about recruiting adults in the above roles?

Recruitment strategies: _____

6. How will you recruit youth for your SHAC? What organizations exist in your community that could help you support your youth members?

7. Looking over the table on “Common Participation Challenges”, record how you plan to overcome the common barriers to youth participation on the SHAC.

8. Once you have achieved good community participation in your SBHC, through your SHAC and other ways, how will you maintain that enthusiasm and interest?

Health Center Structure

Choosing a Structure

The SBHC should strive to provide a level of service appropriate to its community's needs and health status. A local partnership will be formed to plan the SBHC, basing decisions on the needs and desires of school officials, parents, teachers, health providers, local Public Health Departments, city or county governments, and interested local employers. Within this group, school administrators will play a key role in determining how schools will utilize space and what types of services to offer.

Perhaps the first major decision each community will make is what type of sponsoring agency to partner with for its SBHC. The following section addresses this critical decision.

Types of Sponsoring Agencies

SBHCs cannot just operate on their own. Each requires a “sponsoring agency.” Among other things, the sponsoring agency becomes legally responsible for the health center and its compliance with state and federal laws, regulations, and professional standards, provides oversight for the health professionals, handles billing of insurance providers and sometimes parents, maintains financial and medical records, and often provides malpractice insurance for providers.

Most SBHCs in West Virginia are sponsored by community health centers but may be sponsored by other agencies such as a hospital or health department.

Community Healthcare Agencies

A community healthcare agency (CHA) is a primary healthcare provider that provides accessible, affordable primary health services, usually in areas that are medically underserved. A CHA might be run by a local health department, a university, a hospital, a local doctor, or a private nonprofit health care organization. In WV, the most common CHAs are federally qualified community health centers (FQHCs) that are private, not for profit consumer based organizations meeting specific federal funding requirements; and rural health clinics (RHCs) that are usually affiliated with local hospitals. CHAs leverage federal, state, and private funds to provide cost-effective and culturally competent healthcare to underserved areas and populations. These agencies typically provide care to anyone, regardless of their ability to pay.

For information about geographic areas that are federally designated as having a shortage of primary medical care, dental or mental health providers: <http://bhpr.hrsa.gov/shortage/>

Community Health Centers - WV Primary Care Association <http://www.wvpca.org/>

Rural Health Clinics – Center for Medicare and Medicaid Services:
<http://www.cms.hhs.gov/center/rural.asp>

Hospitals - WV Hospital Association: <http://www.wvha.org/>

CHAs such as a community health center are ideal sponsoring agencies for the SBHC, since personnel are accustomed to handling a wide range of health needs and systems are already in place for handling medical records, insurance billing, and government regulations. As the sponsoring agency, these organizations relieve the school district from handling most of the day-to-day operations of the SBHC. However, school officials must still designate a point person within the school system to be responsible for communicating and collaborating with the community health agency. The value of clear communication between the school and sponsoring agency cannot be underestimated. Open, formalized, and frequent communication are *essential* characteristics of successful SBHCs. (See *Appendix I, for a sample MOU between a school district and SBHC sponsoring agency.*) In addition to these agencies, your SBHC may develop contracts with other providers, especially for mental and oral health services. Each is described below:

Federally Qualified Health Centers are a type of CHA and are federally funded, nonprofit organizations that provide primary care and other services to people in medically underserved areas. Their services must be available to all residents in their service areas, with fees adjusted upon patients' ability to pay. Because SBHCs operate under similar principles, FQHCs make excellent sponsoring agencies. The FQHC can provide the billing and staffing infrastructure, making it possible to get a fully operational school health center up and running much more quickly than if the organizers were starting from scratch. In WV the majority of SBHC are sponsored by FQHCs. These FQHCs operate their SBHC as a satellite clinic of their main organization.

Universities and Hospitals

University and local hospitals can also serve as sponsoring agencies. For example, a university medical center could sponsor a SBHC, taking responsibility for fund-raising, hiring medical practitioners, billing insurance companies, and overall SBHC management. The school provides in-kind services such as space, electricity, and custodial services for the health center.

Doctor's Offices

A local physician's office may be a CHA sponsor. This approach to SBHC sponsorship is most likely to occur in small communities where funding is limited or where few health-serving agencies exist. Under this structure, the doctor's office handles supervision of the medical practitioner(s) and any insurance/Medicaid billing. This model entails a contractual relationship between the private physician and the funding source. Important to success of this model is the understanding that the physician will be available to all students regardless of ability to pay.

School Districts

Some school districts opt to run their own SBHCs, contracting with outside practitioners for their services. Under this model, the school district assumes all responsibility and liability for operating the SBHC. Some schools prefer this model because they feel it gives them more control over the health center. The WV Department of Education, Office of Healthy Schools, discourages schools from sponsoring SBHCs on their own because of the cost of effectively hiring healthcare professionals, setting up insurance billing, and ensuring adherence to state and federal health regulations. School districts deciding whether to sponsor their own health center should consider the following issues:

- Schools often find it difficult to hire their own health staff, especially when the positions are part-time. A community health agency is more able to fill the positions since it can often fill the remaining hours. Further, school personnel are typically not equipped to assess a potential practitioner's medical qualifications. (For example, an effective school principal often knows how to spot a good teacher from an interview; the same principal probably doesn't know how to identify a well-qualified nurse practitioner.)

- School administrators must focus on adhering to their own education-related regulations and typically do not have time to learn about health regulations governing lab tests, patient confidentiality, pharmacy licensures, etc.
- The costs of running the health center may consume more resources than are available if the school has to pay for setting up billing, data collection, and liability insurance. By contrast, community health agencies already have such systems in place, resulting in cost savings.

All of these concerns can be addressed by working with a CHA, rather than schools sponsoring their health center on their own. The chart on the following page compares the responsibilities of a school under both a school-sponsored model and a CHA-sponsored model.

Who Does What?

Typically, whether or not a school district chooses a CHA to be its sponsoring agency, the school develops contracts – usually called memoranda of understanding (MOU) or memoranda of agreement (MOA) – that clarify responsibilities. The following table breaks out the most common functions.

Function	Typical responsibilities if the sponsoring agency is a <u>Community Health Agency (CHA)</u>		
	CHA	School	Both
Providing physical space for the SBHC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Determining the layout of physical space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Remodeling or building health center's facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hiring and training health center staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orienting health staff about school policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Establishing a School Health Advisory Committee (SHAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Securing funding for the SBHC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contracting with Medicaid and managed care orgs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing for services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that staff are credentialed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with parents about the SBHC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Establishing CLIA ⁴ waiver and procedures (lab tests)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing pharmacy procedures as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Public Health Dept. to establish MOU/MOA for vaccines, Title X, HIV, and infectious disease programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collecting data on clinical encounters and reporting to BPH and the school district	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following state-mandated clinical guidelines for the SBHC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring regular communication between school and health center staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Developing annual reports to the school board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ensuring adherence with HIPAA ⁵ requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing liability coverage for health providers and staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁴ CLIA=Clinical Laboratory Improvement Amendments, a set of federal requirements that insure quality lab testing.

⁵ HIPAA=Health Insurance Portability and Accountability Act, federal law that gives consumers rights over their health information and sets rules about who can look at and receive personal health information.

Locations

SBHCs can be located in a number of different areas. Their location determines if they are a school-based or school-linked health center. Refer to appendix for WV Policy 6200 which includes recommendations for SBHC space.

In the School Building

The most common location for a health center is *within* the school. This model generally uses one or more renovated school classrooms for the SBHC. This type of facility is considered a school-based health center because it is located within the school building. School safety procedures for student supervision are followed for students going to and from the SBHC.

In a Separate Building on Campus

Another type of school-based health center is one located in its own building on school grounds. Centers with their own separate buildings may provide more privacy for students utilizing the same school safety procedures for student supervision as they travel to and from the SBHC.

Linked to the School

A school-linked health center is a community health agency located *off* school grounds that has a formal relationship with one or more schools. Sometimes it is located within walking distance of the school. In other cases, transportation between the school and the health center is arranged and approved by the parent(s) or guardian(s) of said students. School safety procedures for student supervision as they travel to and from the SBHC must be followed.

Typical Staffing

When deciding on a SBHC's staffing configuration and the number of provider hours, you should take into consideration the size of the school. Medical and mental health provider hours are recommended based on the size of the school(s) served. Recommendations are included in the WV SBHC Standards and Guidelines. SBHC staff work in partnership with the school nurse and school mental health staff but do not replace any school staff.

Clinical providers for general healthcare and mental and oral healthcare need to be licensed. Generally, a nurse practitioner or physician assistant handles general medical care and licensed social workers or counselors provide mental health services. Ideally the staff reflects the ethnic diversity of the community. All of your staff should be trained in cultural competency issues which will be addressed later.

Sample Staffing Chart

A typical chart for staffing is presented below.

Level: School Pop.	NP /PA	MD	Nursing/MA	Behavioral Health	Office Support
1 >1300	32-40/week	as needed	32-40/week	32-40/week	32-40/week
2 900- 1300	21-31/week	as needed	21-31/week	21-31/week	21/31/week
3 300- 900	12-20/week	as needed	12-20/week	12-20/week	12-20/week

Job Descriptions

SBHC Coordinator

The coordinator of a SBHC has many responsibilities. This person handles operational procedures including preparation of the annual budget, purchases, staff supervision, grant proposals, and continuous quality improvement plans. The coordinator is also responsible for maintaining a good relationship with the school and community. This role of community and school liaison includes communication and coordination of services with the sponsoring agency, managing the school health advisory committee (SHAC), ensuring that SBHC services are delivered in culturally appropriate ways, and communicating with school administration, faculty and staff. Finally, the SBHC coordinator may be responsible for health promotion. These duties include conducting a needs assessment, coordinating health promotion activities, organizing health fairs, and overseeing risk reduction activities such as tobacco cessation, suicide awareness, physical activity, and nutrition. If the health center is not open five days a week, many of these duties will be conducted on days when it is closed.

School Nurse

School nurses are typically employed by the school, not the health center. The health center staff works in partnership with the school nurse. The school nurses work is defined in part by state regulation 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. In addition, school nurses often track immunization records. Unlike SBHC practitioners, school nurses cannot provide primary care nor can they bill Medicaid or other insurance providers for many of their services other than those required by an IEP (Individualized Education Plan). **SBHCs do not replace school nurses.** Rather, they complement services already being provided by placing additional resources in the schools. 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. In some cases, school nurses work independently of the SBHC. Other schools choose to incorporate school nurses into their new SBHC. Either way, school nurses are vitally important to comprehensive healthcare for students.

Medical Practitioner (Nurse Practitioner - NP or Physician Assistant - PA)

The licensed primary care provider provides a full range of general medical care for patients at the SBHC. The scope of services provided must be congruent with her/his training and licensure. For example, a NP can function quite independently (prescribing medications with MD

collaboration, performing basic medical care) while a PA must work under the direct supervision of a physician.

Mental Health Provider

Mental health providers in SBHCs help students who are experiencing stress, depression, substance abuse issues, family trouble, or other mental health (also called behavioral health) problems. Specific services include: primary prevention; individual and family assessment, treatment and referral; and group counseling. The mental health provider can be a LICSW, LCSW, LPC, psychiatrist, child psychiatrist, or psychologist.⁶

Nursing / Medical Assistant

The nurse/medical assistant is responsible to assist the medical provider and is responsible in ensuring a positive clinic flow. Duties may include taking vital signs, assisting with exams, answering and directing phone messages, cleaning and stocking exam rooms, lab draws, lab controls, screenings and appropriate documentation. In addition, this position may lead health education efforts and be a backup for the care coordinator / receptionist.

Office Support (also called Care Coordinator/Receptionist)

The care coordinator coordinates the care within the SBHC. This position will be the source of information for students, school staff and parents during school hours. This position is responsible for answering the phone, scheduling, making charts, pulling charts and ensuring the billing information is sent to the billing department. This position is also responsible for ensuring consents are obtained and doing data entry.

Physician Supervision

The Physician Director will be responsible for the medical care provided in the SBHC as well as referral oversight, including the development of policies and protocols. The physician will provide oversight and conduct regular chart audits.

Billing Clerk

The billing clerk processes “patient encounter forms” to generate insurance claims, performs data entry, and generates utilization and outcome reports for the sponsoring and state agencies.

Contractors

Many of these professionals may be hired and funded through contracts with outside healthcare agencies. Like your main staff, these individuals need training in your SBHC’s policies such as cultural competence, confidentiality, record-keeping, etc. See Appendix I, for sample contracts.

Additional Staffing Options

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

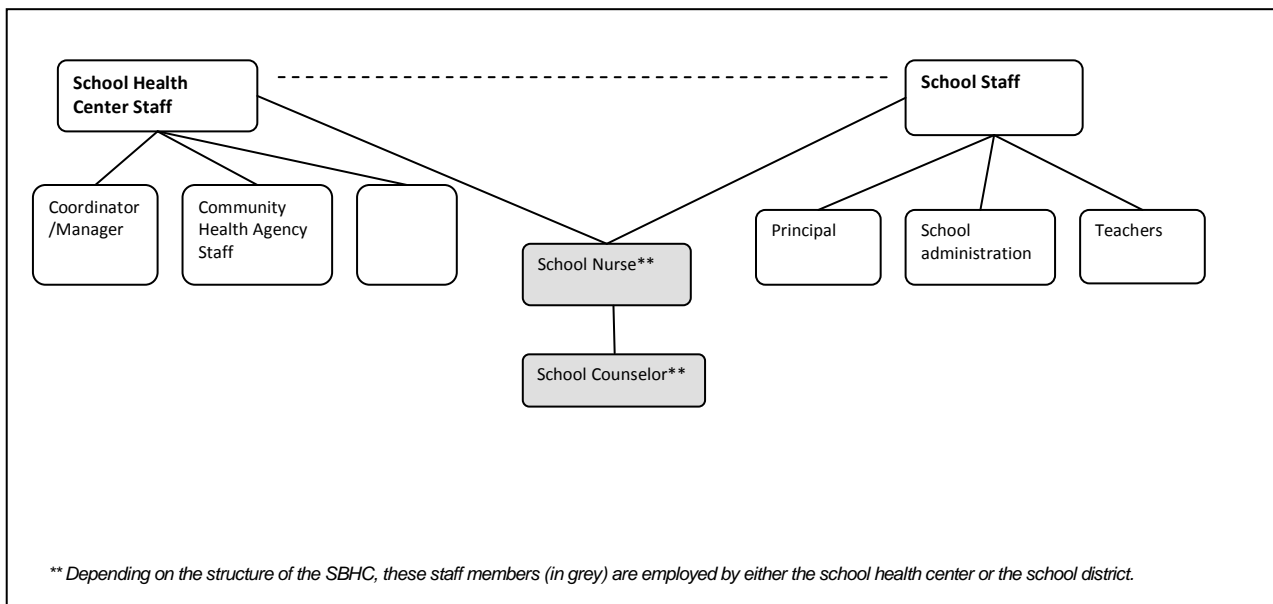
- Nurses for SBHC management and family resource services
- Health educators for student, school and community education and outreach
- “Telehealth” service providers
- Psychiatrists and psychologists

⁶ LICSW=Licensed Independent Clinical Social Worker; LISW=Licensed Independent Social Worker; LPC=Licensed Professional Counselor; CNS=Clinical Nurse Specialist

- Dieticians to provide clinical assessment, education, and counseling for students and families
- Dental hygienists and dentists to provide health education, screenings, and prophylaxis (i.e. fluoride and sealants)
- Staff to participate in truancy reduction and dropout prevention efforts
- Staff to provide and/or support youth development services such as mentoring, youth advocacy training, peer education, tutoring programs, summer programs, ropes courses, cultural awareness projects, community gardening, youth conferences, poetry and creative writing, art projects, service-learning projects, and job/career counseling.

Interface Between School Health Professionals And School Staff

It is vital that the SBHC staff communicate regularly with school staff. A model of this communication is provided below:



Worksheets: Determining Your Health Center Structure

This worksheet will help you determine the best structure for your SBHC in terms of sponsoring agency and staffing.

1. Which overall sponsoring agency structure makes the most sense for your SBHC:

Community Health Agency (CHA) School District Other: _____

2. If you selected CHA, what types of agencies exist in your area? (i.e., rural health clinics, community health center, local public health offices)

3. How might you approach one or more of those agencies?

4. If you selected the school district as your sponsoring agency, how will you overcome the challenges of using this model?

5. If you selected "other," record your plan:

6. Based on the staffing chart, what types of people will you hire? Indicate each person's role, and how many hours per week she/he will work.

7. What types of hiring procedures must you put in place (i.e., job announcements, eligibility criteria, interview teams, benefits plans, salary ranges)? What are your diversity goals for the make-up of your staff?

8. What contractors will you hire? How will you develop appropriate contracts for these individuals?

9. What systems will you put in place that ensures good communication between your staff, your contractors, and the school staff (especially the school nurse)?

Health Center Funding

How WV SBHCs Are Funded

The funding matrix for each school-based health center (SBHC) in West Virginia is different, due to the unique resources and needs in each community. Most SBHCs in the state receive some funding from the West Virginia Bureau for Public Health's Division of Primary Care (WV BPH). For those providing direct mental health services, many receive grants from the Sisters of St. Joseph Health and Wellness Foundation. However, health centers cannot rely on these sources as new funding is currently not available. They must strive for a diverse funding base comprised of foundation, community, insurance, school, and private sector sources.

Funding Sources

In order to raise the funds your SBHC will need, you will cast your net broadly – to foundations, state sources, and even local civic organizations. The following list contains potential funding sources. Sample grant proposals are available at: www.sbh4all.org.

Federal /State Government Funds

- HRSA (Health Resources and Services Administration)– Office of Primary Care – Outreach Grant Program and Network Program: www.ruralhealth.hrsa.gov
- SAMHSA – Substance Abuse & Mental Health Services Administration: www.samhsa.gov
- BBHF – Bureau for Behavioral Health and Health Facilities
<http://www.dhhr.wv.gov/bhhf/Pages/default.aspx>
- DPC: Division of Primary Care in the Office of Community Health Systems and Health Promotion of the Bureau for Public Health of the WV Department of Health and Human Resources
<http://www.dhhr.wv.gov/bph/Pages/default.aspx>
- US Department of Agriculture - nutrition grants: www.usda.gov/

Foundations

National Foundations

- W.K. Kellogg Foundation: www.wkkf.org
- The New York Life Foundation: www.newyorklife.com/foundation
- Prudential Foundation: <http://www.prudential.com>
- The Commonwealth Fund: www.cmwf.org
- Robert Wood Johnson Foundation: www.rwjf.org

State Foundations

- Claude Worthington Benedum Foundation: <http://www.benedum.org/>
- The Sisters of Saint Joseph Health and Wellness Foundation:
<http://www.ssjhealthandwellnessfoundation.org/>

Database Websites

The following websites provide searchable databases of potential funding sources and grant-writing tips.

- School Grants: www.k12grants.org
- Center for Health and Health Care in Schools: www.healthinschools.org
- Foundation Center: www.fdncenter.org
- Center for Disease Control and Prevention: <http://www.grants.gov/>
- Foundations Online Directory: www.foundations.org
- Grantwriters.com: www.grantwriters.net

Writing a Good Grant Proposal⁷

Once you have identified a potential funding source, research how it prefers to be contacted. For example, foundations often request a short Letter of Interest (LOI) that explains your request, after which they may (or may not) invite a full proposal. Other agencies are different; they typically issue a Request for Proposals (RFP) and often use a strict protocol for answering questions prior to receiving your proposal. If you respond to an RFP, follow the instructions *exactly*.

Categories of Grants

There are different types of grants. Three that you might consider seeking include:

- **Program grants** for a particular service or set of services (such as a drug prevention program to be run from your SBHC)
- **Research grants**, you study a problem or evaluate a program (such as whether students using your SBHC know more about nutrition than their peers who do not use the health center)
- **Planning grants**, enabling you to cover expenses (usually salary) during a planning and research phase of a new program (such as launching or expanding a school health center)

In the best of cases, you might combine these three grant types to support one well-funded program. For example, if you wanted to launch an obesity prevention program at your health center, you might seek a 6-month planning grant to prepare your curriculum, followed by a 3-year program grant to staff and implement the program, and a research grant to track the effectiveness.

Quick Tips

- Organize your proposal exactly as the funder requests.
- Use headings and subheadings throughout.
- Do not assume the reader knows about your area—describe it in multiple ways: geographically, demographically, etc.
- Write clearly, succinctly, and in active voice (i.e., “*We will serve 100 students.*”), not passive voice (i.e., “*As many as 100 students will receive services through our efforts.*”).
- Use varied devices to hold the reader’s attention: lists, numbered items, **boldface** and *italic* type.

⁷ Portions of this section drawn from materials developed by Howard Spiegelman, NM Assembly on School-Based Health Care.

Proposal Outline

Your actual proposal will follow whatever outline is requested by the funder. The list below reflects a common order that proposals often follow:

- Cover page with your organization's name, the funder's name, the program name, and your contact information
- Table of contents
- Executive summary or abstract
- Introduction and statement of need
- Program goals and objectives
- Plan of operation
- Evaluation
- Budget
- Appendix

Table of Contents

Always include a table of contents with page numbers. *Generate it last*, but lay the groundwork from the beginning by using heading styles in your word processing program. The program can then generate the table for you automatically.

Executive Summary/Abstract

Even though this is the first section the funder will read, it is the last section you will write. Produce it after you have edited and refined the main body of the document. Write the executive summary as a *standalone, one-page summary* of the entire proposal. Its content may – and likely will – be repeated somewhat in the proposal narrative. Provide your SBHC's mission, a program summary, a brief description of why the program is important, and how much money you are requesting.

Proposal Introduction

Proposals typically open with some kind of problem statement. Ideally you want to capture the problem in a way that sets the stage for the reader to see how your program *superbly* addressed that very issue. Include information such as:

- "The hook"—what is the problem?
- State and local demographics (such as number of schools, number of healthcare providers, economic and education levels of residents, racial and ethnic percentages, community health and poverty indicators)
- Health statistics (such as rates of immunization, substance abuse, suicide, teen pregnancy)
- Information on your SBHC (such as: what percentage of your school population is enrolled in the SBHC; the age, size, and condition of your facility; what services you provide; demographics by age, gender, and race of your clients; family and parent involvement programs; number of student and parent volunteers; the number of students seen per year – and the number of SBHC visits per year – by demographics and diagnosis)
- Information on your school (such as rates of dropout, suspension, retention, free and reduced lunches, and discipline referrals)

Program Goals

Goals are general statements of what you want to accomplish (vs. objectives, which are more specific and measurable. Goals are broad in scope, focused on long-term, and are not usually easily measurable. Examples follow:

1. Create a healthier environment at Anytown High School by establishing a new school-based health center (SBHC) where students can access healthcare in a safe, convenient place.
2. Generate community support for the SBHC among local businesses, religious groups, civic organizations, parents, and students.
3. Increase availability of health information resources for students including materials on nutrition, physical activity, substance abuse, teen pregnancy, and STIs.

Objectives

Objectives are specific, measurable outcomes of your program. Typically, each program goal will be supported by three or more objectives. The objectives below are written for goal #1 above:

- By October 20XX, convert two AHS classrooms into one health center, comprised of a waiting room, two exam rooms, a common room for meetings and group therapy, and two staff offices.
- Hire licensed staff, including a part-time nurse practitioner and a part-time therapist, by December 20XX.
- Provide physical and mental health services, two days per week, to an average of 30 students per month, beginning January 20XX.

Plan of Operation—Methods and Activities

This section presents the details: what you will do and how. It is typically the longest section in the proposal, but remember, *the funder reads hundreds of proposals a year, so aim for simplicity and clarity.*

- Include a timeline
- Describe methods and specific activities to meet objectives
- Describe key personnel and their role(s)
- Present the short and long-term results and benefits, such as the number of people to be served, any new products produced, and the health impact on students and community.

Evaluation Plan

Include a complete plan to measure all goals and objectives. See Chapter 6, for information on evaluation.

Budgets

In most cases you will provide two budgets: a program budget (indicating how you will spend this particular funder's money), and an organizational budget (indicating overall funding for the entire SBHC). The budgets should be clear and follow the funder's guidelines for format. Typical categories include:

- Personnel—salaries and benefits
- Consultants and contract services
- Space costs—office rent, utilities, maintenance
- Equipment
- Office supplies
- Travel

Appendices

Your proposal's appendix will contain supporting materials such as letters of support, press clippings, resumes for key staff, or related materials. Only include information that is directly relevant to your request.

What If You Don't Get Funded?

Always try to find out why. You can learn a lot about how to strengthen your next proposal by interviewing a funder who just declined your grant. If you were turned down by a foundation, ask if you can revise and resubmit. Do not be discouraged, since the majority of proposals are declined.

Raising Money from Local Organizations⁸

While the majority of your funds will likely come from one source, local service organizations can be great sources of money and volunteers. Often their members perform community service every year as a requirement of membership in the organization. When approaching service organizations, such as the Rotary or Lions Clubs, you ultimately want them make a commitment to provide funds and/or in-kind assistance annually. You probably will not get this annual commitment initially, but it is useful to look on it as the long-term goal.

Steps for Soliciting Support

1. Develop a list of service organizations in your community (Lions, Rotary, Women's Club, Chamber of Commerce, or the AARP).
2. Consider joining one or more of these organizations as is appropriate. Encourage members of your SHAC to join civic groups as well.
3. Determine each group's service interests and what types of special projects it selects.
4. Determine the types of members each organization attracts, in order to identify opportunities to recruit volunteers such as dentists, optometrists, ophthalmologists, pharmacists, etc.
5. Write the president or chair of the organization a letter that spells out your request (i.e., that you seek financial support or the members' volunteer time), and ask if you can give a presentation to the group. *Avoid the use of jargon or acronyms; for example, never use the term "SBHC" when writing or speaking to a community group. Use "school health center" or "school clinic" instead.*
6. Follow up your letter with a phone call.
7. If you get the opportunity to give a presentation, consider bringing a youth leader to co-present with you.

⁸ Portions of this section were adapted from material developed by the National Assembly on School-Based Health Care (NASBHC).

Retaining the Organization's Support

Once an organization donates money or time to your SBHC, make sure they will want to donate again.

- Send a thank you letter, and possibly include a personal note from one of your youth leaders.
- Acknowledge the organization's support in your newsletters, mailings, website, or other outreach materials.
- Periodically send photos and updates about your work and the ongoing value of the organization's donation.

Benefits of Engaging Local Organizations

Besides helping you meet your SBHC's bottom line, active community support brings other benefits.

- Exposure to the health center creates more advocates for the health center concept. In fact, one way that the Republican Senate floor leader in the Louisiana Legislature became an advocate was through his wife's connection to the health center through Junior League.
- Service organization volunteers add another dimension to the work of the SBHCs. They can help staff the reception desk at the health center, assist with getting up-to-date immunization records for the health center registrants, or become mentors to youth in trouble.

Examples

- The Junior League in Baton Rouge gives its local SBHC \$7,200 every year to support physician services to teen parents.
- A Rotary Club in Denver donates \$500-\$4,000 each year to its SBHC. In addition, dentists who belong to the Rotary Club donate their time for a yearly dental screening of preschoolers and offer free/low cost treatment to needy children.

Becoming an Approved Medicaid Provider

Because SBHCs often operate in low and middle-income communities, many of your clients are either insured by Medicaid, or they could be if they knew how to sign up. This fact means that a meaningful portion of your SBHC budget may be met by submitting bills to Medicaid for services your SBHC provides. Be sure to work with your sponsoring agency to ensure all the paperwork is completed for credentialing of your SBHC provider.

Facility Site Visit

SBHCs that participate in Medicaid are required to undergo site visits to ensure that they meet Medicaid criteria around HealthCheck Exams. An initial site visit is performed by WV HealthCheck Outreach Worker prior to inclusion of the SBHC as a Medicaid-billing site.

Ongoing Compliance Standards

There are additional clinical and quality compliance standards that WV SBHCs must strive to meet. Please refer to WV SBHC Standards and Guidelines at http://livewell.marshall.edu/mutac/?page_id=273

Medicaid and Children's Health Insurance Program (CHIP) Enrollment for Your Clients

Once your SBHC is an approved provider, you can bill for services you provide to clients who qualify for Medicaid. However, often people do not know they qualify, or they do not know how to sign up. Most SBHCs have at least one staff member who is trained to help people enroll in Medicaid or CHIP.

Typical Expenditures

One-time Capital Expense: (Presumes one exam room)

Durable Equipment- Medical	Cost
Hemocue	800
Microscope	675
Stethoscope (1/room)	100
Blood pressure cuff-automated	85
Blood pressure cuff-wall mount (1/room)	110
Transformer for oto/ophthalmoscope (1/room)	340
Oto/ophthalmoscope-wall mount (1/room)	600
Exam table with stirrups (1/room)	1,000
Exam stool (1/room)	90
Woods lamp	350
Glucometer	70
Audiometer-hand held	700
Thermoscan	150
Peak flow meter (1/room)	25
Sharps container	6
Covered trash can (1/room)	45
Height/Weight scale	250
Mayo stand (1/room)	100
Light, exam, gooseneck (1/room)	65
Vaginal speculum light illuminator (1/room)	165
Snellen Eye Chart	6
Nebulizer	85
Wheelchair	200
Oxygen canister w/face mask, cart	150
Resuscitation Ambu bag	150
Privacy screen with caster (1/room)	140
Total Capital Outlay - Durable Medical	\$6,457

Durable Equipment- Office	Cost
Copier/FAX/Printer	850
Computer w/internet access & printer	3,000
Telephone-private line	250
Telephone-public line	250

Annual Recurring Expenses:

Pharmacy Expense	Cost
License fee	150
Pharmacist consultant	0
Refrigerator-vaccines, meds	100
Epinephrine, single dose \$.65	7
Oxygen refills	60
Total Pharmacy Expense	\$317

Lab Expense	Cost
CLIA -waived lab Fee	100
Refrigerator-specimens	100
Total Lab Expenses	\$200

Supply Expense	Cost
Pharmaceuticals for uninsured	2,000
Bandages	
Ace wraps	
Suture removal kits	
Tongue blades	
BMI Wheels/percentile graphs	
Ear speculums	
Vaginal speculums	
Specimen cups	
Exam drapes	
Fluorescein strips	
Glass slides	
Cover slips	
Normal Saline	
KOH solution	
Syringes	
Scissors	
Charts	
Pens, staples, etc.	
Paper	

Furniture-desk, files, etc	4,000
Total Capital Outlay - Durable Office	\$8,350

Total Supply Expense (depends on level of service)	\$3,000 -\$6,000
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Cost projections are based on 2009 sources; local market should be evaluated.

Sample Personnel Expenses

Salary Range Guidelines For SBHC Staff			
SBHC Staff	Hourly Salary Range	Annual Salary Range	10-month Salary Range
Manager/Coordinator	\$17 - \$33	\$35,360 - \$68,640	\$29,390 - \$56,970
Physician – Medical Director	\$60-\$72	\$150,000-\$200,000	\$124,000- -\$166,000
Mid-Level Medical Provider	\$30 - \$55	\$62,400- \$114,400	\$51,790 - \$94,950
Mental Health Provider	\$20 - \$35	\$41,600 - \$72,800	\$34,530 - \$60,420
LPN or MA	\$8 - \$15	\$16,640 - \$31,200	\$13,810 - \$25,900
Clerk / Care Coordinator	\$8 - \$15	\$16,640 - \$31,200	\$13,810 - \$25,900
Other i.e. Dental, Health Educator, Billing, Lab			

Notes: 1) These salaries do not include benefits which vary but may be estimated at an additional 20-30% of the salary. Mal-practice insurance would be an additional cost for medical providers unless covered under FTCA. 2) School districts have specific pay scales for technical, non-technical and managerial positions; therefore, these estimates need to be considered if the school district chooses to direct hire for these positions. If the school district contracts with a health care agency to provide all SBHC staff, the health care agency takes responsibility for salaries, benefits, mal-practice 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.

Worksheets: Determining Your Fundraising Strategy

This worksheet will help you plan and implement a funding strategy for your SBHC.

1. Look at the sample funding budget. Determine your anticipated budget by utilizing the following tools:

Assessing Your Current Situation

2. Drawing on the sample personnel expenses table and sample budget (or your actual personnel numbers if you know them), estimate your total annual staffing allocation. *Be sure to work with your Chief Financial Officer.*

Staff member	Estimated annual salary
SBHC Coordinator	\$
Medical Practitioner(s)	\$
Mental Health Practitioner(s)	\$
Clerk / Care Coordinator	\$
Other (i.e. dental, health educator)	\$
Total Personnel Cost	\$

3. Using your estimated personnel cost from the table above, the sample expenditure table, and any projected SBHC expenses you already know, develop an estimated annual budget for your health center.

Expense	Estimated Annual Amount
Personnel	\$
Medical expenses	\$
Office supplies	\$
Overhead	\$
Other	\$
Total Estimated Budget	\$

4. Now you know, roughly, your annual operating budget. Next, using the table below, determine how much money you still need to raise. List any funding sources that are **already** committed to support your SBHC this coming school year.

Committed Funding Source	Amount of Grant or Donation
--------------------------	-----------------------------

WV BPH	\$
In-kind support from your school	\$
Local contributions	\$
In-kind or financial support from sponsoring agency, local health department or hospital	\$
Other state or federal grants	\$
Foundation grants	\$
Other	\$
Other	\$
Other	\$
Total Funds Already Committed	\$
Your Estimated Annual Budget (From Question #3)	\$
Subtract the Difference THIS is how much money you need to raise.	\$

Developing a Short-Term Fundraising Plan

5. Now you know how much money you need to raise. Develop a short-term fundraising plan to meet your immediate needs. Look over this chapter for potential grant sources, instructions for writing good proposals, and tips for raising funds from local organizations. If your timeframe is short, do not count on state, federal, or national foundation grants – all of which tend to take several months. Instead turn your energies to state and community foundations as well as local civic groups. Fill out the following table (continued on the next page) to develop a plan.

Potential Funding Source	Amount (Range)	Estimated Likelihood Of Success	How To Approach
<i>Example: Local Rotary Club</i>	<i>\$500-\$1,500</i>	<i>75%</i>	<i>Draft a letter. Ask the SHAC Chair, who is a Rotarian, to deliver the letter to the club and start the process.</i>
<i>Example: West Virginia Foundation</i>	<i>\$2,000-\$5,000</i>	<i>50%</i>	<i>Write a letter of intent, per the foundation's guidelines, and co-sign it with the school principal. Follow up with the foundation two weeks later by phone. If the letter is approved, submit a proposal.</i>

Sample Operations Overview

Each SBHC operates differently, with its own staffing, hours of operation, services, and procedures. The following description provides a snapshot of day-to-day operations at a hypothetical school health center in a small or medium-sized town.

“Anytown” High School has a student population of 750. The SBHC typically serves approximately 75-100 students a week with basic physical and mental health services. The center is open five days a week from 8:30 am - 3:30 pm. Its staff is comprised of the following positions:

- Certified Nurse Practitioner
- Mental health provider with a master’s degree in social work
- Clerk / Care Coordinator
- Administrator / SBHC Coordinator

The school also has a school nurse and a school counselor, both of whom are employed by the school, not the health center. These school staff members collaborate with health center staff. The SBHC also collaborates with its sponsoring Community Health Center for services that are not provided at the SBHC.

The SBHC itself is a renovated home economics classroom that was larger than the standard classroom. That space was remodeled to accommodate a waiting room, two exam rooms and a common room for group therapy sessions and staff meetings. The waiting room furniture is comfortable, and there is lots of natural light. It shares its waiting area with the school nurse. The SBHC is painted in a fun, upbeat style because it was decorated by teens at the school, some of whom later became members of the health center’s first school health advisory committee (SHAC). The center gets strong support from parents, teachers, and students – all of whom recognize the important service it provides.

Vaccinations and Lab Tests

The SBHC administers some vaccinations and lab tests on-site.

Vaccines normally available on site may include:

- Tdap (tetanus)
- MMR vaccine (measles, mumps, rubella)
- Hepatitis B vaccine
- IPV vaccine (polio)
- Menactra (meningitis)
- HPV (human papillomavirus)

Some SBHCs have a vaccine day, which is a day when certain vaccines are on site and available. All SBHCs should participate, independently or through their sponsoring agency, in the Vaccine for Children’s Program.

Normally CLIA waived lab tests are done at the SBHC and may include:

- Serum glucose
- Hemoglobin
- Urinalysis
- Pregnancy testing
- Strep screen
- Mono test

- Wet prep

Other lab tests may need sent out for analysis, such as:

- Throat cultures
- Urine cultures
- Pap smears
- Chlamydia and gonorrhea tests
- Thyroid tests
- Lipid profiles

Cultural Competence Issues and Procedures

The United States healthcare system is caring for an increasingly diverse nation. The U.S. Census Bureau projects there will be more ethnic and racial minorities than whites by the year 2045 (Census Bureau, 2000). Even in the year 2000, the school-age children among minority populations totaled approximately 21 million African Americans, American Indians, Asian/Pacific Islanders, and Hispanics. This compares with 39 million white children ages 5-19 (Census Bureau, 2000). Though these figures demonstrate a large minority population, there is concern that some U.S. healthcare providers offer services that do not take this diversity into consideration.⁹

For these reasons, it is essential to consider the impact of cultural issues on students and their parents. Culture impacts people's views about general health care, reproductive health care, and consent issues. Pachter (1994) illustrates cultural competence through his description of a culturally sensitive health care system:

“A culturally sensitive health care system is one that is not only accessible, but also respects the beliefs, attitudes, and cultural lifestyles of its patients. It is a system that is flexible – one that acknowledges that health and illness are in large part molded by variables such as ethnic values, cultural orientation, religious beliefs, and linguistic considerations. It is a system that acknowledges that in addition to the physiological aspects of disease, the culturally constructed meaning of illness is a valid concern of clinical care. And finally, it is a system that is sensitive to intra-group variations in beliefs and behaviors, and avoids labeling and stereotyping.” According to the Kaiser Family Foundation, it is also important to take into account that other population groups such as those defined by social class, religious affiliation, and sexual orientation may also have unique perspectives that should be incorporated into the definition.¹⁰

Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities.¹¹

⁹ & ¹⁰ *This Land Was Made for You and Me: Cultural Competence in School-Based Health Centers*, published by the Center for Health and Health Care in Schools, <http://www.healthinschools.org/Health-in-Schools/Health-Services/School-Health-Services/School-Health-Issues/Cultural-Competence.aspx>.

¹⁰

¹¹ *Office of Women and Minority Health at the Bureau of Primary Health Care, HRSA*

Culture and language have considerable impact on how patients access and respond to health care services¹². To ensure equal access to quality health care by diverse populations, SBHCs should:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment.
2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
3. Involve the school health advisory committee (SHAC) in designing culturally competent service delivery.
4. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.
5. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery.
6. Provide all limited English proficiency (LEP) clients with access to bilingual staff or interpretation services.
7. Translate and make available signage, commonly-used written patient educational materials and all SBHC forms.
8. Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the medical record.

Typical Standards of Care

Every SBHC is different, but some elements – such as the need for basic equipment and licensed medical providers – are similar across the board. The following checklists can help you plan and implement basic policies for your clinic. They are divided into three phases, transitioning from start-up to a fully functioning health center.

¹² U.S. Bureau for Public Health and Human Services
Office of Minority Health

Phase 1: Getting Your SBHC off the Ground

When a new SBHC is getting started, it often provides a minimum of services and only has its most essential policies in place. At this phase of a health center's development, the staff is more focused on getting phones hooked up than on "best practice clinical guidelines," for example. The following checklist includes basic, minimum standards that a typical health center meets before it begins serving students. Also refer to WV SBHC Standards and Guidelines.

Phase 1 Clinical Standards	Resources/Notes
Treatment providers have current license and wear nametags that contain their name, licensure, and title (for example, Sally Smith, Nurse Practitioner, CNP)	
Basic medical equipment in place	See SBHC Equipment list
Compliance verified with West Virginia Board of Pharmacy regulations	
Compliance assured for Clinical Laboratory Improvement Amendments (CLIA) for all lab tests	
Direct patient care personnel trained in reporting child abuse, suicide/homicide ideation, infection control, emergency care, including general first aid, CPR and Heimlich maneuver	
Emergency kit available OR process in place to handle emergencies	
Disposable needle containers present and labeled appropriately	
Adequate sterilization equipment available and tested routinely	
Infectious materials disposed of separately with appropriate labels	
Standard precautions observed and signs posted	
Parent and/or client consent for treatment signed and on record in chart	
Prescription pads not pre-signed AND inaccessible to the public	
Medication stored in a secure area and not accessible to the public	
System in place to identify each student's primary care provider (medical home) and document coordination of care	
Client charts/ EHR maintained as per sponsoring agency standards	
Phase 1 Physical Site Standards	Resources/Notes
Waiting area/parking lot clean, accessible	
Fire exits, extinguishers prominently displayed	
Accessible entrance ramp, water fountain and restroom available	
Exam and counseling rooms built with soundproof walls	
Dedicated and private phone, fax and email account in place	
Medical charts inaccessible to the public, school personnel and behind double locks	
Phase 1 Operations and Policy Standards	Resources/Notes
Healthcare provided to all clients regardless of ability to pay; no co-pay or administrative fees are collected at the SBHC site at the time of the visit. Billing is completed unless confidentiality indicates otherwise.	
Office hours and after-hour availability posted and also available on phone message	
Internal and external referrals/consultations for primary and mental health provided as indicated	
Clients provided or referred for confidential services, in accordance with WV state law	
Written policy established regarding the transportation of clients by SBHC personnel	
Private medical information transferred in accordance with the HIPAA regulations, with measures to ensure confidentiality, privacy, and security of personal health information established	
Policy in place ensuring medical charts are not regularly transported from one medical facility to another and that HIPAA compliance is maintained	
Confidentiality of all client information and medical records maintained and confidential progress notes identified as such	
Written policy in place regarding hazardous waste and infectious materials	

Phase 2: Refining Services and Policies

Once an SBHC has met the standards above, its staff will start fine-tuning the services it provides – and the policies that enable those services to be provided smoothly. The following checklist includes standards that a typical health center meets by the end of the first year of operation.

Phase 2 Clinical Standards	Resources/Notes
Additional medical equipment acquired as needed	
Policy in place to ensure that confidential services are documented only after client has given consent and been informed of benefits and risks of each service	See Appendix N for sample consent forms
Collect a student health history within the first three visits to the SBHC	See sample health history form in Appendix K
Medication refrigerator temperature logs posted and checked daily	
Standardized chart format utilized and client records securely bound	See Appendix K for instructions on client chart organization,
Name, sex, DOB documented on each page of medical chart/ EHR	
Allergy status prominently displayed	
Diagnostic report has independent section in chart	
Care coordinated with the client's primary care provider with each new or additional diagnosis	See PCP notification form in Appendix O
Phase 2 Physical Site Standards	Resources/Notes
Adequate number of private exam and counseling rooms and offices	
Designated laboratory space	
Secure pharmacy space with lockable storage of medications	
Accessible restroom	
Phase 2 Operations and Policy Standards	Resources/Notes
School Health Advisory Committee (SHAC) established and meets at least twice yearly with minutes on file	
All clients health insurance status assessed for Medicaid eligibility, CHIP & private plans	
SBHC supported and collaborated with the school's Crisis Response Team and Crisis Plan	Refer to School District's plan
Compliance ensured with data collection requirements per WV BPH contract, if applicable	
Appointment system in place that is responsive to emergency and unscheduled appointments	Reference Appendix K for appointment procedures
No show and/or cancellation system in place that documents in medical chart when client does not keep appointment	

Phase 3: Adding More Sophisticated Services and Policies

After a few years, a SBHC will have streamlined its systems, met all the required standards above, and turned its focus to fine-tuning the services it provides. The following list includes standards that most health centers meet two to five years after opening.

Phase 3 Clinical Standards	Resources/Notes
Evidence-based or best practice clinical guidelines followed for primary and mental health to include acute, chronic and preventive health care services	
Complete a Health Progress Notes form after each client visit	See Appendix K
Youth Suicide Prevention and Intervention Plan developed and maintained	
Coordination of services provided	
Phase 3 Operations and Policy Standards	Resources/Notes
Quality Assurance Plan developed and maintained that monitors and evaluates services	
Satisfaction surveys performed yearly, gathering feedback of students, general school population, parents and school staff	
Documentation in place of health promotion, health education and disease prevention programs and activities	
Familiarity demonstrated with the responsibilities of schools and the rights of clients with 504 plans and Special Education	
Positive social development of young people promoted by providing youth friendly services and referrals to youth development services	
Client data generated by the SBHC used without identifiers and only in aggregate form or in accordance with SBHC and sponsoring agency policy	
SBHC Medicaid HealthCheck requirements adhered to in order to achieve eligibility to bill for HealthCheck services	

Evaluation and Data Collection

Why Evaluation Is Important

If performed correctly, evaluation has the potential to improve service delivery and its impact on health. Most nonprofit professionals today recognize that effective evaluation is essential to serving clients well. The goals of evaluation include: determining if you are improving health, meeting your program goals, continuously improving the quality of your program, serving clients well, and keeping the services funded.

It is important to establish good evaluation and data collection practices from the first day your SBHC opens. If you do not, you will face the unpleasant task of re-training staff later – at which point they may resent the evaluation requirements. By contrast, if data collection is part of the routine from the beginning, it becomes part of your organization's culture.

First Steps in Evaluation

When planning your evaluation and data collection plan, consider first the groups to whom you made obligations. What promises did you make to your community, school administrators, funders, and yourself? Refer to these obligations to compile one comprehensive list of all the information you will need to collect. Once you have your list, you can craft an evaluation plan.

Who Uses Evaluation?

Policymakers

Policymakers – including legislators, school board members, and other elected officials – rely on data to make sure they are spending the people's money in the most effective ways. They have an obligation to their constituents to ensure that tax dollars perform the greatest possible good. The best way to maintain funding for your work is to provide concrete evidence that your services work and improve health.

Government Administrators

Because elected officials do not have time to assess every government program, government administrators – like the staff at the WVDHHR Bureau for Public Health – 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. Further, they make recommendations on how to improve the program and provide technical assistance to grantees.

SBHCs

As the manager of your SBHC, you will find that you are possibly the person who makes the best use of the evaluation data collected at your facility. You will rely on this information 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 makes their own jobs much easier.

Types of Evaluation

There are different types of evaluation. The approach you take will depend on the questions you want to answer. Two common types are *process* evaluation, which can assess strengths and weaknesses of the SBHC as a whole, versus *outcome* evaluation, which might track the health impacts of your program on clients.

Process Evaluation

This type of evaluation focuses on the operations and dynamics of a program in an attempt to understand its strengths and weaknesses. It helps answer questions like:¹³

- What is happening at my SBHC and why?
- How do the parts of our program fit together?
- Are SBHC users satisfied with the SBHC services?
- Are the mental health and primary care providers in the SBHC collaborating? If so, how?
- In what ways is the collaboration between the school and the SBHC improving services and in what ways may it hinder services?

Outcome Evaluation

Unlike process evaluation, which focuses more on the program, outcome evaluation tends to determine the degree of SBHC effectiveness, and require the collection of data that measures both short term and long term objectives. Instead of assessing how well your staff is collaborating, you might quantify how much healthier your patients may be due to having access to a school-based health center. Outcome evaluation is *always* measurable. Outcome evaluation can examine these changes in the short-term, intermediate term, and long-term. These evaluations are likely to require more extensive funds and a greater amount of professional staff time and research expertise. It helps answer questions like¹⁴:

- Did asthma clients who used the SBHC miss fewer days of school than in years past or compared to other students with asthma who did not use the SBHC?
- Are students with SBHCs more likely to have current vaccinations than students without?
- To what measurable degree are clients satisfied with the services they receive?
- Are there measurable improvements in SBHC students' health that are not found among students who do not use or have access to an SBHC?
- To what measurable degree does the school's absenteeism rate change in the first three years after the SBHC opens? (Or, how does the rate compare with that of a similar school without a SBHC?)

¹³ Some questions drawn from "Utilization Focused Evaluation," Patton, 1997.

¹⁴ Some questions drawn from <http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.7548879/k.3186/Evaluation.htm>

Evaluation Strategies

Data Collection

Each SBHC is unique in its funding and community reporting needs, so each one will determine what information to collect. For example, an SBHC that is completely funded by private donations might not need to collect *as much* data as one that is funded by the government. However, advocacy for school healthcare is stronger and better coordinated when data can be combined from multiple sites. In West Virginia many SBHCs receive funding from the Division of Primary Care (DPC). Those sites will need to obtain the data requirements from the DCP.

Sample of Data Elements for School-Based Health Centers		
<i>This list is provided as an example. Check regularly with funding agencies for updates.</i>		
Monthly	Semi-Annually	Annually
		School Population
Student enrollment*	Student enrollment	Student Enrollment
Provider FTE/hours	Provider FTE/hours	Provider FTE/hours
Provider type FTE/hours	Provider type FTE/hours	Provider type FTE/hours
Primary care visits	Primary care visits	Primary care visits
Mental health visits	Mental health visits	Mental health visits
Oral health visits	Oral Health visits	Oral Health visits
Immunizations	Immunizations	Immunizations
Unduplicated users in month	Visits by CPT ¹⁵ code	Visits by CPT code
Unduplicated users to date this year	Visits by ICD9 ¹⁶ category	Visits by ICD9 category
Insurance status	Users by gender, race/ethnicity, and age	Users by gender, race/ethnicity, and age
	Unduplicated users in period	Unduplicated users in period
	Unduplicated users to date this year	Unduplicated users to date this year
Community, school staff and other school students unduplicated users & visits	Community, school staff and other school students unduplicated users & visits	Community, school staff and other school students unduplicated users & visits
	Risk Screen results	Student BMI

This type of information should be collected in a database. Each SBHC sponsor determines the data collection system to be utilized within the SBHC. As you develop your SBHC data collection and

¹⁵ CPT=Current Procedural Terminology

¹⁶ ICD9=International Classification of Diseases, 9th Revision

reporting system, you are encouraged to be part of a statewide central data collection and evaluation system. The purpose of a centralized system is to encourage the centers participating to be consistent in describing variables and terms so that data sets can be compared statewide. Problem terms might include: “users” versus “unduplicated visitors”; “procedures” versus “interventions”; or “appointments” versus “visits or encounters.” It will be important to develop annual reports to monitor progress of the program from year to year, as well as to paint a state wide picture of all school-based activity.

Patient Satisfaction Surveys

These types of surveys collect feedback from users and may include students, school staff, parents, or practitioners about how to make a SBHC even better. This type of data can also be useful for policymakers and administrators. SBHC often implement a “Quality Improvement Plan” that typically draws on results from patient satisfaction surveys. Examples of Satisfaction Surveys can be found in the appendix.

Youth-Led Evaluation

Youth can be valuable allies in evaluating your SBHC. They are likely to get more frank feedback from their peers than adults. (*See also Chapter 7 on youth engagement strategies.*)

Why is Youth Engagement Important?

The term “youth engagement” is often used to describe many different levels of teen involvement – from peer mentoring to youth advocacy. For the purpose of this manual, we are focusing on youth engagement efforts that *meaningfully involve teens in decision-making*. This decision-making can occur about their care at the SBHC, or with policy changes at the state or local levels, or even nationally. Many youth are willing and able to get involved in decision-making and policy-setting, but adults typically overlook them as a resource and partner. This oversight is particularly problematic for school health providers since youth are the primary recipients of our care.

Ways Youth Strengthen SBHCs

- Being involved in decisions and management of their own health care needs
- Advising on clinic policies, such as when the center is open, what types of services to offer, quality improvement efforts, and, in some cases, whether those services are offered in culturally appropriate ways
- Developing or assisting with marketing efforts that reach teens
- 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 teens involved. Young people involved in decision-making grow developmentally and academically. They build skills that help them become healthy, confident, well-rounded community leaders. Academically, youth involved in policy processes build critical thinking, public speaking, writing and other skills that can boost their grades and workforce preparation.¹⁷

In addition, youth who are involved in their SBHC often develop a positive, nurturing connection with a caring adult employed at the health center. These types of relationships are invaluable to young people.

Approaches to Youth Involvement

Youth as Decision Makers and Advisors

Youth Members on Your School Health Advisory Committee (SHAC)

The approach of placing youth on your School Health Advisory Committee (SHAC) was addressed in some detail in Chapter 3: Community Planning.

¹⁷ “Engaging Youth In Democracy: How Policymakers Can Get Started,” by Heather Balas, published by the Center for Health Improvement and the Politics for Trust Network.

Youth Advisory Committees

In addition to involving youth in your SHAC, you may consider establishing a separate youth advisory committee. This group often consists of 6-10 youth who meet regularly and make recommendations to health center staff. Youth advisory committees are a great way to get youth feedback and help prepare youth to become future members of your SHAC.

However, the success of a youth advisory committee greatly depends on the level of support and mentorship provided from the SBHC. In some cases, new SBHCs simply do not have the staff, funding, or experience to support a youth advisory committee initially. In this circumstance, it is better to wait until the SBHC is better resourced than to launch a youth advisory committee prematurely without adequate staffing and support.

Youth Educators

Another great way to involve youth in the SBHC is to develop peer-mentoring programs. These programs train students to be peer mentors on one or more adolescent health issue, such as nutrition, substance abuse, or teen pregnancy. The health center oversees this training and provides the space for peer mentors to talk to other students.

Case Study –High School: Students conducted a deliberative discussion process with their peers and determined that the most pressing issues facing teens in their school were teen pregnancy, alcohol and substance abuse, and domestic violence. They then undertook a campus-wide public health campaign – drawing on support from school counselors, nurses, and teachers – to educate students about healthier choices in each of these areas. They also worked with health professionals and community leaders to produce a health fair to educate students, parents and the community at-large.

Youth-led Evaluation and Research¹⁸

Before the youth representatives (or any advocates) can be important participants in the decision-making process of your SBHC, they must first do some research. For example, before suggesting that the SBHC promote certain services, youth should survey or canvass other students to see what they think are the most urgent healthcare needs. This research step is important, especially for teens. When young people cannot explain the rationale for their recommendations, they run the risk of being disregarded or considered “puppets” of their adult advisors. By contrast, when youth can point to survey results or other research, their credibility increases.

There are traditional means of research such as going to the library, using the internet, reading the newspaper and existing studies, etc. *Research conducted by youth can become part of the SBHC’s needs assessment or ongoing evaluation, often helping the SBHC to meet its own evaluation requirements.*

In this section we address three approaches to youth-led research: surveys, focus groups, and community interviews.

Youth Surveys

Surveys can range from simple to complex. They can be authored by the youth themselves or by their adult partners. For example, it is relatively easy for youth to develop a survey to determine the most important healthcare needs at the school. They develop a brief questionnaire asking students to rank their top concerns.

¹⁸ Information in this section adapted from materials developed by the California Center for Civic Participation, www.californiacenter.org.

Case Study: [State] Youth Alliance: This statewide group of young people helped adults develop a youth survey, which they distributed in 2004 to 600 teens across the state. The results, while not scientific, provided a valuable snapshot of youth opinions about safety, family, exercise, teen pregnancy, job preparedness, and other topics. Youth Alliance members used these results to support recommendations they made to the Governor and other policymakers.

Youth-Led Focus Groups

Focus groups are another way to gather information. They are small meetings, led by moderators (in this case, youth moderators), where people discuss a topic. Focus groups are forums for discussion and conversation. Their purpose is not just to learn *what* people think about a certain issue, but *why* they think that way. With a small amount of training and practice, youth can moderate focus groups, giving them the power to collect feedback on a policy or a project idea without having to do a full survey.

Case Study-Policy Leadership Program on School Health: A series of youth focus groups conducted in seven communities resulted in wide-ranging recommendations. Among several things, the teens suggested putting televisions in the waiting rooms, advertising clinic services more broadly on campus, employing youth to work in SBHCs, and providing more health education services.

Youth Interviews of Community Leaders

A final way for youth to do research is to identify key leaders in their school, city or community. The leaders can be elected officials, local citizens, principals, or directors of community organizations. Youth representatives, either alone or with other youth, can organize these meetings.

Youth Advocacy

Once youth go through a research phase to learn about an issue, they can become advocates. In many cases, youth can be more effective than adults because they can hold policymakers' attention. There are two major types of advocacy: direct and grassroots. Each is described below.

Youth-Led Direct Advocacy

Direct advocacy occurs when people attempt to affect policy themselves, such as holding a face-to-face meeting with a policymaker, calling their legislator, or speaking at a hearing about a specific piece of legislation or policy

Case Study – High School: After developing their project to educate peers about teen pregnancy prevention and other health matters (described on the previous page), these students advocated to their school board for a change in the policy regarding sex education and availability of contraception counseling in the school to combat the high teen pregnancy rates. While the school board ultimately declined the students' requests, their actions brought attention to the issue and contributed to an effort to provide contraceptive counseling at a facility near campus.

Youth-Led Grassroots Advocacy

Grassroots advocacy occurs when people organize others to advocate a particular cause. Youth can be very effective at leading petition drives, letter-writing campaigns, organized canvassing, distributing flyers, or organizing rallies.

In sum, grassroots advocacy focuses on organizing other people to take action. By contrast, direct advocacy requires taking action yourself on a specific policy. Youth can be effective advocates using either strategy. More information on this topic is presented in Chapter 9: Advocacy and Coalition-Building.

Tips for engaging youth successfully

- Determine why you would like to engage youth in your SBHC
- Determine the level at which you want to engage them
- Remember that youth engagement is a process- you don't have to do it all at first and at once
- Integrate youth involvement and leadership into the plans for starting your SBHC. Don't wait until it is all up and running,
- Make it fun!

Worksheets: Setting a Youth Involvement Plan

This worksheet will help you begin to develop a youth involvement plan.

1. Drawing on the information provided, as well as your own experiences, record at least three reasons that youth engagement should be a priority for your SBHC:

2. There are several *meaningful* ways to involve youth in your SBHC. Which seem best for your organization?

3. Look back to Chapter 6's worksheet on evaluation and data collection. In what ways might youth contribute to your evaluation plan? Can they help write your patient satisfaction surveys using youth-friendly language? Can they distribute surveys on campus, or conduct focus groups of their peers?

4. As you move on to the marketing and advocacy chapters that follow, keep in mind that youth can contribute to these efforts as well. Use the space below to record initial ideas for engaging youth in marketing and advocacy.

Why Is Marketing Important?¹⁹

Marketing enables you to communicate about your services. It is important for SBHCs because it informs people of the services that you offer and lets them know how to access those services.

When discussing marketing you may also hear the term “social marketing.” 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 your materials will be more likely to reflect the cultural values of your community.

Before you can market, you need to decide:

- What “business” are you in?
- What services do you offer and why are you offering them?
- Who is your competition?

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

Marketing your SBHC is a year-round project! Classes of students, teachers and even administrators change frequently. Therefore, you need to continually get out the word about your services.

Good Times to Market Your SBHC

At School

- Registration
- Teacher in-services
- School board meetings
- Awards banquets
- Sports games
- Parents meetings
- Orientations
- Classroom presentations
- Special events such as an Open House for both the school and the community, the dedication of a new SBHC site, or the celebration of a certain milestone or anniversary date

¹⁹ Much of this section was adapted from materials developed by Nissa Patterson, UWV School Health Center Program.

In the Community

- Sporting events
- City council meetings
- Health fairs
- Individual provider meetings
- Cultural events

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

Marketing Tools

Many tools can help you market your SBHC. Examples can be found at www.wvsbha.org.

Brochures can be handed out at the beginning of the year and periodically thereafter to explain what services your 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 healthcare needs of your school and community.

Flyers advertise certain healthcare services offered by the health center or programs such as nutrition counseling or peer education programs. They can be displayed at school or in the community.

Press releases can be distributed to media outlets to notify the public about a specific event such as an open house or dedication of your center, or about special programs offered by the health center.

PSAs 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 Work” day.

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

Marketing Audiences

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

Likely Audiences

Parents

This important group influences students' support of and decision to use the health center. Generating parental support early on will also ensure that you cover any parental objections upfront and are not

surprised by them once the health center opens. Marketing materials for parents might focus on what services the health center offers, the benefits of parents' not missing work every time their child needs a medical appointment, and what level of control they have over their child's use of health services.

Students

This audience's knowledge about the health center will definitely influence their use of its services. For example, your message to youth might include what services are provided, which ones are confidential, and when the center is open. It is recommended to work with youth in determining the messages and best way to communicate important messages.

School Staff

Teachers and other school employees really affect the success of the SBHC. In order to generate support from the school staff, communicate that healthier young people learn better and often score better on standardized tests, that the SBHC reduces absenteeism since students do not leave campus for as many medical appointments, and that SBHC staff can make teachers' jobs easier by providing some of the support that high-needs students require.

Community Leaders and Potential Funders

These important audiences have the capacity to influence parents' and policymakers' support for the SBHC. These leaders, which can include civic and religious leaders, and local private foundation staff and board members, often affect local and state policy. To garner their support, you might need to communicate that SBHCs improve the health status of the young people, support families by providing valuable assistance to working parents, and help build a stronger community.

Local Health Care Providers

This group needs to know that SBHCs do not take away their business. Local providers like to know that the SBHC will refer students to them for additional treatment. Further, medical practitioners often want assurance that the providers at the SBHC are qualified and licensed.

Legislative Representatives at the State and Congressional Levels

This important audience has the power and influence to develop policy, including funding decisions to support the sustainability and expansion of SBHCs. It will be important for them to see first-hand a school-based health center and how it impacts their constituents.

Additional Tools and Resources for Working with the Media

Suggested media protocols have been developed by the WV School-Based Health Assembly as best practice guidelines for working with the media, along with additional tips and resources. This information is found on the WWSBHA website. For additional information on hosting an Open House or special event, please contact the WV School-Based Health Assembly staff at wvsbha@gmail.com or www.wvsbha.org.

Worksheets: Determining Your Marketing Strategy

This worksheet will help you begin developing a marketing plan.

1. Drawing on the information in this chapter, as well as your own experiences, record at least three reasons that effective marketing is important to the success of your SBHC:

2. What audiences do you need to reach with your marketing?

3. What messages do you want to communicate through your marketing?

4. How does the culture of your community influence your marketing? Do your materials need to be available in Spanish or other languages? Do your materials reflect the cultural values of people in your region?

5. What marketing tools might be most effective for reaching your targeted audiences with your desired messages?

6. Use the table below to develop a year-long list of events where you plan to market your SBHC.

Event	Date	Primary audiences to be reached	Main messages to communicate	Materials needed
<i>Example: School Open House</i>	<i>September 15</i>	<i>Parents</i>	<i>Benefits of the SBHC to families Parental involvement and authority in their child's healthcare</i>	<i>Parent fact sheet on the SBHC Parent consent form</i>

Advocacy and Coalition Building

What is Advocacy and Why is it Important?

Advocacy encompasses a broad range of activities around promoting a cause and creating good public policy. There are many types of advocacy and many tools to create social change. Some of these activities include: public education, issue research, policy education, voter and candidate education, organizing and mobilizing, and executive (administrative) advocacy. Lobbying, another type of advocacy, is defined as any activity aimed at influencing specific legislation. All forms of advocacy, including lobbying, are legal and acceptable activities for non-profit organizations, although some limitations may apply, depending on the requirements of various funding sources.

Targeting Your Advocacy Efforts

Elected or Administrative Officials

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, and approving building plans. A local school board must approve the establishment of SBHC in any of its schools. Thereafter, the board continues to influence the health center by approving services, budgets, and building plans.

City and County Officials

Promoting your SBHC's issues/children's health issues to city or county officials can be useful if you want to tap the resources of the local public health department, or other local grant opportunities.

Legislative Leaders

Your elected officials at the state and national level make decisions and set policies for a wide range of issues related to adolescent health including healthcare access, school environment policies, child nutrition policy, child welfare, reimbursement and funding issues. At the state level, the West Virginia Legislature consists of two bodies: the House of Delegates comprised of 100 members, and the Senate, with 34 members. Members of the House of Representatives are elected every two years and half of the state Senate is elected every two years. West Virginia has a sixty-day legislative session that begins in January of each year, with the exception of gubernatorial election years, when the session begins in February. Following the regular session, our legislature meets monthly (interims) to study issues in preparation for the following session. For additional information on West Virginia's legislature, including legislative updates and bills, go to www.legis.state.wv.us.

At the national level, our congressional representatives include three House of Representative members and two Senate seats. For additional information, visit www.congress.org.

Advocacy Strategies

Effective advocates use a range of strategies to reach their targeted arenas of influence. These strategies include:

- Scheduling one-on-one meetings with elected officials to educate them about your SBHC (very effective!)
- Calling, writing, or faxing your elected officials
- Organizing a site visit or open house to showcase your SBHC
- Attending “town hall” meetings
- Writing letters to the editor (for sample letters, visit: www.sbh4all.org)
- Participating in Education Days at the State Capitol
- Adding legislators to your mailing list to receive news and updates
- Honoring elected officials that are SBHC champions
- Voting!

Before you get started in any advocacy effort, you should know:

- ✓ What you want – what is your issue and “ask”?
- ✓ Who you should ask – who are your targets?
- ✓ How you should ask – develop your message and a plan to deliver it
- ✓ How are you going to follow up?

It is important to build positive relationship and trust with all of your elected officials. Learn about your representatives, including their official responsibilities and policy priorities, before meeting with them. Advocacy is a year-round process, so target your efforts throughout the year, not just during the legislative session.

Coalition-Building

Advocacy is often most effective when organized by a group instead of an individual. Coalition-building and partnership development in your community are effective ways to work on common goals and create support for your SBHC. Coalitions come in a variety of forms and can be permanent or temporary, or single or multi-issue. Local businesses, nonprofits, cultural groups, and religious organizations can be strong advocates as well as providers of financial and in-kind support for your SBHC.

In addition, joining statewide organizations such as the West Virginia School-Based Health Assembly (WVSBHA), and local healthcare coalitions will strengthen your advocacy efforts and increase your effectiveness. WVSBHA provides advocacy training, and also has tools and resources on how to

conduct an open house or site visit. For additional information about the WVSBHA, visit: www.wvsbha.org.

Additional Advocacy Tips

Face-to-face Meetings

- Keep it short and simple – know why you are there, why the legislator should care, and what you want.
- If you go with a group of people, introduce your group members and note what connection each person may have with the legislator's district.
- Have your facts straight – if you cannot answer a legislator's question, don't guess – find out the information and send it later.
- Be on time, polite and patient.
- Make the issue personal – in addition to facts, tell stories about how school-based health affects children in your community.
- Be a resource – leave a one-page fact sheet that covers your key messages. Include your contact information.
- Before you leave, say "Thank you" again. When you get home, send a note of thanks.
- Provide opportunities for positive publicity. Invite your legislator to meetings or other events being sponsored by your SBHC.

Letter Writing/E-Mails

- Use the correct address and salutation. For example, The Honorable (name & address). For salutations, Dear Senator (name) or Dear Governor (name)
- Use your own stationery
- Keep your message focused – avoid writing a "laundry list" of issues
- Be brief, specific and know your facts
- Add your own personal message to any form letters or e-mails
- Remember to say thank you

Calls

Calling is a very effective way to contact your representatives when you must get your message across quickly. When calling your legislator,

- Leave your name and contact information.
- Know what you want to say and be brief – use your time wisely to get your main point covered close to the beginning of the conversation or message.
- Follow up your phone call with a brief note or e-mail of thanks, and a concise summary of your position.

Frequently Asked Questions Every Advocate Should be Able to Answer

Is there public support for SBHCs?

A 2006 national survey conducted by Lake Research Partners shows that the majority (two-thirds) of U.S. voters favor the idea of providing health care in schools.

Do SBHCs interfere with parental authority?

Statewide, parents retain the authority to sign consent forms regarding whether their child can be seen at the SBHC. In WV, an average of 80% of all students with a SBHC located in their school has a signed parental consent form, and each community decides what services will be provided. Because SBHCs take the approach that parents and children should work together to address health issues, the staff promotes strong family communication.

Do health centers take money away from schools?

In WV, nearly two-thirds of the state's 27 community health centers and one hospital operate SBHCs as satellite clinics, and receive funding from state, federal, and private sources, in-kind donations and patient revenue. Since the sponsoring entity provides support, SBHC administrative cost savings are redirected to student care.

Do SBHCs eliminate the need for school nurses and school counselors?

SBHCs do not replace school nurses or counselors; rather, they complement services already being provided by placing additional resources in the schools. In some cases, school nurses and counselors work independently of the SBHC. Other schools choose to incorporate them into their new SBHC. Either way, school nurses and counselors are vitally important to comprehensive healthcare for students.

Do SBHCs take patients away from local providers?

No. SBHCs collaborate with and make referrals to community medical providers. The centers may serve as the child's medical home if needed.

Are practitioners at SBHCs qualified?

Yes. All medical providers at SBHCs must be licensed, and the services they provide are limited to their type of licensure.

Worksheet: Developing an Advocacy Strategy

This worksheet will help you start thinking through your advocacy needs and strategies.

1. List three or more reasons that advocacy is important to the success of your SBHC.

2. Who are the local policymakers you may – either now or in the future – need to support your work? (i.e., school board members, superintendent, state senators)

3. With which community organizations in your area might you collaborate in order to build a coalition committed to adolescent health?

4. Of the advocacy strategies listed, which would ones do you feel most able to do yourself? Which strategies would you require additional training or support in order to implement?

5. Who in your support network (i.e., staff, SHAC members, students, and community leaders) might be effective advocates for school health issues?

Appendices

Appendix A: Glossary of Key Terms

- Access to healthcare:** The ability to get the healthcare you need. This includes being able to afford healthcare, being able to get to the location, being able to communicate with the providers, and feeling adequately comfortable with the provider that you are willing to go to. SBHCs provide students with access to healthcare that they might not have elsewhere.
- Advisory Board:** A group of people who provide advice to a SBHC. The board could include school representatives, elected officials or staff, administrators, parents, youth or other provider organizations. Also referred to as a School Health Advisory Committee (SHAC).
- Acute Illness:** An illness or injury that is temporary, in other words, it lasts a short amount of time and then is cured and goes away. Examples include colds, flu, sprained ankles, poison oak, etc.
- Behavioral health:** A term that encompasses traditional mental health services, including substance abuse services.
- Capital Support:** Funds provided for endowment purposes, buildings, construction, or equipment.
- Chronic Illness:** A disease that lasts a long time and may not ever go away. Examples include diabetes, asthma, arthritis, or allergies. Rather than talking about “curing” chronic illnesses, we often talk about “managing” them. Often children with these conditions have a doctor that manages their condition, and the SBHCs helps.
- Centers for Medicaid and Medicare Services (CMS):**
The organization that administers the Medicare program and works in partnership with the states to administer Medicaid, the State Children’s Health Insurance Program (SCHIP), and health insurance portability standards.
- Clinical Laboratory Improvement Amendments (CLIA):**
The Clinical Laboratory Improvement Amendments of 1988 (CLIA) established quality standards for all laboratory testing to ensure the accuracy, reliability, and timeliness of patient tests results regardless of where the test was performed. The CMS regulates all laboratory testing (except research) performed on humans in the U.S.
- Community Health Agency (CHA):**
These agencies, located in communities but not affiliated with schools, are designed to provide accessible, affordable healthcare services to low income families. CHAs provide family-oriented primary and preventive healthcare services for people living in rural and urban medically underserved communities.
- Comprehensive Health Care:**
Services that address the full range of healthcare a patient needs. Services may include: physical exams, immunizations, diagnosis and treatment of acute illness and injury, management and monitoring of chronic conditions, basic lab services, prescription of

medicines, health education, basic mental health services, substance abuse services, violence education, intervention counseling and primary dental care.

Confidentiality: Keeping things private. Doctors have an obligation to keep information about their patients private and only share it with people who are authorized to have it. Parents are authorized to see their children's medical records but NOT records about their "minor consent services." (See definition).

Continuous Quality Improvement:

An approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems focus on the "process" rather than the individual; recognizes both internal and external "customers"; promotes the need for objective data to analyze and improve processes.

Continuum of care: A terms that implies a progression of services that a patient would move through as needs change.

Coordinated Services: Services that work together so that there is no duplication and all patients' needs are met. These services could include medical care, mental health, tutoring, probation social work and others. Case management and increasing communication between different providers are two ways to coordinate services.

Early Intervention: A process for recognizing warning signs that individuals are at risk for mental health problems and taking early action against factors that put them at risk. Early intervention can help children get better faster and prevent problems from becoming worse.

Federally Qualified Health Center:

FQHCs are also called Community/Migrant Health Centers (C/MHC), Community Health Centers (CHC), and 330 Funded Clinics. The government recognizes these health centers as the "healthcare safety net" because they provide healthcare based on the patient's ability to pay. FQHCs receive cost-based reimbursement for their Medicaid services, malpractice coverage under FTCA and a cash grant.

501(c) (3): The section of the tax code that defines nonprofit, charitable (as broadly defined), tax-exempt organizations; 501(c) (3) organizations are further defined as public charities, private operating foundations, and private non-operating foundations.

Health Maintenance Organization (HMO) or Manage Care Organization (MCO):

An organization that provides directly (or arranges for) a comprehensive range of healthcare services for their members for a fixed monthly fee. HMO's take the risk that the monthly fee will be enough to cover the services.

Immunizations: A shot that protects the body against certain infectious diseases. Most immunizations prevent you from catching diseases like measles, whooping cough, and chicken pox. Most SBHCs provide immunizations.

In-Kind Contribution: A contribution of equipment, supplies, or other tangible resource, as distinguished from a monetary grant. Some organizations may also donate the use of space or staff time as an in-kind contribution.

Laboratory Services: A place located in a SBHC that is equipped to run tests on different samples (i.e. blood samples, urine samples, etc.) taken from patients. However, many SBHCs do not have labs on site and send them off site to a private or public lab for processing.

- Managed Care:** A way to supervise the delivery of healthcare services. Managed care may specify the caregivers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.
- Manage Care Organization (MCO):** See Health Maintenance Organization.
- Matching grant:** A grant that is made to match funds provided by another donor.
- Medicare:** A federally funded and administered program that provides health insurance for older Americans and those who are disabled. Individuals contribute to Medicare during their working years, just as they do to Social Security. Medicare is generally not used to fund SBHCs.
- Mental Health:** Mental health refers to how people think, feel, and act as they face life's situations. It affects how people handle stress, relate to one another and make decisions. Mental health influences the ways individuals look at themselves, their lives and others in their lives. Mental health services are sometimes referred to as "behavioral health". Some schools may have a psychologist, therapist, social worker and/or case manager that will work with students to address their mental health needs.
- Minor Consent Services (Also known as Sensitive Services):** Medical services that minors (under 18) can get without their parents' consent. These include services related to family planning, pregnancy, sexually transmitted diseases, substance use and mental health.
- Needs Assessment:** A needs assessment provides the rationale for a proposed program or intervention by clearly identifying and explaining the problems and their causes. It can be used to provide the justification for establishing new SBHC, expanding services or changing funding sources.
- Nurse Practitioner (NP):** Nurse Practitioners are registered nurses who have master's degrees in nursing and are trained to perform many of the medical procedures physicians do. Their duties range from physical exams and prescribing medications to performing some surgeries.
- Pediatric:** The area of medicine dealing with the health and diseases of children and adolescents. A pediatrician is a physician specializing in pediatrics.
- Physician's Assistant (PA):** Physician assistants are healthcare professionals licensed to practice medicine with physician supervision. PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive healthcare, assist in surgery, and in most states can write prescriptions.
- Presumptive Eligibility:** Under this option, certain "qualified entities" can make a preliminary, or "presumptive", determination that a child is eligible for Medicaid based on the family's declaration that its income is below the state's Medicaid income eligibility guidelines. No verification of income is needed at the time the presumptive eligibility determination is made. By determining the child presumptively eligible, the qualified entity can provisionally enroll the eligible child in Medicaid. The child's parent or other adult caring for the child has until the end of the following month to submit a full Medicaid application on behalf of the child. While the child awaits the final eligibility determination, he or she is covered to receive all health services covered under the Medicaid state plan.
- Preventive Services:** Services that help reduce the risk of a disease or health problem as opposed to treating an existing problem (e.g., nutrition counseling to reduce risks of heart attacks).

- Primary Care Provider:** Also called a “PCP”, this physician is usually an internist, pediatrician, or family physician and is devoted to the general medical care of patients. Most HMOs require members to choose a primary care provider, who is then expected to coordinate and manage the healthcare needs of that person. The primary care physician makes referrals to specialists when medically necessary. Often HMOs will not allow you to see a specialist without seeing your PCP first.
- Program Officer:** A staff member of a grant foundation who reviews grant proposals and processes applications for the board of trustees.
- Quality Management:** A broad term which encompasses both quality assurance and quality improvement, describing a program of evaluating the quality of care using a variety of methodologies and techniques.
- School District:** An area with a group of schools that are directed by an elected local board of education that exists primarily to operate public schools or to contract for public school services. The school district makes decisions about many of the policies and programs in the schools.
- School-Based Health Center:**
A health center located on school grounds. Many SBHCs provide comprehensive services. However, some health centers may only be open a few days a week and offer only limited services.
- School-Linked Health Center:**
A health center located *off* school grounds but that has a formal relationship with one or more schools.
- School Nurse:** School nurses are nurses employed by the school district that attend to one or more schools healthcare needs. The nationally recommended ratio is one nurse to 750 students (1:750). Some school nurses work in SBHCs while others work in their own separate health office at the school.
- Sponsoring Agency:** A sponsoring agency is an institution that has oversight responsibility for the SBHC. Among other responsibilities, the institution is legally responsible for the health center, provides oversight for the health professionals, may organize malpractice insurance for providers, bill for services, and maintain financial records.
- Telehealth services:** The delivery of health related services, enabled by the innovative use of technology, such as videoconferencing without the need to travel. Telehealth services can include, transmission of medical images for diagnosis (referred to as store and forward telehealth), groups or individuals exchanging health services or education live via videoconference (real-time telehealth), and health advice by telephone.
- Truancy:** A student's absence that is not excused by definition under specific school board policy, by a parent, or by school personnel. Generally, students who are truant are not allowed to make up work that they missed while absent.
- Unmet Needs:** Healthcare needs that are not taken care of, in other words that a person is not receiving any services for.
- Utilization Review:** Evaluation of the necessity, appropriateness, and efficiency of the use of medical services, procedures, and facilities. In a health center, this includes review of the appropriateness of admissions, services ordered and provided, and follow-up procedures.

Appendix B: West Virginia School Health Contacts

WV Bureau for Behavioral Health and Health Facilities

Children's Behavioral Health Division

(304) 558-0627

WV Bureau for Public Health – Office of Community Health Systems and Health
Promotion Division of Primary Care

Phone: (304) 558-4007

WV Bureau for Public Health – Office of Healthy Lifestyles

(304) 558-0644

WV Department of Education – Office of Special Programs

(304) 558-8830

WV Primary Care Association

(304) 346-0032

WV School-Based Health Assembly

Phone: (304) 444-5917

WV School Health Technical Assistance Center at Marshall University

Phone: (304) 691-1193

Appendix C: WV School-Based Health Assembly Membership Form

<http://www.wvsbha.org/forms/membership-signup/>

Appendix D: Joint Statement Between the WV School-Based Health Assembly and the WV School Nurses Association

March 30, 2005

School nurses and school-based health center (SBHC) staff share a vitally important mission: to protect and advance the health and well-being of our state's school-aged children. While multiple health professionals in a school setting may have distinctive and/or complementary functions, funding sources, and accountability, their objectives are met most effectively and efficiently through collaboration. Working as partners, school nurses and staff of school-based health centers are able to facilitate access to needed health and mental health care, increase compliance with treatment plans, monitor outcomes of care, uniformly document care, collect data about health needs and outcomes of care, and provide case management – all critical for improving the quality of health care and academic outcomes for school-aged children and youth.

Both the school nurse and the SBHC have distinct roles and each contributes to students' health, academic outcomes, life-long achievement, and over-all student and staff well-being. One does not replace the need for the other.

In support of successful school nurse-school-based health center partnerships, a shared vision of collaboration is characterized by:

- mutual respect and support for each partner's contributions
- well-defined roles and responsibilities that promote seamless and comprehensive care for students and their families
- cooperative planning and implementation of school health services and programs
- information sharing as well as joint policies and procedures that ensure the quality and confidentiality of care received by all students
- a collaborative focus on student academic outcomes
- outreach and advocacy activities that mutually support the sustainability and growth of both organizations.

Signed by:

President
West Virginia School Nurses Association

President
West Virginia School Based Health Assembly

Appendix E: Sample Data-Based Needs Assessment Information

Chapter 2 of this manual explained that there are several types of needs assessments. One of the most basic is collecting basic statistics. Once this data is collected, you can move on to other types of needs assessment that involve your community members, such as surveys or focus groups. Surveys and focus groups are presented in Appendices F and G.

Sample Data-Based Needs Assessment

_____ High School serves the suburban and/or rural areas of _____ County. The demographics of the students are: Hispanic _____, Anglo _____, African American _____, Native Americans _____, and Asian _____.
(Source: _____ High School)

Income and employment:

- The volume of enrolled students for the school year 2004-2005 is _____; _____% of the students are eligible for Medicaid. (Source: _____ High School)
- In 20xx, 22.9% of children under 19 lived in poverty in _____ County. (Source U.S. Census)
- In 20xx, 5.3% of the labor force in _____ County was unemployed. (Source WorkForce WV)

Depression and Suicide

- In 20xx, _____% of _____ School students felt sad and hopeless every day for two weeks in the past year and _____% made a suicide plan. (Source: WV Youth Risk Behavior Survey -YRBS)
- In 20xx, _____% of _____ High School students surveyed attempted suicide in the past year and _____% suffered injuries as a result. (Source: YRBS)

Physical Activity and Nutrition

- In 20xx, _____% of _____ students surveyed do not do the minimum recommended moderate or vigorous physical activity. (Source: YRBS)
- In 20xx, _____% of _____ students surveyed are overweight and _____% are at risk of being overweight. (Source: YRBS)

Risk Behavior

- In 20xx, _____% of births were to teens 19 years and younger. (Source: WV Dept. of Health)
- In 20xx, _____% of the _____ students surveyed had their first sexual experience at age 12 or younger. (Source: YRBS)
- The dropout rate for the _____ School district in 20xx-20xx was _____% compared to the State rate of 5.3%. (Source: WV Department of Education)

Substance Abuse

- In 20xx, _____% of students surveyed had smoked a cigarette and _____% were current smokers.
- In 20xx, _____% of _____ students surveyed had consumed alcohol and _____% were current drinkers.
- In 20xx, _____% of _____ students surveyed are current users of marijuana.
(Source for all: YRBS)

Violence and Crime

- In 20xx, _____% of students surveyed were in a physical fight in the past 12 months and _____% of the males carried a weapon at school in the previous 30 days. (Source: YRBS)

Appendix F: Sample Surveys

Parent and school surveys to assess their perception of need when planning a SBHC:

http://livewell.marshall.edu/mutac/?page_id=269.

Parent, school and user surveys to assess satisfaction of SBHC services:

http://livewell.marshall.edu/mutac/?page_id=273

Appendix G: Sample Youth Focus Group Results

The following focus group results provide an example of another type of needs assessment or evaluation tool. It is also a useful example of youth-led research. *The following recommendations came from a series of youth-led focus groups conducted in seven California communities.*

Forum Participants' Suggestions for SBHCs

Youth Recommendation #1: Advertise School Clinic Services More Broadly

Many students did not know what services their clinic offered nor its hours of operation. Some did not know their high school even had a health clinic. Forum participants suggested the following ideas for promoting SBHCs:

- Advertise the clinic on the loud speaker at school.
- Tell people about the clinic when they first come to the school.
- Make presentations in class and explain what happens when a student visits the clinic
- Hold assemblies and rallies to introduce the clinic and staff.
- Promote the "FREE" aspect of school-based healthcare.
- Let students know that having a school clinic means their parents don't have to miss work to take them to the doctor.
- Build a website for each school clinic.

While the majority of students said their parents support SBHCs, students believe that some parents oppose them because they worry about their children getting health services without their parents' knowledge. The students suggested that school clinics should develop a special advertising effort for parents and the community about the benefits to having a school clinic.

Youth Recommendation #2: Continue To Strive To Be Teen-Friendly

Youth cited fear as a barrier to seeking healthcare at the school clinics. They all agreed that clinics should be welcoming, not intimidating. Youth made the following observations:

- Employing teens or young workers in the health center would help reduce the intimidation of an adult-only staff. (This suggestion came out in every youth forum.)
- The clinic's outside appearance should not be "scary-looking."
- Music, television, music videos or video games will help students relax while waiting.
- The clinic should be roomy and colorful.
- SBHCs should consider providing drinks and food.

Many youth also said they would not want to miss class to go to the health center; they suggested keeping clinics open every day of the week and during after-school hours. The youth seemed to believe that if clinics increased their availability and continued to work toward providing a teen-friendly environment, students would be likely to go there for help.

Youth Recommendation #3: Focus On Services That Are Important To Teens

Youth agreed that first and foremost clinics should provide general health services, but they also recommended that clinics provide more specialized health services, such as:

- Physical therapy for people to recover from injuries
- An athletic/ fitness trainer
- Counseling for family problems and psychological problems such as depression
- Health counseling to help students maintain good diets
- Sexual health services and education materials

Youth Recommendation #4: Emphasize Confidentiality

Above all, students wanted absolute assurance that their privacy was protected when they visit the school clinic. They suggested promoting the clinic's privacy policy, including the details about how information is protected. The types of details they wanted included:

- Whether clinic files are locked
- Whether parents or teachers are notified if a student visits the clinic
- What type of employee policies the clinic staff – including youth staff members – must adhere to regarding student privacy
- Whether clinic records and files use students names (versus student ID numbers or other ways to track student health data)

Additional Findings

Mental Health

Most students reported that school clinics that provide mental health services were very helpful but that students did not use these services as much as they should, in some cases because they were not aware of them. Others thought talking to a counselor carried a stigma that teens would want to avoid. Recommendations listed earlier in this document regarding teen-friendliness and confidentiality might eliminate barriers to teens seeing mental health services.

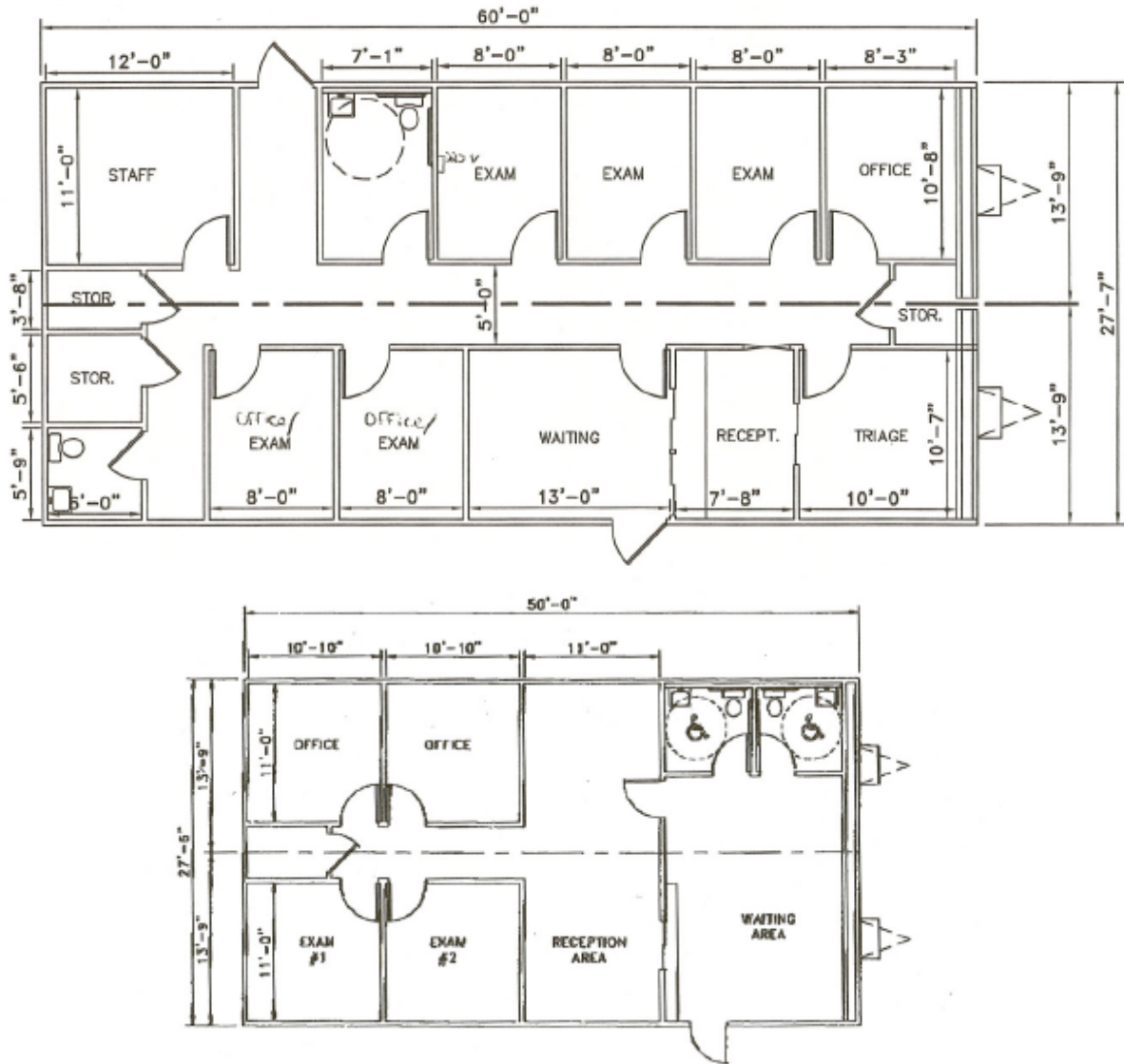
Health Coverage

The majority of youth agreed that, when they did not use the school health center, the cost of healthcare was the largest barrier to getting care. Another top barrier was location/transportation (because parents have to miss work). Most students reported having to miss class to visit a doctor. Some said missing class for healthcare reasons made it difficult to make up coursework, but the bigger problem was for their parents who had to miss work to take them to the doctor.

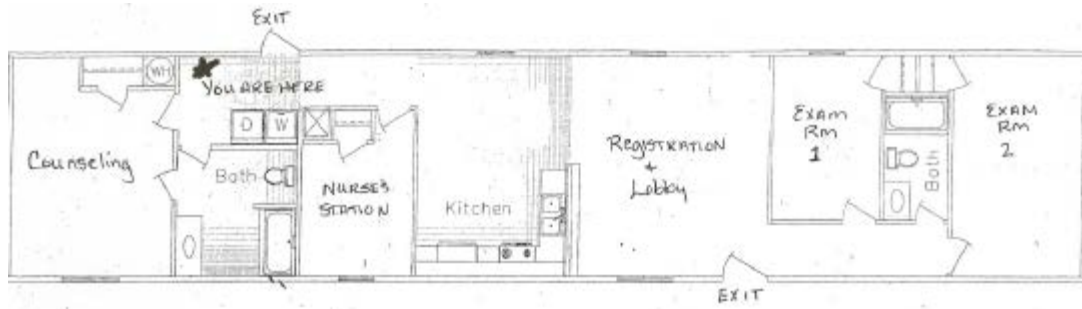
Appendix H: Sample Floor Plans and Regulations

The floor plans that follow demonstrate different ways that schools may utilize existing space or create new space to house their SBHC.

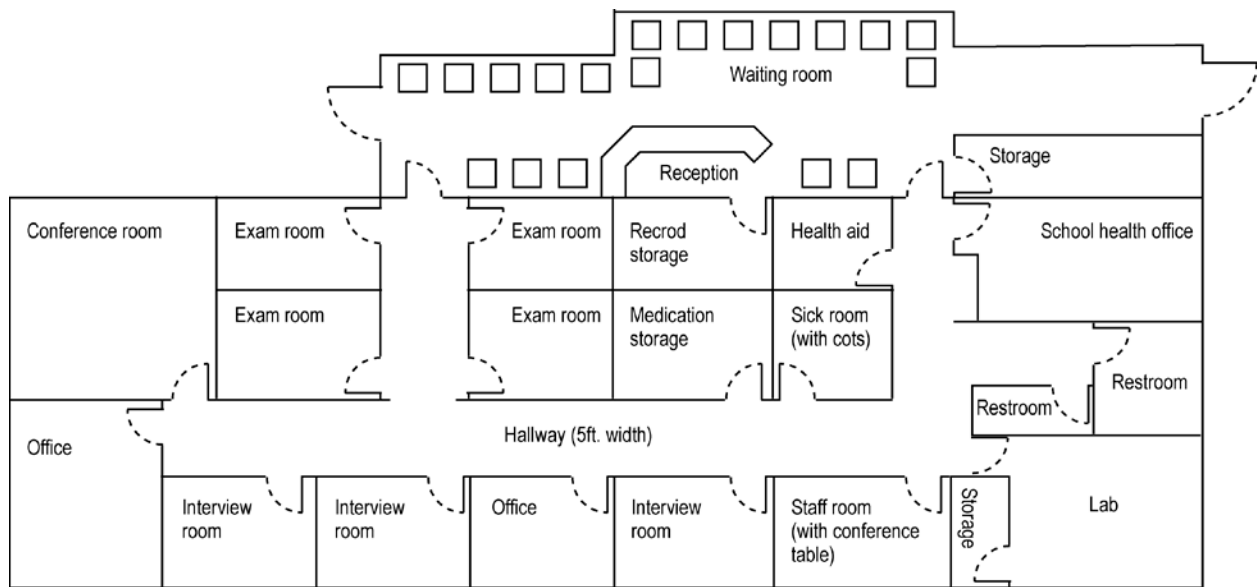
Sample Floor Plan from a WV SBHC



Sample Floor Plan from a WV SBHC

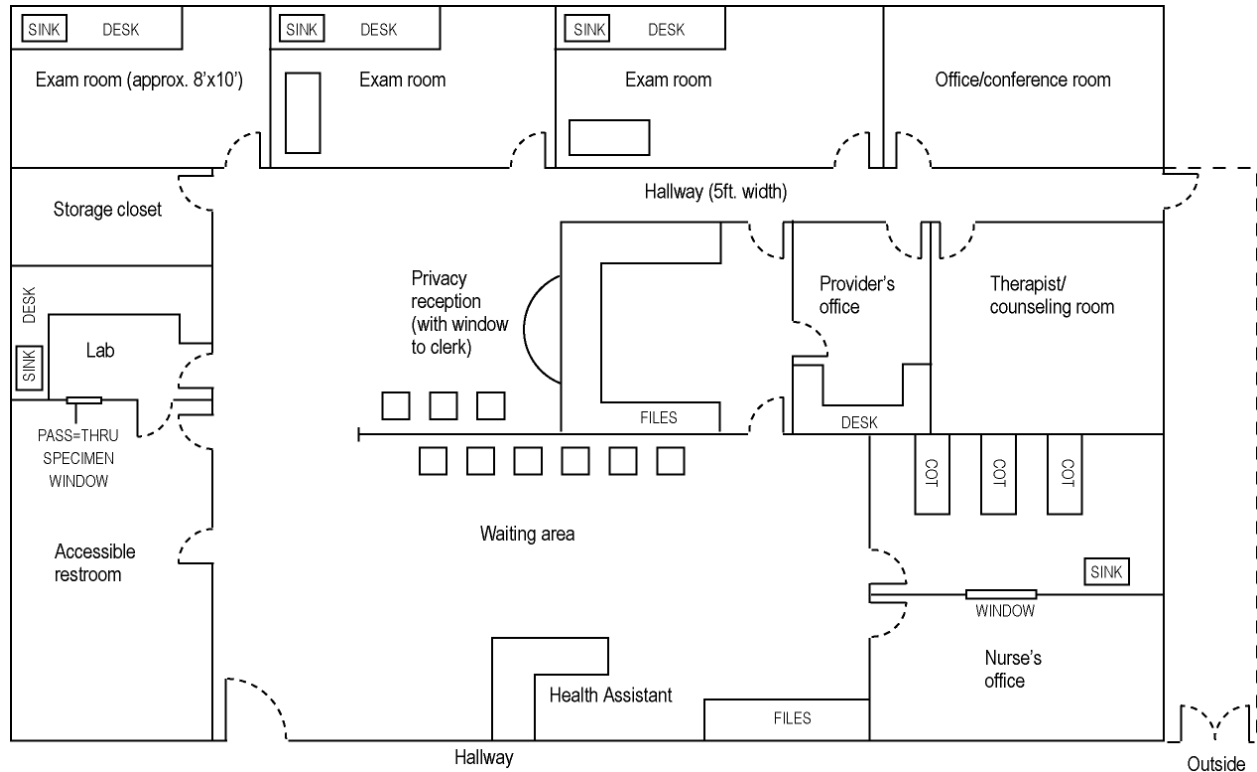


Sample Floor Plan from a Maryland SBHC



Sample Floor Pan from a New Mexico SBHC

(Space created by converting a large school nurse's office and bumping out the north and west exterior walls to add exam rooms and offices)



Policy 6200

In addition to reviewing these floor plans, refer to WV Policy 6200 for recommended SBHC space <http://wvde.state.wv.us/policies/>. An excerpt follows:

School Based Health Center (Optional)

Heating and ventilation systems, telephone and electrical wiring should serve the health center independently from the rest of the school.

Size:

1,500 to 2,000 square feet per 700 students

Some spaces may be shared by two or more health care providers and certain functions may require more than one space.

Location:

Adjacent to public parking with prominent entrance with outdoor lighting for night use; Easy access for emergency vehicles. Easily closed off from the rest of the school without affecting external access to the health center or internal access to restrooms or administrative supplies.

Activities:

- A. Well child and sick child visits.
- B. Dental and mental health care services.
- C. Screening, diagnostic testing, treatment;
- D. Counseling services.
- E. Referrals and links with community providers.

F. Health promotion and injury and disease prevention education.

Space and Facilities

- G. Resting area / infirmary (100-200 square feet)
- H. Private office space (60-120 square feet each)
- I. Secure storage area
 - a. General storage (50-100 square feet)
 - b. Record storage (50-75 square feet)
- J. Private examination and treatment room(s) (80-100 square feet each)
- K. There should be a minimum of one examination room per full time provider. Each room should have a sink with hot and cold water and storage space for first-aid and examination supplies. Consideration should be given to the appropriate number of electrical outlets.
- L. Utility area(s)
- M. Laboratory (80-150 square feet)
- N. Should have multiple electrical outlets, bright and directed light and easy
- O. Access to a refrigerator and ice maker.
- P. Waiting area/reception (75-200 square feet)
- Q. Conference room (120-200 square feet)
- R. Restrooms (50-120 square feet)

Appendix I: Sample Contracts

Each SBHC should develop contracts, Memoranda of Understanding (MOUs), or Memoranda of Agreement (MOAs). The legal documents lay out relationships and responsibilities associated with the SBHC. Samples can be found at http://livewell.marshall.edu/mutac/?page_id=269.

Appendix J: Standards and Guidelines for SBHCs in WV

The Standards and Guidelines for SBHCs in WV provide a guide for attaining successful, high quality medical and behavioral health services in West Virginia's school-based health centers. These standards should be used as a compendium document. All sponsors of physical health and behavioral health programs at school-based health centers are encouraged to strive to meet these standards and guidelines. These guidelines can be found at: http://livewell.marshall.edu/mutac/?page_id=273

Appendix K: HIPAA, FERPA, and Release of Information Forms

HIPAA and FERPA Guidelines

There are two federal laws that impact the sharing of confidential health and education records.

The first, Family Educational Rights and Privacy Act (FERPA) was passed in 1974. FERPA requires that schools receiving federal funding must hold as confidential the information in a student's education records, making it available only to parents or students over the age of 18 years or to those within the school who have a "need to know" in order to provide adequate education. FERPA is administered and enforced by the US Department of Education's Office for Civil Rights. School districts have been operating under FERPA for many years and all school districts should have standards in place to comply with the requirements of this law.

Congress enacted the second law, the Health Insurance Portability and Accountability Act (HIPAA) in 1996 to address the problem of health insurance confidentiality in the era of electronic information. Schools are specifically exempted from HIPAA which has created ambiguities that are

not yet resolved as of January, 2010. Under HIPAA any personally identifiable health information is protected, and specific authorization is required for transfer of that information with the exception of exchange of immunization information for school nurses in West Virginia.

Authorization is obtained from parents using a HIPAA compliant release of information form. In addition there is a “minimum necessary disclosure” limitation, requiring covered entities to limit the amount of information released to only that information absolutely necessary for the job at hand— i.e. billing or patient care. HIPAA regulations are detailed and carry both financial as well as criminal penalties for lack of compliance.

Implications for the School-Based Health Center

School-based health centers are subject to HIPAA regulations and should follow procedures established by the sponsoring agency.

Resources

- US Office for Civil Rights, www.hhs.gov/ocr/hipaa
- Center for Health and Health Care in Schools, www.healthinschools.org
- FERPA, www.ed.gov/offices/OM/fpc
- WV resource, http://livewell.marshall.edu/mutac/?page_id=271

Appendix L: Consent Forms

Recommended sample consent forms can be found at:

http://livewell.marshall.edu/mutac/?page_id=269

Appendix M: West Virginia Minor Consent Laws: A Summary

Under federal and state law, minors may obtain treatment for venereal disease (WV Code 16-4-10), family planning and prenatal care services (WV Code 16-29-1(b)) and substance abuse treatment services (WV Code 66-2-23, 60-5-504(e)) without the knowledge or consent of a parent or guardian. The health records for these services are also protected from disclosure.