Next Steps for School-Based Health in MT

Creating a Common Understanding

- Re-visiting definitions

  - School-Based Health Care – School-based health care is an umbrella term and is care that includes, but is not limited to primary care, mental health, oral health, and vision services. These services are provided through school and community health organization partnerships.

  - School-Based Health Center (SBHC) – A SBHC is school-based health care that includes primary care, but also may include mental health, dental, vision, etc. School-based health centers (SBHCs) offer the most comprehensive type of school-based health care.

Landscape of School-Based Health in MT

- There are approximately 60 school-based health sites in MT

- There are approximately 18 health care organizations providing school-based health

- There has not been a formal data survey specifically for MT in the past, our goal is to collect this data today and create a one-pager including the information

  - Data survey that you can access from the QR code

Data

- The current National data not reflective of what is happening in MT

- It is hard to talk about the work without the accurate data

- Tool to use to talk to partners, administrators and stakeholders

- Creates a unified voice for school-based health in MT

What do sites need?

- SBHA to share about census data, formal/informal school-based health groups/associations and resources

- Break-out groups to brainstorm

- How can MHCF help health partners, school partners and stakeholders?

    - Grants

    - Convenings

    - Peer-networking

    - Thought-partners

    - Technical assistance

    - Access to national technical assistance with SBHA

    - What else?

Methodology

- Administered online from April to November 2022 to all known SBHCs in the US

- Incentives provided to early responders

- Final sample included 1,518 SBHCs from 47 states, the District of Columbia, and Puerto Rico
    - Approximately 40% of known SBHCs nationwide
    - **17 Montana SBHCs**

- Survey topics included:
    - Schools and populations served
    - Services and staffing
    - Funding
    - Sustainability
    - Collaboration with other school health providers

SBHC Delivery Models

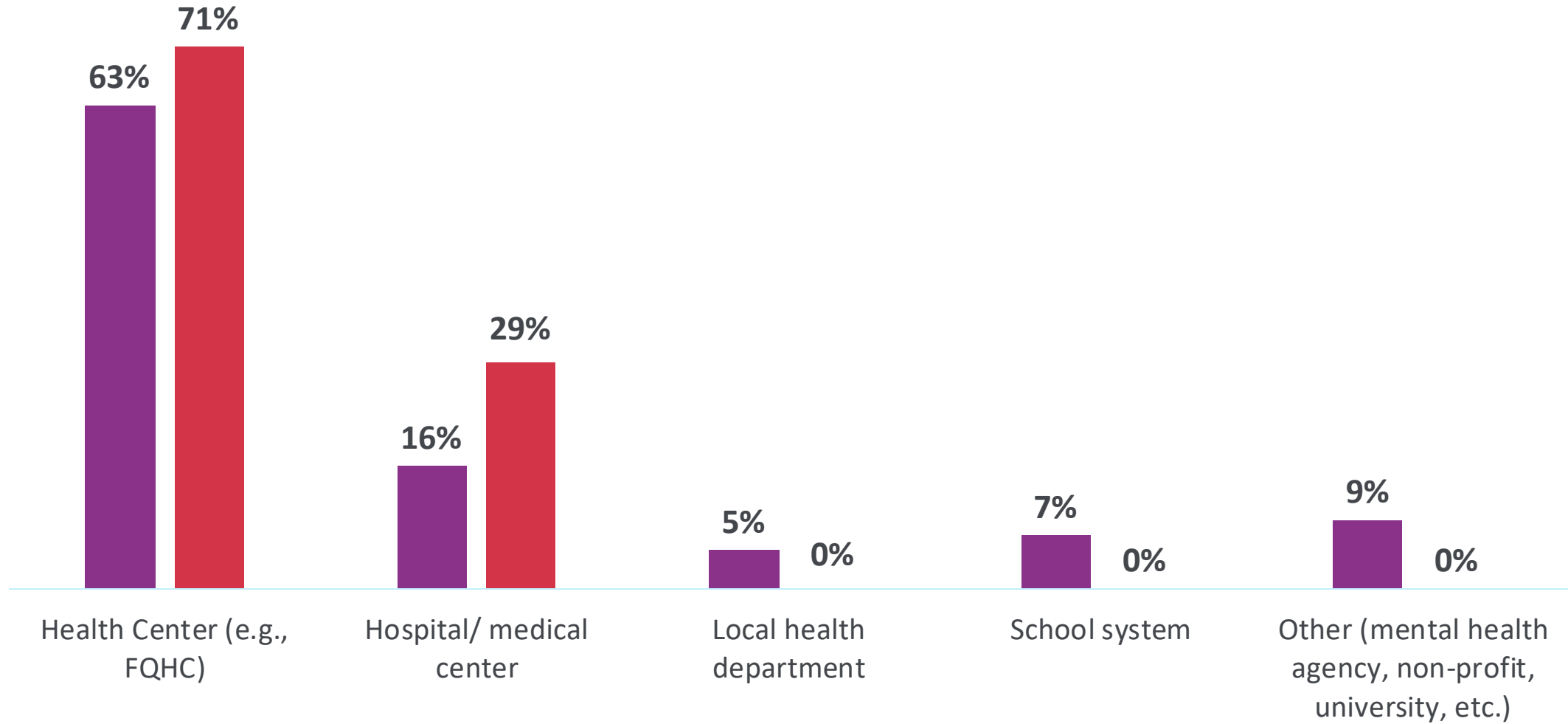|	Traditional SBHCs	School-Linked SBHCs	Mobile SBHCs	100% Telehealth SBHCs
Location where patient accesses care	A fixed site on school campus	A fixed site near school campus	Mobile van parked on or near school campus	A fixed site on school campus
Location where providers deliver care	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	Remotely for all services
National	92%	4%	3%	2%
Montana	82%	12%	0	6%

Total responses to this question:
n=1,518 in 2022; n=2,317 in 2017

SBHC Lead Sponsors

Health Center (e.g., FQHC)
- National: 63%
- Montana: 71%

Hospital/ medical center
- National: 16%
- Montana: 29%

Local health department
- National: 5%
- Montana: 0%

School system
- National: 7%
- Montana: 0%

Other (mental health agency, non-profit, university, etc.)
- National: 9%
- Montana: 0%

■ National ■ Montana

Total responses to this question: n=1,518 in 2022

SBHC Years of Operation

Bar chart comparing National and Montana SBHC years of operation.

- Under 2 years: National 12%, Montana 29%
- 2-4 years: National 22%, Montana 18%
- 5-9 years: National 21%, Montana 24%
- 10+ years: National 45%, Montana 0%
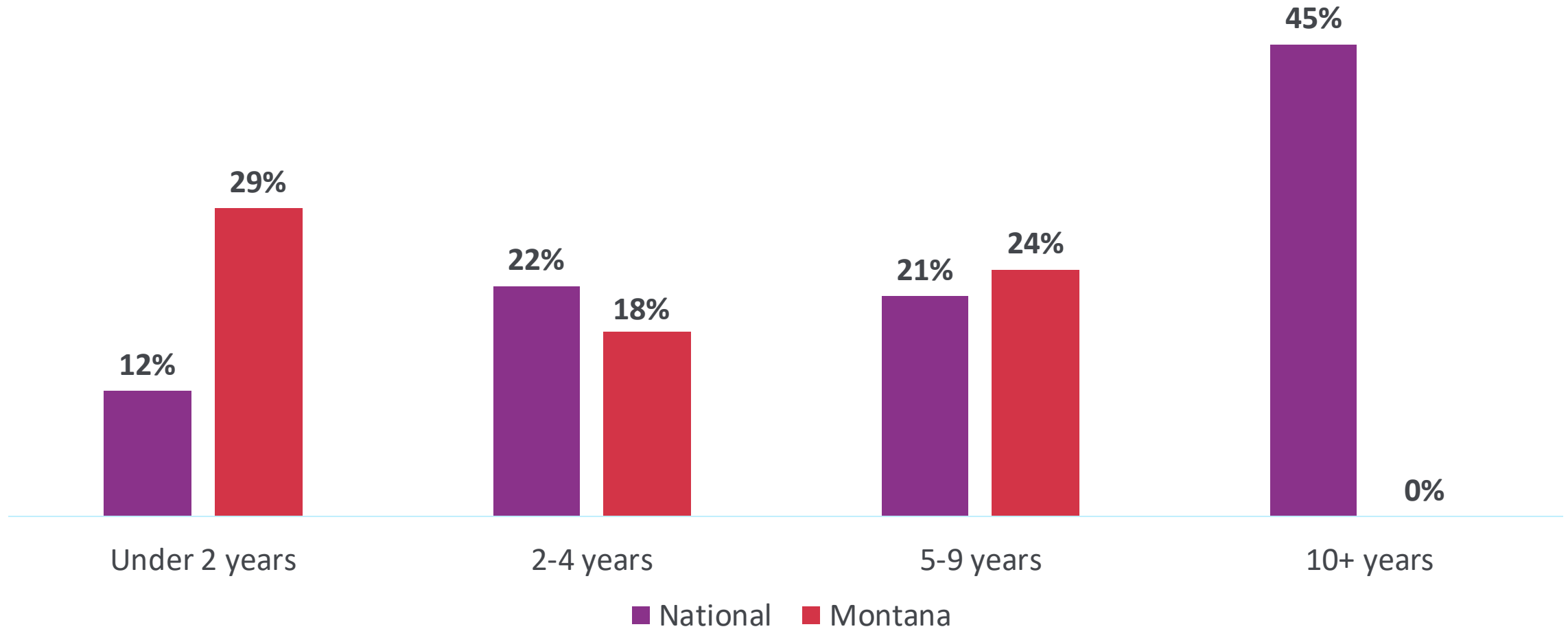
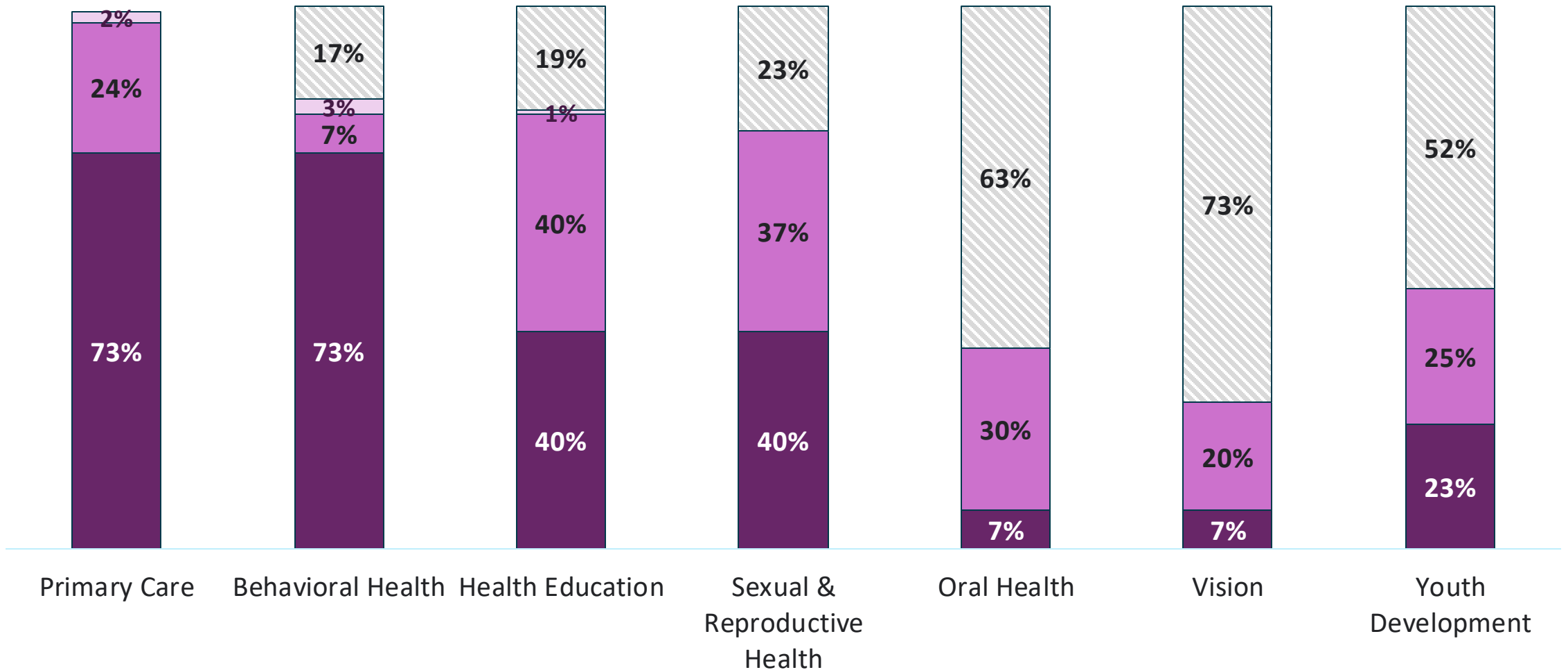■ National ■ Montana

Total responses to this question: n = 1,401 in 2022
29% MT SBHCs missing data

Service Delivery Mode (National)

Primary Care: In-Person & Telehealth 73%, In-Person Only 24%, Telehealth-Only 2%

Behavioral Health: In-Person & Telehealth 73%, In-Person Only 7%, Telehealth-Only 3%, None 17%

Health Education: In-Person & Telehealth 40%, In-Person Only 40%, Telehealth-Only 1%, None 19%

Sexual & Reproductive Health: In-Person & Telehealth 40%, In-Person Only 37%, None 23%

Oral Health: In-Person & Telehealth 7%, In-Person Only 30%, None 63%

Vision: In-Person & Telehealth 7%, In-Person Only 20%, None 73%

Youth Development: In-Person & Telehealth 23%, In-Person Only 25%, None 52%

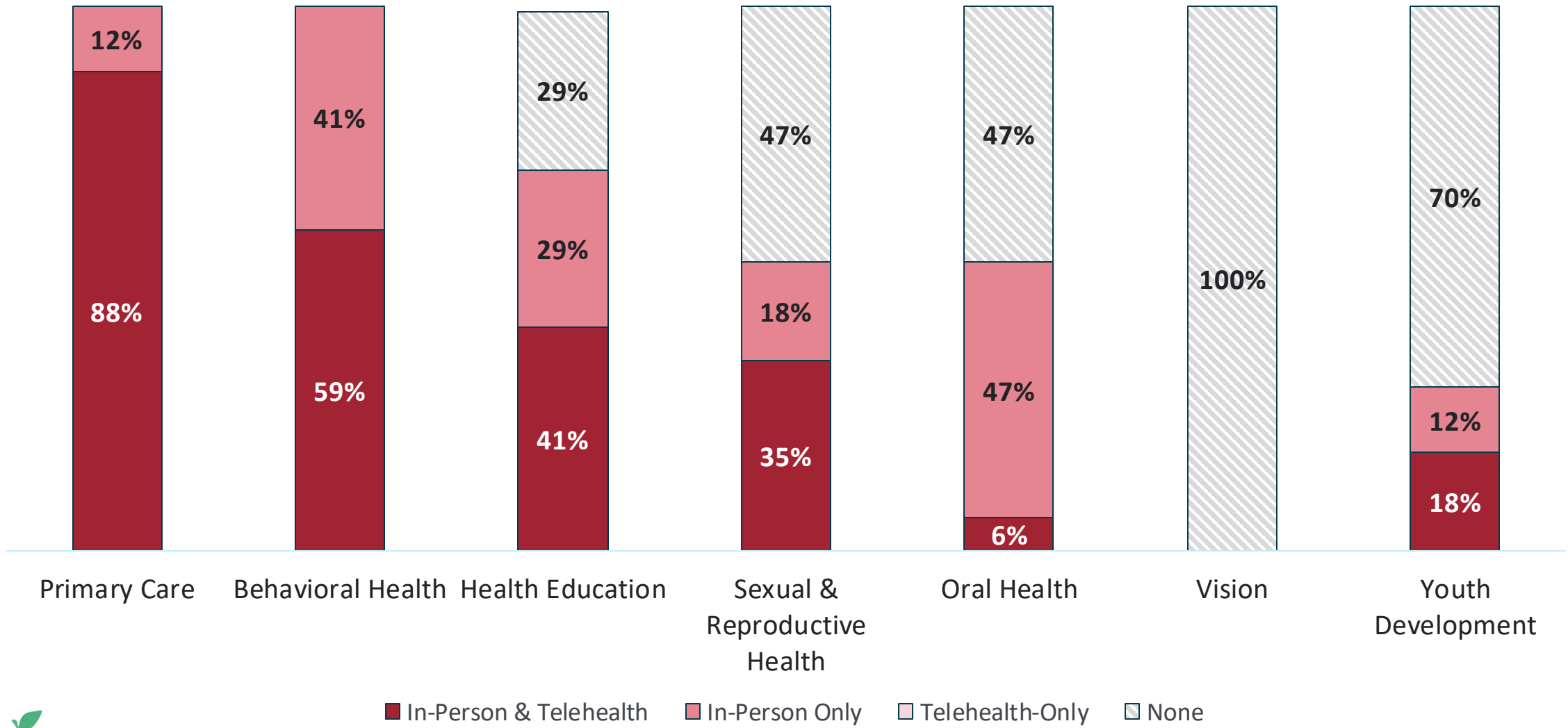Legend: ■ In-Person & Telehealth ■ In-Person Only ■ Telehealth-Only ▨ None

Total responses to this question: n=1,518

Service Delivery Mode (Montana)

Primary Care: In-Person & Telehealth 88%, In-Person Only 12%

Behavioral Health: In-Person & Telehealth 59%, In-Person Only 41%

Health Education: In-Person & Telehealth 41%, In-Person Only 29%, None 29%

Sexual & Reproductive Health: In-Person & Telehealth 35%, In-Person Only 18%, None 47%

Oral Health: In-Person & Telehealth 6%, In-Person Only 47%, None 47%

Vision: None 100%

Youth Development: In-Person & Telehealth 18%, In-Person Only 12%, None 70%

Legend: ■ In-Person & Telehealth   ■ In-Person Only   ■ Telehealth-Only   ▨ None

Note: the one telehealth-exclusive model in MT provides occasional in-person care

State Relations: a National Perspective

State Affiliates

"While all lobbying is advocacy, not all advocacy is lobbying"

Advocacy

└ state and federal education, information, and awareness, enhancing an orgs mission

Lobbying

└ Communication with elected officials about specific legislation, and urging a vote for or against

Training

└ Learning collaboratives, initiatives, consulting

Community Engagement

└ schools, parent/guardian, health entities, youth, etc.

State Program Offices

Designated State Governmental Office

└ DOE, DOH, etc.

Oversees *

- Funding process
- Certification
- Compliance
- Key Performance Measures
- Data Collection and Reporting
- Evaluation
- Budgeting Requests
- Technical Assistance and Training

* Depends on state & SPO stage of development
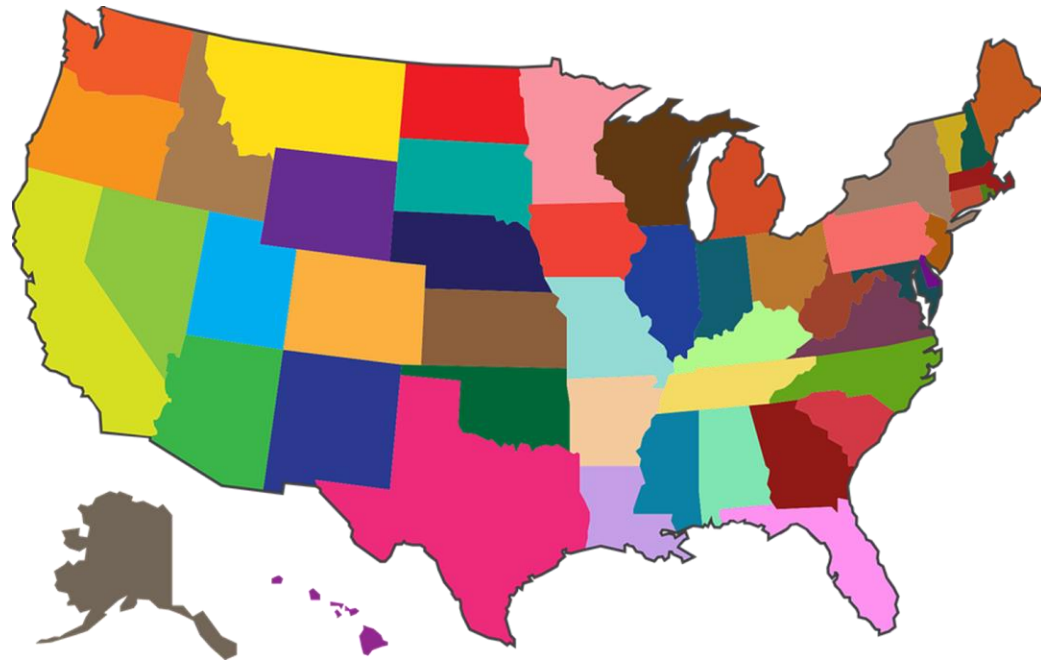
State Affiliation

Two affiliate categories:

➢ **Affiliate**

➢ **Emerging Affiliate**

Purpose

To build an active national organization

➤ with a Network of strong State Affiliates

➤ representing and working on behalf of children, adolescents, their families, and school-based health care.

Affiliate Agreements:

delineates the relationship between SBHA and State Affiliates

Two separate agreements representing the affiliate and emerging affiliate differences

State Affiliate 2023 (25 and Counting)

Alaska *	Kentucky	Ohio ^ (SPO 2022)	Working in:
Arizona	Louisiana ^	Oregon ^	AL, FL, HI, ID, IN, KS MT,
Arkansas ^	Maryland ^	Pennsylvania	ND, NV, SC, SD, TN, TX,
California	Massachusetts ^	Washington ^ (SPO 2022)	UT, VA, WI, WY
Colorado ^	Minnesota ^ (SPO 2021)	West Virginia	
Connecticut ^	Missouri		
Delaware ^	New Jersey *		22 state affiliates 3 emerging
Georgia ^ new	New Mexico ^		
Illinois ^	New York ^		
Indiana *	North Carolina ^		

State Program Offices 2023 (19)

Arkansas *	Massachusetts *
Colorado *	**Michigan**
Connecticut *	Minnesota (temp $- 2021) *
Delaware *	New Mexico *
District of Columbia	New York *
Georgia *	North Carolina *
Illinois *	Ohio *
Louisiana *	Oregon *
Maine	Washington *
Maryland *	

What Does Affiliation Make Possible?

SCHOOL·BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

State

- ❑ **Connections**
  - ❑ The MT way
  - ❑ Peer Network

- ❑ **Voice and Community**
  - ❑ Collective Story
  - ❑ Shared Experience
  - ❑ Advocacy & Policy

- ❑ **Expertise**
  - ❑ MT specific

- ❑ **Other**

National

- ❑ **Connections**
  - ❑ Digest & Basecamps
  - ❑ Learning Communities
  - ❑ Conferences

- ❑ **Voice and Community**
  - ❑ Collective Story
  - ❑ Shared Experience
  - ❑ Advocacy & Policy

- ❑ **Expertise**
  - ❑ National Performance Measure
  - ❑ Training/tools/resource
  - ❑ Initiatives

Resources

Free - SBHC Resource Hub

- Clinical Performance Measures QI Toolkit

- Sustainable Business Practices Toolkit

- School-Based Telehealth Playbook

- Vaccines and Immunizations

- Health Care Transition Toolkit

- Hallways to Health Toolkit

- School Oral Health Playbook

- Adolescent Substance Use Prevention in SBHCs Toolkit

- Children's Health & Education Mapping Tool

- The Blueprint – tools, examples, guides, and helpful resources

- And more!

https://www.sbh4all.org/resources/

Upcoming Learning Collaboratives

- School-Based Health Center Start-Up Learning Collaborative (**coming soon**)
- Statewide School-Based Health Center Food Access Innovations Learning Network (Ohio School-Based Health Alliance and Youth Healthcare Alliance- **coming soon**)

Current Learning Collaboratives

- [Increasing Immunizations Through Well-Child Visits: School-Based Health Center Learning Collaborative Opportunity](#)

Webinars

- [**SBHA webinar archive**](#)
  - [Schools and Health Center Partnerships](#)
  - [Do School-Based Health Models Expand Your Community Reach? Yes! Come Learn the Recipes for Success](#)

Resources

SBHC Planning Checklist

School-Based Health Center (SBHC) Planning Checklist

- ✓ Establish SBHC regional planning committee
- ✓ Orient SBHC planning committee to the SBHC model
- ✓ Identify a medical sponsor organization and other potential health care provider partner organizations
- ✓ Visit existing SBHC(s)
- ✓ Establish SBHC advisory group (e.g. principal, other school leadership, school social worker, students, parents/guardians, school nurse, sponsor organization member, and others.)
- ✓ Conduct community readiness assessment
- ✓ Conduct SBHC needs assessment
- ✓ Develop and implement marketing and engagement plan for target audiences and gatekeepers
- ✓ Identify potential SBHC location(s) via site visit(s) Select a well-considered location for the SBHC based on readiness assessment, needs assessment, site visit(s), and needed construction/renovation
- ✓ Determine appropriate staffing
- ✓ Develop narrative business plan

Consulting Services
The School-Based Health Alliance is a highly respected provider of extensive technical assistance and training to the school-based health care field. Our school health consulting staff has decades of experience in designing, operating, and evaluating school-based health center (SBHC) programs. Let us put that expertise to work for you!

- ✓ Complete a pro-forma business plan to determine funding needs and potential revenue
- ✓ Solicit capital and operational funding from variety of sources
- ✓ Develop necessary agreements and procedures to bill commercial and public insurance
- ✓ Draft and execute a memorandum of understanding among SBHC partners (e.g. school district, medical sponsor organization, behavioral health, oral health, local department of health.)
- ✓ Develop comprehensive SBHC consent form that includes bi-directional information sharing to promote continuum of care (e.g. school nurse, school counselor, PCP, dentist, parent/guardian.)
- ✓ Complete SBHC renovation/construction process
- ✓ Engage students to ensure SBHC space is student-friendly
- ✓ Purchase appropriate equipment and supplies
- ✓ Ensure appropriate technology access in collaboration with school

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https://www.sbh4all.org/what-we-do/services/

Resources

Infographic

HOW DO SCHOOLS SUPPORT STUDENT HEALTH?

Comprehensive school health and wellness services are powerful tools for achieving health equity among children and adolescents, particularly those who unjustly experience disparities in outcomes because of their race, ethnicity, or family income. The goal is to create and uphold intersecting systems of care that support children in being healthy, feeling safe, and effectively engaging with school. Funding for these services can come from various community health and education funding sources, including Medicaid reimbursement.

Schools can support student health through several models: school health services and school-based health care. The descriptions below provide a broad overview of these two models. In practice, many schools implement both models or variations of one or both, depending on resources available within the school and community, student needs, and other stakeholder input.

WHAT ARE SCHOOL HEALTH SERVICES?

School health services include, but are not limited to, school nursing, school counseling, school psychology, and school social work services that support student health. The usual governing entity of school health services is the local education agency. The legal authority governing health data and privacy is the Family Educational Rights and Privacy Act (FERPA).

WHAT IS SCHOOL-BASED HEALTH CARE?

School-based health care is provided through school and community health organization partnerships and collaboration with school administration and health services staff. This care includes but is not limited to primary care, mental health, oral health, and vision services. This care complements, not replaces or duplicates, existing school health services. The usual governing entity of school-based health care is a community healthcare organization. The legal authority governing health data and privacy is the Health Insurance Portability and Accountability Act (HIPAA).

https://www.sbh4all.org/wp-content/uploads/2022/11/How-Schools-Support-Student-Health-10.28.pdf

Lead The Way: Engaging Youth In Health Care

"The most important lesson is to recruit from different areas and exhaust all of the possibilities. We tend to overuse our youth and expect them to be so engaged in the work they're doing without properly serving them and their needs. We ask a lot of them and we need to come back with things to offer them as well."

-Massah Massaquoi, Senior Research Assistant, The Fenway Institute

Youth Engagement Toolkit

https://www.sbh4all.org/what-we-do/services/training/youth-development/youth-engagement-toolkit/rationale-for-youth-engagement/
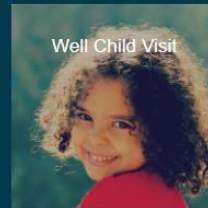
Clinical Performance Measures QI Toolkit

Quality Counts
Clinical Performance Measures QI Toolkit

Well Child Visit

Annual Risk Assessment

Chlamydia Screening

BMI Assessment & Nutrition/Physical Activity Counseling

Depression Screening & Follow-Up

https://tools.sbh4all.org/quality-counts/quality-counts-home/

Business Measures QI Toolkit

Utilization

Frequently Asked Questions

⊖ **What can my SBHC do to create strong school partnerships?**

Create buy-in, support, and promotion of your SBHC from school board members, district staff, school administration, and staff. Proven strategies for accomplishing this include:

- Give members of the school administration, staff, and students a voice in SBHC operational decisions by asking them to join the SBHC advisory group.
- Share your health expertise with school personnel, perhaps during teacher in-service days, by organizing in-services on employee wellness, stress management, mental health first aid, asthma triggers.

https://tools.sbh4all.org/sustainable-business-practices-toolkit/sustainable-business-practices-toolkit-home/

SAVE
THE
DATE

SCHOOL·BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

2024 National School-Based
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JUNE-JULY
2024

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Washington DC**

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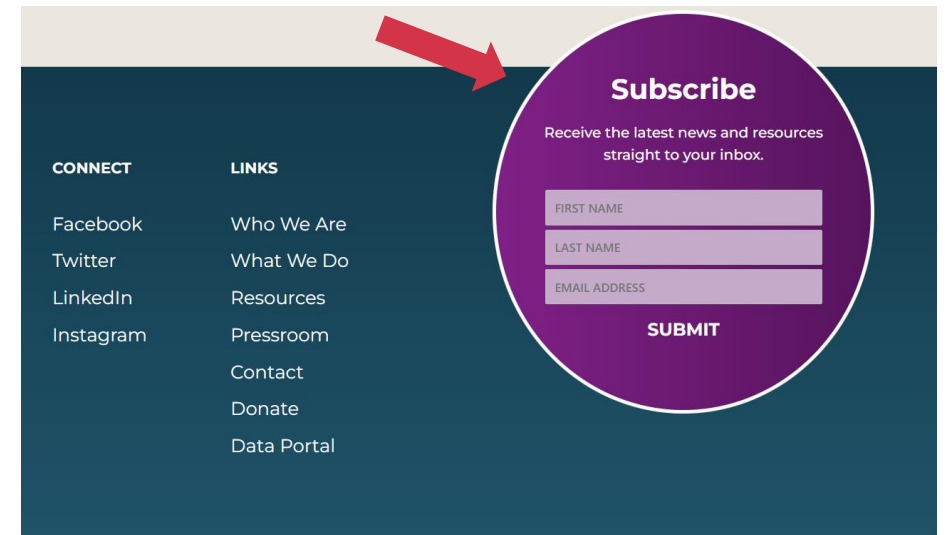
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EMAIL ADDRESS
SUBMIT

Contact Information:

Tammy Alexander
talexander@sbh4all.org

Break-Out Groups

There is a colored dot on your name tag, go to the table/s with the corresponding-colored flag

- Introductions (name, role, org) and one thing that brings you joy (photos encouraged!)

- Share about how your org is connected to school-based health care.

- What is going well for your school-based health care project?

- What is challenging for your school-based health care project?

- What are your goals for your school-based health care project over the next year?

- What do you need to reach those goals?

  - Each group will identify their top three needs and report back to the group – we will compile a larger list to identify top 5 needs