

# NEVADA SCHOOL-BASED HEALTH CENTER TOOLKIT

Key steps to assist schools, health organizations, and community members build successful partnerships for planning and implementing a School-Based Health Center designed to increase child and adolescent access to quality health care.

Nevada Department of Health and Human Services  
Division of Public and Behavioral Health  
Bureau of Child, Family and Community Wellness

February 2023



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# Preface

This toolkit, developed by the Adolescent Health and Wellness Coordinator of the Maternal, Child, and Adolescent Health Section, Bureau of Child, Family and Community Wellness (BCFCW), Division of Public and Behavioral Health, is designed to assist those interested in forming a School-Based Health Center or a new school-based health facility in the planning and implementation phases. BCFCW has been providing technical assistance and access to school-based health care facilities since 2013, with an aim to support comprehensive services inclusive of primary care, preventive health, screening and lab services, pharmacy, emotional/behavioral health and social services, and oral health care for youth.

The author would like to thank and recognize the following agencies for their contributions:

- California School-Based Health Alliance
- Diversified Consulting Services
- National School-Based Health Alliance
- Nevada Division of Health Care Financing and Policy
- Oregon Health Authority School-Based Health Center Program

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This publication was supported by the Nevada State Department of Health and Human Services through Grant Number B04MC45229 from the Health Resources and Services Administration (HRSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor HRSA.

# Nevada School-Based Health Centers

In 2013, Nevada School-Based Health Center (SBHC) advocates shifted their focus to provide comprehensive services designed to promote optimal physical, oral, behavioral, and social-emotional health of its students. The emphasis uses evidence-based practices outlined by [Bright Futures](#) developed by the American Academy of Pediatrics (AAP) to advance the quality of health promotion and preventive services for children. These SBHC comprehensive well-child visits help Nevada reach its goals in improving the health and well-being of its children.

SBHCs integrate the essential components of the primary care medical home in their delivery of services. At its core, the ideal SBHC model has many key attributes of a patient-centered primary care system for children, adolescents, and their families.

Nevada has recently seen a growth in school-based health services. Recent advances in Nevada Medicaid's medical billing systems created additional pathways for [School Health Services](#). The progressive collaboration between the Nevada Department of Education and the Division of Health Care Financing and Policy (DHCFP) resulted in the increased number of physical as well as social-emotional and behavioral health services conducted. Analogous to the national trend, most of Nevada's school-based health services are operated by Federally Qualified Health Centers (FQHC), commonly known as Community Health Centers (CHC.) Recently CHC advances have expanded care through telehealth services, increasing the number of schoolchildren seen.

[Standards of care for SBHCs](#), developed through the Nevada Division of Public and Behavioral Health (DPBH), Bureau of Child, Family and Community Wellness (BCFCW), provide a framework for comprehensive services inclusive of primary care, preventive health, screening and lab services, pharmacy, dental care, social-emotional/behavioral and mental health, and social services.

## [Certified SBHCs](#)

Facilities using the guidelines outlined in the [standards of care](#) can select to become certified through BCFCW, although clinics choosing not to become certified are free to operate in Nevada. Certification increases emphasis on best practices, reduces site-to-site variability, advances the ability to study clinical outcomes, and provides an opportunity for insurance reimbursement for facilities formerly unable to bill for services. Only certified SBHC's are eligible to receive Nevada Medicaid and Nevada Check-Up reimbursements from DHCFP as a Provider Type (PT) 17, Specialty 179 for billing purposes.

A staff member within the DPBH Maternal and Child Health (MCH) Section, serves as the conduit between SBHCs and the BCFCW. Upon request, this role includes the provision of technical assistance to complete the [Nevada State SBHC certification application forms](#). Contact information can be accessed through the [DPBH webpage](#).

The Appendix on page 36 contains further Nevada Medicaid billing options for school-based health services.

# Core Competencies of School-Based Health Centers

[Retrieved 9/5/22 from: [School-Based Health Alliance](#) ]

The School-Based Health Alliance (SBHA), in partnership with state affiliates and experts from the school-based health care field, developed a set of seven core competencies representing the knowledge, expertise, policies, practices, and attributes each SBHC is expected to demonstrate in its pursuit of student wellness. SBHC staff and administrators are invited to use these as a framework to achieve excellence in delivering health care in a school setting.

The seven core competencies can be downloaded as an [infographic](#). The information below contains a narrative version.

## Access

The SBHC assures student access to health care and support services to help them thrive.

- **Location:** health center is located inside a facility, either fixed or in portable space, within the school building or on school campus.
- **Operations:** health center makes on-site services available whenever the school is open, or as needed, or possible, to serve the needs of the student population. Student access is heightened by policies accepting walk-ins and offer same-day appointments when possible; the school and health care facility have a clear protocol for referrals from parents/guardians/caregiver/faculty and staff.
- **Facility:** health center operates within an appropriate physical plant in compliance with laws and regulations governing health facilities, is conducive to efficient health care practice, is welcoming to students, and safeguards their privacy.
- **Consent:** health center obtains from parent/guardian/caregiver of enrolled students informed written consent covering all services, and a Health Insurance Portability and Accountability Act (HIPAA) compliant consent form allowing the school nurse or other school health services staff to share health information with health center or other HIPAA covered entity unless student is 18 or older, an emancipated minor, or as otherwise allowed by state law.
- **After-hours care:** health center puts in place a system for patients to access care when the center is not open (e.g., primary care physician on-call, nurse hotline, emergency room, urgent care center, or behavioral health crisis line).
- **Non-discrimination:** health center does not discriminate against patients based upon race, color, sexual orientation, gender, religion, national origin, age, disability, sex, health insurance status, or ability to pay.
- **Other populations:** health centers make services available to populations other than students or out-of-school youth (such as faculty and/or school personnel, adult care givers, siblings, or community

members), and prioritize the care of the student body and assure their safety and privacy. This may be accomplished by offering student-only hours or organizing a separate entrance and/or waiting room area for non-students.

### **Student-Focused**

The SBHC team and services are organized explicitly around relevant health issues affecting student well-being and academic success.

- **Comprehensive service scope:** health center delivers primary care services designed to promote the optimal social, emotional, and behavioral health of students, as well as minimize the effects of poverty, chronic disease, social determinants of health, and other adverse childhood experiences on their school success.
- **Evidence-based standards:** health center is guided by evidence-based standards of care on issues affecting healthy development, including strength and risk assessment, well care exams, immunizations, obesity, poor academic performance, asthma, attention deficit hyperactivity disorder (ADHD), exposure to violence and trauma, sexual and reproductive health (when permitted by school district), depression, substance use, oral and vision care.
- **Competence:** health center services and materials are developmentally appropriate and respectful of cultural and linguistic diversity.
- **Confidentiality:** health center protects confidentiality of patient information as required by state and federal law when transmitted through conversation, billing activity, telemedicine, or release of medical records.
- **Patient engagement:** health center encourages students (as age-appropriate) to be effective advocates and consumers of their own health care by encouraging them to schedule their appointments, manage medications, ask questions about their care, and improve their health literacy.
- **Youth advisors:** health center meaningfully engages students in a variety of functions, including community asset mapping and needs assessment, evaluation of services, youth-led outreach and promotion, peer-to-peer health education, and advocacy mobilization on behalf of their health needs.

### **School Integration**

The SBHC, although governed and administered separately from the school, integrates into the education and environment to support the school's mission of student success.

- **Shared vision for student success:** health center has a formalized understanding of how it collaborates with school administration, teachers, and support staff (school nurses, psychologists, and counselors) to ensure the partnership meets student needs efficiently, effectively, and seamlessly.
- **Shared outcomes:** health center partners with the school to achieve improved outcomes for students struggling with attendance, behavior, or academic performance issues.
- **Integration:** health center and school personnel participate jointly in the development and governance of policies, procedures, and structures supporting student health and academic achievement (school

improvement, school wellness, alternatives to discipline, Individual Education Program (IEP) team, and Americans with Disabilities Act).

- **Crisis response and support:** health center serves as partner in the management of school's crisis prevention and intervention plans.

### **Accountability**

The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.

- **Quality improvement:** health center implements a quality assurance system monitoring and evaluating the appropriateness, effectiveness, and accessibility of services.
- **Satisfaction:** health center routinely assesses patient and community satisfaction with services and assess unmet needs.
- **Performance:** health center collects and reports on key performance measures, including individual and population-level outcomes, to assure accountability to partners, payers, funders, and other stakeholders.

### **School Wellness**

The SBHC promotes a culture of health across the entire school community.

- **School climate:** health center actively promotes building-level policies and practices assuring a safe and healthy school environment for all students and staff.
- **Student body wellness:** health center advances population health and preventive services through group, classroom-based, and school-wide inclusive modalities to screen for and minimize risk factors, promote community assets, and address social determinants of health (e.g., nutrition education, trauma support groups, asthma education, physical activity, and health careers).
- **Family wellness:** health center engages parents/guardians/caregivers in health education and promotion events to promote family wellness.
- **Staff wellness:** health center assesses the health and wellness needs of school staff and offers services, such as support groups, stress management activities, and health literacy.
- **Health authority:** health center contributes subject matter expertise on health education curriculum, school wellness policies, and health-related programs and services (nutrition, physical activity, safety, discipline) supporting student well-being.

## Systems Coordination

The SBHC coordinates across relevant systems of care sharing in the well-being of its patients.

- **Care coordination:** health center coordinates and integrates efforts (including exchange of health information, as appropriate) with existing systems such as primary care, behavioral health, oral health, vision providers, and health plans to improve continuity of care, reduce fragmentation, and prevent duplication of services.
- **Care partners:** health center has formal partnership referral and follow-up linkage agreements and protocols with the broader health care community to ensure access to after-hours care (e.g., primary care physician, nurse hotline, emergency room, urgent care center, or behavioral health crisis line) and coverage beyond clinical capacity including oral, reproductive, behavioral, and specialty health care.
- **Parent/guardian/caregiver engagement:** health center informs and educates parents/guardians/caregivers about a child's health issues and involves them as supportive participants in the student's health care whenever appropriate and possible.

## Sustainability

The SBHC employs sound management practices to ensure a sustainable business.

- **Administrative systems:** health center is supported by a fiduciary (or sponsor) agency providing administrative and clinical systems, including medical supervision, liability coverage, human resources, procurement of medical equipment and supplies, quality improvement, training and leadership development, health information technology, marketing, and practice/fiscal management.
- **Billing infrastructure:** health center has the capacity to collect patient revenue efficiently through use of health information management systems, dedicated administrative personnel, and policies and procedures.
- **Analysis of financial standing:** health center creates a business plan with financial performance metrics considering the cost of the program, expected patient volume by provider, payer source, etc. In monetizing services, consider all expenses of the program (direct and indirect), including staffing, facilities, pharmacy, administration, billing, care coordination, and health promotion.
- **Sustainable resources:** health center employs sound business models based on financial planning strategies relying on a diversity of stable and predictable funding sources, maximize patient revenue, and minimize the role of grants, to support operations for the long-term.



# Consent and Confidentiality

## Ensuring Utilization of SBHCs

Health care providers need written parent or legal guardian consent before seeing a student for general medical care. Consent and medical history forms sent home for parental completion are often not returned. Many SBHCs conduct outreach and have parents/guardians complete the forms at in-person school registration, back-to-school nights or open houses, and other school events families attend. Increasing teacher awareness helps promote services at Parent-Teacher Conferences, IEP meetings, etc.

## Information Sharing Between School and SBHC Staff

Educational information is protected by the [Family Educational Rights and Privacy Act \(FERPA\)](#), while health information is protected by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). These two pieces of federal legislation are extremely important.

School employees, including school nurses, cannot share most individual student record information with SBHC staff not employed by the school, unless they have parent/guardian authorization. Schools may ask parents/guardians to complete an authorization for release of information to the SBHC so the school can share relevant student health, attendance, and/or academic data. This allows the SBHC to better serve student health and academic needs in partnership with the school. SBHC staff employed by the school may share health information with other school employees, if they determine these staff have a legitimate educational interest in the student's health information.

SBHC staff not employed by the school cannot share student health record information with school staff without parent/guardian consent (or, for minor consent services, without student consent). When a teacher refers a student to the SBHC, the SBHC staff cannot report back to the teacher on the student's condition, diagnosis, or treatment plan. However, SBHCs may solicit permission from students, parents, or guardians allowing them to share health information with school staff (if appropriate) to ensure students' needs are being met, through a diverse set of supports.

SBHC staff can always provide school staff with general information and resources on relevant health issues and usage trends. Additionally, school staff can share school-wide aggregated data on attendance, behavior, and achievement.

## Information Sharing Between SBHC Staff and Parents or Guardians

### Understanding HIPAA and FERPA

Under HIPAA, health information-sharing requires consent. SBHCs not run by the school (operating under HIPAA) can share general medical information with parents and guardians, for all the services for which the parent/guardian consented. When students consent to confidential services, only the student can share the related health information with the parent/guardian. SBHC staff can help foster improved communication between adolescent students and their family members, thus helping adolescents share more personal health issues directly with parents/guardians.

Under FERPA, different rules apply, as parents may access their child's school records at any time, including those health records created by school operated SBHCs. While minors may consent to certain services if the provider is employed by the school, the parent/guardian will have access to the minor's records and may learn about services provided.

[Joint Guidance on the Application of FERPA and HIPAA to Student Health Records](#) explains the relationship between FERPA and the HIPAA Privacy Rule, and addresses confusion on the part of school administrators, health care professionals, and others as to how these two laws apply to student records. The guide also addresses certain disclosures allowed without consent or authorization under both laws, especially those related to health and safety emergency situations.

### Minor Consent

Most users of school health services are under the age of 18 years old, requiring a parent or legal guardian to consent prior to receiving care. Health care providers must understand and follow Nevada's minor consent laws. Certain situations allow minors to receive care in the absence of parental or guardian consent. Below are conditions where minors can seek and receive care:

- Federal law requires Title X funded services (e.g., pregnancy testing, contraception) to be available to all adolescents, regardless of age. [[Title X Family Planning Program](#)].
- [Nevada Revised Statute \(NRS\) 129.060](#) allows for the examination and treatment of sexually transmitted diseases.
- [NRS 129.050](#) permits the authorization of substance use treatment.
- [Under NRS 129.080](#), a minor may petition juvenile court for a decree of emancipation. Any minor who is at least 16 years old, who is married or living apart from their parents or legal guardian, a mother (borne a child), doctor deems minor is in danger of suffering a serious health hazard due to health care services not being provided, and who is a resident of the county, may petition the juvenile court in the county of residence for a decree of emancipation.

# Steps to Plan and Implement a SBHC

Steps can be performed in any order and are outlined in detail throughout the manual

Develop a planning committee including:

- Students
- Parents
- Parent Teacher Association/Organization
- Teacher(s)
- Principal
- School board member(s)
- School health services staff (school nurse or aide)
- School District staff members
- Community health services providers
- Elected officials
- Community champions
- Other interested partners

1. Discuss member contributions, interests, and unique strengths to SBHC planning process.
2. Outline committee key goals and tasks, appoint lead member, and set up meeting times.
3. Discuss the desire for a SBHC and the potential benefits to the students and families.
4. Conduct a community health needs assessment:
  - Review existing school/community health data (e.g., [Nevada School Climate Survey](#), [Nevada Youth Risk Behavior Survey](#) local hospital or community health assessments, [Nevada Title V MCH Program Needs Assessment](#), etc.).
  - Design and conduct a youth health needs/assets survey.
  - Contact local SBHCs to learn successes and challenges in geographic area(s) of interest.
  - Reach out to [state affiliates](#) of the SBHA.
5. Discuss types of services desired/needed. This may include:
  - Medical care (e.g., yearly wellness visits, sports physicals, immunizations, sick care)
  - Health (risk) assessments (e.g., Bright Futures, Perceived Deficits Questionnaire, Rapid Assessment for Adolescent Preventive Services (RAAPS), Adverse Childhood Experiences)
  - Health education, disease/risk prevention
  - Mental/social-emotional/behavioral health opportunities for on-site care
  - Behavioral health referrals (e.g., nicotine cessation, drug/alcohol treatment)
  - Case management and referral/coordination of care
  - Other areas of need determined by needs assessment

6. Determine best model for SBHC:
  - School-based (on school grounds)
  - School-linked (off school grounds)
  - Mobile van
  - Telehealth
  - Multi-service teen center
  
7. Determine population the SBHC will serve:
  - Enrolled students on school campus
  - Children and youth in community (not attending school)
  - Family members of students, adult and/or siblings, including those not school aged
  - All community members
  - School district staff members
  
8. Engage potential provider agencies and lead agency:
  - School district
  - Local medical and dental provider(s)
  - Local mental/social-emotional/behavioral health providers
  - School district staff members
  - Community-based organizations
  - Public health department
  
9. Build local support by reaching out to the community and news media. Include students, parents, school officials, and staff members from provider agencies.
  
10. Develop SBHC staffing model, including:
  - Clinic coordinator
  - Type of medical providers/assistants (inclusive of needed specialty care)
  - Mental/social-emotional/behavioral health clinicians
  - Receptionist/registration
  - Oral health
  - Health educators
  - Insurance/public benefits enrollment and outreach
  - Parent support/outreach
  - Youth leaders/peer educators
  - School nurse/school health partner
  - Community health clinics
  - Bilingual staff and materials
  
11. Discuss plan for funding (start-up costs and sustainability):
  - Projected revenues from billing for services (Medicaid, private insurers, etc.)
  - Grants
  - In-kind (e.g., space/utilities/other from school and/or provider agencies)
  - Allocations from lead or partner agencies

12. Determine hours of operation and staffing time.
13. Decide if facility will elect to become a Nevada certified SBHC.
14. Identify potential site and facility.
15. Develop SBHC policies and procedures.
16. Solicit approval from decision-making bodies (e.g., Board of Education, lead agency Board of Directors, school district board, and school site and district administrators).
17. Develop a mechanism for coordinating services between agencies including cooperative agreements, memorandums of understanding, independent contractor agreements, etc.
18. Review existing school/community health data to include but not be limited to: [Title V MCH Data Dashboard](#) and [Office of Analytics – Data Dashboards and Reports Catalog](#)

# Partner Collaboration

Successful SBHCs rely on the collaborative efforts of a diverse group of partners. When drawing upon partner collective strengths, SBHCs maximize the impact on student health and academic learning.

## Creating a Blueprint for Collaboration

Stakeholder initial collaborative efforts will focus on developing a mutual understanding of the shared work.

A blueprint for collaboration to include:

- A vision and mission for the SBHC
- Partner common interests and goals for SBHC services
- Clearly defined roles and responsibilities for all partners
- Decision-making and/or operational protocols for areas of intersection, such as:
  - Sharing of information
  - Sharing of equipment and facilities (if applicable)
  - Student access to the health center
  - Community access to the health center
- Communication systems for regularly scheduled meetings; translators or bilingual facilitators provided
- Formalized memorandum of understanding and/or letter(s) of agreement for partner accountability

## Fostering Ongoing Relationship

Strong relationship building includes taking steps to:

- Identify liaisons representing the school, the SBHC, and other key partners.
- Include at least one school representative on the SBHC advisory board.
- Form a planning team inclusive of school and SBHC representatives, and other student support services providers.
- Ensure the school and SBHC calendars are shared and kept updated.
- Schedule regular, standing meetings between school and SBHC partners to discuss accomplishments, note challenges and find mutually acceptable solutions.
- Ensure SBHC representatives attend school staff meetings and/or professional development sessions to provide teachers and other personnel information about the SBHC, and relevant medical and mental/social-emotional/behavioral health issues.

The blueprint for collaboration to include decision-making and/or operational protocols for areas of intersection. These questions can help guide the conversation:

- Where on campus is the SBHC housed? How much space is needed? Is a sink or bathroom available for basic lab services?
- Who provides custodial services for the SBHC? Who pays for services?
- Who provides phone and internet access at the SBHC? Who pays for operation costs?

- Can students and other clients come to the SBHC before school, after school, on weekends, and during holidays? If a student must be seen in the SBHC during the school day, what is the best time? What classes can a student miss? How shall students be called from class to the SBHC?
- How do school health staff such as school nurses or counselors partner with SBHC staff?
- If a student is perceived to be under the influence of alcohol or drugs, are they sent to the SBHC or to the disciplinary office? If student is sent first to the SBHC, will the school administration also impose any disciplinary consequences?
- When do parents or guardians become informed about a student's SBHC visit?

# Community Planning Guidelines

The community readiness stage is an exploratory period for communities to decide whether the SBHC model will work for them. At the end of this stage, communities may opt to not move forward with the SBHC model. The approaches and activities listed are not necessarily in chronological order; communities can move through strategies in a manner which works best.

## **Establish SBHC Planning Authority**

The initial step is to define the SBHC planning authority. Planning is typically led by representatives from public health, schools, and/or medical entities, with the support of other stakeholders. It is useful to have a lead decision maker or agency coordinating planning efforts.

### Checklist for Consideration:

- Establish individual or group to lead the planning process.
- Launch processes for obtaining approval of the SBHC planning process (e.g., school board, school district, etc.) and determine how planning will need to align with the main decision makers.
- Designate a point person for planning coordination.
- If current staff do not have capacity to lead planning, hire dedicated staff to lead the efforts.

### Available Resources:

- [Addressing the Needs of the Whole Child: What Public Health Can Do to Answer the Education Sector's Call for a Strong Partnership](#) from Centers for Disease Control and Prevention (CDC)
- [SBHC 101: Making an Informed Decision About Starting a SBHC](#) from SBHA

## **Convene a Planning Committee**

The Planning Committee will serve as the advisory group for leadership throughout the planning process, and beyond. Members bring a variety of community perspectives, such as education, health providers, youth, and parents to inform the direction of the SBHC (see page 14 for enhanced list of suggested members). This group will form the foundation of the SBHC and ensure the broader community has a voice in determining its direction.

### Checklist for Consideration:

- Establish a SBHC Planning Committee to meet regularly to guide the planning process.
- Reach out to stakeholders (e.g., school, parents, medical providers, youth, etc.) to participate in the Planning Committee.
- Ensure the Planning Committee represents the community to be served.
- Designate subcommittees to focus on a specific project or area of concern, such as community outreach, medical sponsor recruitment, etc.
- Review Nevada SBHC Standards for Certification and provide an overview of SBHC facilities to the Planning Committee.



- SBHCs are free to operate in Nevada without certification.
- Work with Planning Committee and stakeholders to develop a shared vision and collaborative goals for the proposed SBHC.

Available Resources:

- [Nevada SBHC Standards](#) for Certification from DPBH

**Engage Stakeholders**

A stakeholder can be anyone with an interest in the proposed SBHC and may or may not be part of the Planning Committee. The needs and interests of stakeholders are to be represented and addressed during the planning process. Identifying these groups and individuals will help tailor outreach and engagement efforts.

Checklist for Consideration:

- Work with the SBHC Planning Committee to identify community stakeholders. This list at a minimum should include parents, medical providers, school administration, and religious and cultural groups.
- Identify what each stakeholder brings to the table or what the stakeholder’s role will be in the planning and/or implementation process.
- Develop a strategy for reaching out or engaging stakeholders in the planning process.

**Understand the SBHC Model**

Planning leadership will need to develop a full understanding of the SBHC model, including available research and requirements necessary for certified SBHCs in Nevada to better understand reasons and best practices for opening a SBHC.

Checklist for Consideration:

- Review the Nevada SBHC Standards for Certification.
- Review the academic literature for SBHC peer-reviewed articles.

Available Resources:

- [Nevada SBHC Standards for Certification](#) from DPBH.
- Select SBHC [Resources](#) from SBHA.
- [The Puzzle: Piecing Together Patient Centered Medical Care and the School-Based Health Centers](#) from SBHA.
- [Social Determinants of Health: School-Based Health Centers](#) from the Centers from Disease Control Community Preventive Services Task Force.
- [Bright Futures](#) from AAP.

## **Assess the Need for a SBHC**

A community needs assessment does not need to be a formal research project, but rather a process of collecting information to help identify specific areas and populations of need. A needs assessment will help better understand the priorities of the population to be served and can influence everything from the location of the SBHC to the types of services provided. SBHC planning is often the result of recommendations following a community needs assessment process. Many SBHC planning communities rely on grant funding to support the planning efforts and needs assessment data is often essential in a grant application. If assessments have been done prior to planning, it is important to gather some basic information about the community and population the SBHC may serve.

### Checklist for consideration:

- Gather enough information about the community to determine the need for a SBHC and, if so, the services to be offered.
- Seek out population-level data from the following suggested sources:
  - US Census Bureau
  - Nevada Department of Education
  - Nevada Division of Public and Behavioral Health
  - Local public health department
  - Other national, state, and local resources to obtain appropriate data
- Determine the appropriate methods to obtain additional information from the school and/or community (e.g., focus group, survey, etc.).
- Survey students, parents and/or teachers to establish support for a SBHC and, if they are in support, what the SBHC will look like.
- Conduct focus group(s) with students the SBHC might serve to determine the needs and preferences for the proposed center.

### Available Resources:

- [CDC Community Health Improvement Navigator](#) from CDC.

## **Engage and Inform Broader Community about the Proposed SBHC**

Community outreach is a vital component of the planning process. Community members have vested interests in schools and are to be included in SBHC development discussions. Engaging community members in the planning process, helps to establish a clear vision for student health services, identify concerns about certain services, and determine how to address possible future challenges. There are multiple ways to ensure the community is informed and has an opportunity to provide feedback about the SBHC planning effort.

### Checklist for Consideration:

- Use the needs assessment data and conversations with stakeholders to develop messaging and marketing materials in the planning process.

- Develop materials for the Planning Committee: why the group is exploring the SBHC model, what the group hopes to achieve through this planning process, and timeline for the planning activities.
- Have planning committee reach out to the groups identified in the stakeholder analysis.
- Share information about the SBHC planning process with parents, teachers, and in community settings (e.g., back to school nights, school board meetings, Parent-Teacher Association meetings, etc.).
- Ensure stakeholders, including parents, are fully informed about the proposed SBHC and have an opportunity to have their questions answered.
- Publicize the planning effort in media outlets (e.g., radio, newspaper, school parent/caregiver online portal information sharing platforms, etc.).
- Create a website or social media page for the planning effort.

Available Resources:

- [The Blueprint-One-Stop Shop for SBHCs](#) from SBHA. Become a member to access the materials.

**Engaging Youth and Families in the Planning Process**

Parents/caregivers and youth can offer critical support in SBHC development and service delivery, as well as support for school-based health services. Effective SBHCs recognize the necessity of parent and youth participation in decision-making processes and engage these groups in various aspects of the health center. Engaging youth and families enhances quality and operations of SBHCs and provides an opportunity for young people to become empowered about their health. It is important SBHCs develop and display cultural humility treating all people with respect. Clinicians are to be trained to increase awareness about concepts and preferences of students and family members of diverse cultures.

Checklist for Consideration:

- Form a Youth Advisory Council with an adult ally from the school providing support.
- Include parent representatives as part of the SBHC Planning Committee.
- Ensure youth have a voice in the development of the SBHC model (e.g., location, decoration, policies, etc.).
- Ensure parents have a voice in the development of the school's SBHC model (e.g., location, policies, etc.).
- Provide opportunities for youth at the school to give or form feedback on the SBHC planning effort.
- Provide opportunities for parents to learn more about SBHC planning efforts and to voice concerns.

Available Resources:

- [Lead the Way: Engaging Youth in School-Based Health Care](#) from SBHA offers support to any person or organization committed to upholding youth voices in school health.
- [Creating and Sustaining a Thriving Youth Advisory Council](#) -University of Michigan Adolescent Health Initiative.
- [Youth Participatory Action Research Curriculum](#) adapted for Oregon -Institute for Community Research.

- [Culture Clues](#) from University of Washington Medical Center are tip sheets for clinicians designed to increase awareness about concepts and preferences of patients from diverse cultures.

### **Select a Well-Considered Location for the SBHC**

The priority for selecting a SBHC site location needs to maximize and sustain student access to preventive, physical, and social-emotional/mental/behavioral health services.

#### Checklist for Consideration:

- Use the needs assessment data and conversations with stakeholders to select the location.
- Evaluate the location for its suitability to host a SBHC.
- Work with stakeholders to secure approval through the appropriate procedures (e.g., school board vote) for locating the SBHC at this site.
- Begin conversations with stakeholders about the policies and minimum requirements at the SBHC location (e.g., consent for services policy, access policies, etc.).
- Contact several Nevada SBHCs and request to visit their facilities. Inquire about bringing members of the Planning Committee and other interested parties.

#### Available Resources:

- [The Nevada SBHC Standards for Certification](#) outlines requirements for Nevada certified SBHCs from DPBH.
- [2010 ADA Standards for Accessible Design](#) from US Department of Justice.

### **Identify a Medical Sponsor**

SBHCs are most often sponsored by a medical facility. This entity may be a provider, Federally Qualified Health Center (FQHC), Rural Health Clinic, local health department, or hospital. Many aspects of SBHC operations are determined by the medical sponsor, thus it is valuable to identify the entity early in the planning process.

#### Checklist for Consideration:

- Identify and meet with medical entities (e.g., FQHCs, hospital, providers) about the SBHC development.
- Ensure potential medical sponsors understand the SBHC model and are committed to the community's goals and vision for the SBHC.
- Identify a medical sponsor and formalize the relationship in a written agreement.
- Ensure the Planning Committee and/or medical sponsor meet with other health care providers, such as primary care, dental, lab or mental/socio-behavioral health providers to discuss how the SBHC can coordinate patient care.

### **Develop a SBHC Business Plan**

Ensuring the financial viability of the SBHC is essential for its long-term success. Sustainability does not occur in a vacuum; when creating the business plan, look at the big picture of the SBHC operations. What services

will be provided? How will clients access the SBHC? Who are the partnering agencies? Plan some of the systems needed for the SBHC, such as billing. Draw on some of the decisions and considerations the Planning Committee made to examine the financial outlook.

Checklist for Consideration:

- Create a draft business plan for at least three-years of SBHC operations.
- Ensure the draft business plan creates a pathway for the SBHC to become self-sustaining, while being flexible enough to change with external forces.
- Solicit grant funding from local, state, and national public and private sources.
- Solicit funding to support the implementation stage as well as continued operational funding.

Available Resources:

- [Sustainability Tools](#) from SBHA contain over 20 downloadable documents. Topics include partnerships, business models, and high-quality practice.

**Concluding the Community Readiness Stage**

The time it takes to move through the community readiness stage can vary greatly. Some communities can swiftly move into the implementation stage, whereas others may take several years. Some communities get partially through the planning stage and realize the SBHC model is not a good fit, or some may discontinue planning efforts and resume years later.

Planning a SBHC is not necessarily a linear process. Many external factors, such as funding, politics, and timing, can influence progress. Communities need to move through the strategies and activities at their own pace, allowing for stakeholders, parents, youth, school administration, and providers to have an opportunity to participate in the planning process and share concerns about the proposed SBHC.

Regardless of the outcome, a community conversation about increasing youth access to health services is always important. Even if the community decides to not move forward with the SBHC model, hopefully the community continues conversations about how to best support youth in receiving needed health care.

# Implementation Phase Guidelines

The implementation guide is designed to help groups leading the SBHC planning process contemplate steps to include in the implementation stage. The approaches and activities listed are not necessarily in chronological order, thus communities can move through strategies in a manner which works best.

Some communities can swiftly move through the implementation period, whereas others may take up to a year. This stage can be different for each community depending on circumstances such as, local capacity, medical sponsorship, and available resources. Planning committees frequently spend this period constructing or remodeling the SBHC site, developing SBHC policies and procedures, hiring staff, purchasing medical equipment and supplies, marketing the SBHC in the community, opening the facility, and if electing to do so, applying for Nevada State SBHC certification.

## **Determine how SBHC will be Funded**

SBHCs can be financed through several sources such as, public and private insurance reimbursements; local, state, and federal grants; philanthropic foundations; and in-kind contributions from schools and other partners.

Most SBHCs are sponsored by community health providers; community health providers already knowledgeable about health-related funding opportunities can help access start-up and expansion. Medical providers may be able to bill public health insurance for medical and dental care. Mental health providers can sometimes be reimbursed for behavioral health services delivered to students with health insurance provided by Nevada Medicaid and Nevada Check Up.

## Checklist for Consideration:

- Join the SBHA to access funding links.
- Seek opportunities from the U.S. Department of Education.
- Discuss the pros and cons of becoming a FQHC. The Nevada Primary Care Association is granted to support potential FQHC applicants with consultation and analysis.
- Check into local, state, and national organizations granting funds to agencies promoting child and adolescent health and wellness.
- Obtain information and training on billing Medicaid and private insurers.

## Available Resources:

- [SBHA funding announcements.](#)
- [U.S. Department of Education Funding- Grants.](#)
- [Forecast of Funding Opportunities under the Department of Education Discretionary Grant Programs from the U.S. Department of Education.](#)
- [The Center for Health and Health Care in Schools grant resources.](#)
- [FQHC grants administered by Health Resources and Services Administration.](#)
- [Nevada Medicaid and FQHCs.](#)

- [Nevada Medicaid and Nevada Check Up Provider Enrollment Materials from DHCFP.](#)
  - When electing to become a Nevada certified SBHC, Medicaid provider enrollment occurs after being approved by the State. The approval letter provides information how to proceed with enrollment as a PT 17, Specialty 179.

### **Determine Clinical Services and Referral Sources**

The clinical services will be determined by several factors including, but not limited to, the needs of the client base, medical sponsor capacity, medical partners, and clinic space. All Nevada certified SBHCs must provide the minimum services outlined in the Nevada SBHC Standards for Certification. Services provided onsite or through referral beyond these minimum requirements can be determined by the Planning Committee and through community input.

### Checklist for Consideration:

- Work with the medical sponsor to develop a clinical service model focused on meeting the needs of child and adolescent populations.
- Determine if the SBHC will only serve students enrolled at the school, or if siblings and/or adult family members of enrolled students, and other community members may access services as well.
- Work with other medical providers, if necessary, and the school nurse to build an integrated, collaborative system of care for SBHC clients. Ensure all partners are committed to a common vision for the SBHC and client care.
- Formalize the partnership between the sponsoring agency and school in writing (e.g., cooperative agreement, memorandum of understanding, etc.).
- Determine, through communication with school administration, the need for a school district facility use permit for SBHCs housed on school property.
- Create the necessary agreements and procedures to bill private and public insurance carriers for SBHC services.
- Formalize medical partnerships in writing (e.g., memorandum of understanding, letter(s) of agreement, etc.). Develop a structure, such as a SBHC Advisory Council, to provide continued oversight of SBHC operations and a forum for SBHC partners to continue to meet.
- Create systems to track utilization and billing revenue, and to evaluate the success and ensure ongoing quality improvement of the SBHC.
- Update parents, youth, teachers, administration, stakeholders, and planning committee members on the progress of the SBHC to ensure engagement.

### Available Resources:

- [Nevada SBHC Standards for Certification](#) from DPBH.
- [Bright Futures](#) from AAP.
- [The Intersection of Primary Care and Public Health through Oral Health Services for Students](#), webinar video from SBHA.

### **Determine Appropriate Staffing**

SBHC staffing plan will be determined by several factors, including, but not limited to, the needs of the client base, medical sponsor capacity, medical partners, and clinic space. All certified Nevada SBHCs must meet the minimum staffing requirements outlined in the SBHC Standards for Certification. SBHC staffing hours beyond these minimum requirements can be determined by the Planning Committee, medical sponsor, and community.

#### Checklist for Consideration:

- Review the data gathered during the needs assessment to define types of providers and services necessary to meet client needs.
- If a medical sponsor is unable to provide certain types of services (e.g., mental, social-behavioral, dental health), seek partnerships with providers able to offer services onsite or provide referrals.
- Outline balance of provider and service levels with ability to sustain staffing through grant funding and public and private insurance reimbursement.
- If considering becoming a certified SBHC, confirm proposed staffing plan meets minimum service requirements outlined in the Nevada SBHC Standards for Certification, including administrative staff and provider time.
- Recruit providers with training, background, and desire to work with the client populations to be served.
- If necessary, explore potential provider recruitment strategies with medical sponsor and partners.

#### Available Resources:

- [Nevada SBHC Standards for Certification](#) from DPBH.
- [National Health Service Corps Loan Repayment Program](#) from DPBH.

### **Develop Policies Promoting Clinical Quality**

SBHC policies are written by the medical sponsor but are to be drafted with participation from the Planning Committee and/or partners. Specific policies and procedures are required for SBHCs electing to become certified.

#### Checklist for Consideration:

- Develop policies and procedures specific to the SBHC and the population it will serve.
- Obtain feedback from the Planning Committee and other stakeholders on draft policies ensuring the guidelines support the joint vision.
- Review relevant state and federal laws related to minor consent, HIPAA and FERPA. Ask school or medical legal counsel to review policies, if necessary. [Refer to the Consent and Confidentiality Section on pages 12-13].
- Develop policies, procedures, and necessary forms to support clinical referrals and information sharing among partner agencies.
- Join the SBHA to access multiple policy and procedure templates.
- Provide access to insurance information for US and non-US born students.



- Determine if the SBHC will have unique consent forms or use the sponsoring agency’s forms. Some facilities have developed several consents specific for use with children, adolescents, and adults.
- Develop an insurance information form if not using one generated by the sponsoring agency.
- Provide access to insurance information for U.S. and non-U.S. born students.
- Determine the type of risk assessment tool to use for adolescents focused on physical, emotional, and behavioral health. Ensure questionnaires contain materials for students in various stages of development (e.g., older children, adolescents, and young adults).
- Ensure policies are signed and dated by the appropriate signatory within the medical sponsor organization.
- Determine if the school district requires indemnification and subrogation agreements.
- Purchase liability insurance for the SBHC.

Available Resources:

- [Standardized Performance Measures for SBHCs](#) from SBHA.
- [Nevada SBHC Standards for Certification](#) from DPBH.
- [Policy and Procedure Templates](#) can be obtained by joining the SBHA.
- [Quality Improvement: Practical Solutions for Improving Patient Care](#) from SBHA.
- [Improving Access to Care – School-Based Health](#) from Adolescent Health Initiative.
- [Spark Trainings – Improving Adolescent Care](#) from Adolescent Health Initiative.
- [Starter Guides – Improving Adolescent Care](#) from Adolescent Health Initiative.
- [Youth Risk Screening Tools](#) from Possibilities for Change
- [Bright Futures Tools – Grade School](#) from APP.
- [Bright Futures Adolescence Tools](#) from AAP.
- [NRS 129-Minors’ Disabilities; Judicial Emancipation of Minors](#) from the Nevada Legislature.
- [Joint Guidance on the Application of FERPA and HIPAA to Student Health Records](#) from the U.S. DHHS and DOE.

**Maximize Resources for the SBHC Build Out**

SBHCs vary considerably in size, design, and capacity. Certified SBHCs are required to meet the minimum facility requirements outlined in the Standards for Certification. Schools may have different regulations related to facility construction or renovation (e.g., open bid process, etc.). Check with school facilities staff to become familiar with requirements. Plan on making this contact early since construction often takes longer than anticipated. Evaluate if renovation or construction is necessary or if existing resources can be used.

Checklist for Consideration:

- As needed, seek funding for construction or renovation costs.
- Review proposed floor plan with Planning Committee and stakeholders to ensure it meets youth and partner needs and supports the joint vision for the SBHC.
- Ensure clinic facility design promotes the comfort and confidentiality of youth clients.
- Follow required local processes for selecting contractor(s).

- Obtain required local permits (e.g., city, county, etc.).
- Designate point person to monitor construction timeline and progress.

Available Resources:

- [ADA Standards for Accessible Design](#) from US Department of Justice.

**Ensure the Clinic Space is Youth-Friendly and Inclusive**

It is essential to ensure youth feel comfortable utilizing the SBHC. Creating a youth-friendly and inclusive space might include bright paint colors, relatable and culturally relevant music, casual staff dress code, bicycle racks, evening and/or weekend hours of operation; etc. Youth-friendly and inclusive facilities involve looking at clinic policies, selection of providers, services, and workflows to ensure the clinic is a space where children and adolescents are comfortable, want to return to, and recommend to their friends.

Checklist for Consideration:

- Talk with several youth at the school about what youth-friendly culturally relevant services means to them.
- Ensure the clinic has thoughtful policies and workflows in place related to clinic access, confidential services, referrals, and consent.
- Communicate in a manner which reflects and speaks to the needs of schoolchildren and their families/caregivers (e.g., use non-stigmatizing language so everyone feels included).
- Provide materials to educate health care professionals and staff how to address the impact of racism and discrimination on the health and well-being of schoolchildren and their families/caregivers.
- Ensure health care professionals have necessary resources for specialty care needed for children and youth living with physical, emotional, and behavioral health disabilities.
- Confirm providers have training and background working with various types of children and adolescents (e.g., those with adverse childhood experiences, different racial/ethnic groups, special health care needs).
- Ensure clinic space is designed to protect client privacy and confidentiality (e.g., appropriate soundproofing is in place).
- Guarantee clinic policies encourage parental involvement, wherever appropriate.
- Ensure clinic space reflects feedback provided by youth to ensure comfort and a welcoming feeling.
- Once the clinic is open, evaluate efforts through patient satisfaction surveys and/or client focus groups which include administration, teachers, school nurses, medical providers, parents/caregivers, and students.

Available Resources:

- Youth Engagement
  - [Youth Engagement Tools](#) from SBHA.
  - [Best Practices for Youth Friendly Clinical Services](#) from Advocates for Youth.
  - [Drawing a Picture: Adolescent Centered Medical Homes](#) from Adolescent Health Initiative.

- [Adolescent-Friendly Clinic Improvement Resources](#) from Adolescent Health Initiative.
- [THRIVE app for Parents – Help Youth and Young Adults Stay Healthy](#) from Society for Adolescent Health and Medicine.
- [Youth Health Hub](#) from SBHA brings together young people involved in a SBHC.
- Diversity and Health Equity
  - [Preferred Terms for Select Population Groups and Communities](#) from CDC.
  - [Health Equity Resources for Health Care Professionals](#), compendium from Bright Futures.
- Trauma-Informed Care
  - [Trauma-Informed Care for Adolescents](#) in Primary Care from Adolescent Health Initiative.
  - [Trauma-Informed Care](#) from youth.gov website.
- Special Health Care Needs
  - [Caring for Children with Special Health Care Needs](#) from Caring for Our Children, National Health and Safety Performance Standards (Section X111).

### **Ensure Clinic has Appropriate Supplies**

The SBHC medical sponsor will need to make sure the SBHC has appropriate supplies for daily operations. If the medical sponsor does not have sufficient resources to purchase and/or donate supplies, consider reaching out to other health systems or providers to learn of willingness to donate surplus supplies or equipment. A fully supplied clinic will need to consider refrigerators to store vaccinations and have equipment for laboratory testing, including appropriate sink and bathroom facilities.

#### Checklist for Consideration:

- Purchase appropriate equipment to provide immunizations, as required by the Nevada Vaccines for Children (VFC) program.
- Enroll the SBHC in the Nevada VFC program.
- Obtain a Nevada Clinical Laboratory Improvements Amendments (CLIA) certificate appropriate for the SBHC lab, if lab services will be provided.

#### Available Resources:

- [CLIA Lab Training Resources](#) from CDC.
- [Nevada Clinical Laboratory Regulations](#) from DPBH.
- [Nevada VFC Provider Forms](#) from DPBH.

### **Ensure Appropriate Data and Billing Capabilities are in Place**

Electronic health records (EHRs) are a critical tool for SBHCs. EHRs enable SBHCs to participate in health information exchange which will assist SBHCs with the care many students receive in a community setting. All certified SBHCs are to maintain an EHR system with the ability to collect the required variables.

The American Recovery and Reinvestment Act contains funding to support the use of EHRs through 2020. Funding for the data system is available to eligible providers who use a certified EHR in a meaningful manner,

utilize the technology for electronic exchange of health information to improve quality of health care, and use the technology to submit clinical quality measures and other related measures. The EHR Incentive program aims to: improve quality, safety, efficiency, and reduce health disparities; engage patients and families; improve care coordination, and population and public health; as well as maintain privacy and security.

SBHCs may be able to bill Medicaid programs and private carriers for many of their services. The billing process is time-intensive but can provide a sustainable funding source.

Information sharing and billing are critical to SBHC sustainability and patient care. Working with the medical sponsor, partners, and state and federal agencies to ensure the appropriate data and billing capabilities are in place before the SBHC opens.

#### Checklist for Consideration:

- Obtain information and training on billing Medicaid and private insurers.
- If multiple partners (emotional/behavioral/mental, dental, physical health) are providing care at the SBHC, determine policies, workflows and agreements for sharing information between partners, EHR, and billing systems.
- If the medical sponsor is a FQHC Clinic, file a scope of project change with HRSA.

#### Available Resources:

- [Nevada Medicaid and Nevada Check Up Provider Enrollment Materials](https://www.medicaid.nv.gov/providers/enroll.aspx) from DHCFP. Available at: <https://www.medicaid.nv.gov/providers/enroll.aspx>.
- [EHR - Promoting Interoperability Programs](#) from Office of National Coordinator for Health Information Technology.

### **Develop a Marketing Plan**

Marketing is necessary for long-term SBHC sustainability. During the community readiness stage, inform the school and broader community about SBHC planning. However, the implementation stage is when the Planning Committee and other stakeholders begin to promote the SBHC among potential clients. Marketing strategies may include print materials, radio and online media, school events, parent-teacher meetings, school online portals; etc. Promotion must continue on an ongoing basis, to reach the client population.

#### Checklist for Consideration:

- Engage students at the school in the development of marketing strategies and materials.
- Develop a marketing plan utilizing information gathered during the needs assessment and through conversations with youth and other stakeholders (see below for marketing resources).
- Set up SBHC website with general information to minimize need for frequent updates.
- Ensure website is linked to appropriate partner websites, such as school, medical sponsor, local public health, etc.
- Establish marketing goals with immediate and long-term timeframes; provide bilingual materials.
- Evaluate success of marketing campaign.

- Ensure SBHC has signage, at the clinic, and if possible, at the school.
- Signage ought to clearly advertise hours of operation and how to obtain care outside of SBHC operating hours, inclusive of bilingual content.
- Schedule SBHC open house and tours as part of back-to-school night, student orientation, parent night, health fair; etc.

Available Resources:

- [High School School-Based Health Center Promo Video](#).

**Prepare Clinic to Meet SBHC Standards for Certification** (if applicable)

When the sponsoring agency elects to become a state certified SBHC, ensure all the required elements are in place to apply for certification and submit all required documentation. The BCFCW will not be able to approve the application if the SBHC is unable to meet the minimum standards.

SBHCs intending to become state-certified are free to open the clinic for services while preparing for certification and awaiting approval. If the sponsoring agency has not already been established as a Medicaid provider, the organization may decide to delay the application until becoming certified. However, it is encouraged to apply for certification and become approved prior to the clinic opening to not lose valuable financial resources by billing Medicaid for reimbursements. Certified SBHCs are eligible to receive Medicaid reimbursements from DHCFP as a PT 17, Specialty 179.

Checklist for Consideration:

- Review the SBHC Standards for Certification and SBHC Readiness Checklist to ensure the clinic meets all state certification requirements.
- Ensure the SBHC can meet all the certification data requirements.
- Ensure EHR system(s) have capability to report required data variables to the (BCFCW).

Available Resources:

- [SBHC Standards for Certification](#) from DPBH.
- [SBHC Certification Readiness Checklist](#) from DPBH.
- [Nevada SBHC Data Collection Template](#) from DPBH.

# Sustainability Planning

## **Provide appropriate services to students and their families.**

It is crucial to:

- Examine existing school and community health data to identify health needs in the school community before launching services. Assessments ought to be conducted annually.
- Conduct initial and periodic surveys with students, parents/caregivers, school staff, school nurses, and other school health personnel, to assess student and SBHC client health needs.
- Map existing school and community health resources and assets to avoid duplicating services. This data will help identify services provided and help answer questions, such as, whether clinical services should be extended to the neighborhood population younger than kindergarten age, and, how services will be structured to ensure adolescents have appropriate confidentiality (e.g., adolescent-only hours).

## **Develop clear operating agreements and shared goals with the school.**

One of the most important factors in utilization of SBHCs is active support and ongoing referrals from school administrators and staff. While most SBHCs are authorized under a general memorandum of understanding between the school district and sponsoring organization, few have a clear operating agreement with school site leadership. Agreements may:

- Outline expectations, common interests, and goals for SBHC services.
- Clearly define systems for communication between school and SBHC leadership.
- Clarify responsibilities and protocols for school staff and SBHC providers in areas overlapping, such as, referral mechanisms and hours of student appointments. Developing, and periodically checking, an operating agreement will also build a stronger partnership.

## **Align SBHC enrollment with school registration.**

Many SBHCs can educate and enroll students at in-person school registration, or by including SBHC information and enrollment forms in school registration packets. Some SBHCs find school events (e.g., back to school night, parent-teacher conferences, IEP meetings, open house) are ideal opportunities to get students and family members enrolled at the SBHC. Forms are to be translated into commonly read languages and staff interpreters are to be available to help families complete enrollment forms in person or over the phone.

## **Cultivate and engage youth leaders in promoting the SBHC.**

Students can bolster outreach and promotion of school health services. Youth are to be engaged in planning service delivery as their insights are critical to developing responsive adolescent services. As SBHC clients, students can serve as an effective conduit between the SBHC and new clients, especially when enthusiastic about the services and programs provided by the health center. Youth are a key resource in promoting a positive image of the SBHC for their peers by highlighting safety, friendliness, and trust. When youth engagement is prioritized, SBHCs gain the added advantage of having passionate advocate-clients.

**Conduct health insurance outreach and enrollment.**

Increase billable services by helping clients get enrolled into health insurance. Train SBHC staff, or identify partner agencies, to serve as certified application assistants to help families complete the Medicaid enrollment process. Ensure outreach and enrollment efforts meet the needs of the SBHC community (e.g., offer enrollment assistance in the evening, application staff are to speak dominant languages). If clients get (re-)enrolled in health insurance through the SBHC, it is more likely the SBHC will be selected as the primary care provider, enhancing opportunities for reimbursement. Be sure to develop an agreement with the school district to outline the SBHC role in conducting outreach and enrollment with students and families.

**Collect data on SBHC quality of care and patient outcomes.**

The ability to accurately gather SBHC data and track outcomes is directly related to securing and sustaining grant funding and may enhance other payments based on clinical quality measures. EHRs or another data collection tool can be effective for tracking outcomes. Demonstrate how the SBHC provides high-quality care by conducting satisfaction surveys, offering comment boxes, and holding focus groups with students, families, and school staff.

**Participate in student support and school safety efforts.**

Increase referrals to the SBHC and become indispensable to the school community by closely supporting other student initiatives. There are many ways to become involved:

- Join the school's student success team.
- Take a lead role in the school's wellness and safety plan.
- When the SBHC is inside the school, help monitor the hall during passing periods.
- Support violence/bullying prevention efforts by modeling and upholding student behavior guidelines.
- Become involved in efforts to improve school climate and reduce absenteeism, not only by delivering related clinical services to disproportionately affected students, but also by participating in planning committees.

**Conduct health outreach and education with families, school staff, and the community.**

Providing health education and screenings in the school, as well as the community, can bring in new patients who did not previously know about the SBHC. Some clinics offer health activities at existing events, such as open house or parent night, while others host their own events such as student health fairs or peer health education programs. SBHCs can offer staff wellness events to build support and increase referrals. It is valuable to engage clients, including students and adults, in planning and implementing the events to ensure community needs are met, and to maximize participation.

**Train, support, and retain SBHC staff. Invest in providing professional development for staff to become youth-friendly and culturally competent, feel valued, and stay with the SBHC.**

Staff turnover can be expensive, reduce productivity, and disrupt continuity of care. Ensure staff are cross trained for an efficient, seamless system of care. Many SBHCs benefit most from peer learning and problem-solving with other SBHC staff. Look for partnerships to develop a volunteer and intern-based model to increase staffing. SBHCs can augment medical, emotional/behavioral/mental health, and dental services with

trainees, including nursing students, medical interns, social work interns, dental, and dental hygienist students.

**Seek collaborative funding opportunities.**

Augment third party billing with grants to fund health education, youth development, and other programs prioritized by students and school staff. Share SBHC funding needs with school leadership to help identify grants for which the school district or other SBHC partners could apply, such as afterschool or violence prevention grants.



# Accessing Services

## **How Students Visit the SBHC during Class Time**

SBHCs support student success in school, which means addressing absenteeism and minimizing missed classes. Every effort is made to schedule SBHC appointments so students do not miss core classes. When students need to miss class for appointments, school and SBHC staff work together to create a schedule posing the fewest problems for students and teachers.

## **Students and Health Insurance**

Uninsured students can receive services at a SBHC. Depending on school district guidelines, payment may be offered on a sliding scale basis. If insured, most SBHCs accept Medicaid and Nevada Check Up and some bill private insurers. This allows SBHCs to refer students for follow-up care within the appropriate insurance provider network, as well as allow the SBHC to bill the student's health insurance company to bring in revenue to secure sustainability. SBHCs will not collect insurance information or bill an insurance carrier if doing so would breach student confidentiality.

## **Students Already Seeing a Medical Provider**

SBHCs serve all students, even if they already have a doctor or primary care provider. In many cases, the SBHC encourages students to see their primary care provider, if possible, for improved continuity of care.

## **School Staff Receiving Services at the SBHC**

As SBHCs decide whether to offer services to school staff, issues to consider are the ability to bill health insurance carriers and the need to ensure student privacy. Since school staff usually have health insurance and an assigned primary care provider outside the SBHC, most SBHCs provide limited or no clinical services to staff. Common staff services include flu vaccines, TB tests, and minor first aid.

## **Community Members Receiving Services at the SBHC**

Some SBHCs offer services to student family members, or even to the community at large. As SBHCs decide whether to offer services to community members, they consider a range of factors, including, but not limited to, school security arrangements; type of sponsoring agency operating the SBHC; the clinic's ability to bill health insurance carriers; and expressed desires of the students, school, and local community. If a SBHC is open to the community, systems need to be in place to ensure confidentiality and privacy. Often, SBHCs serving community members have two entrances: one inside and one exterior to the school.

## **Difference between SBHC Staff and School Clinical Staff**

School clinical staff, including school nurses, school psychologists, and school social workers, are school employees. Their primary responsibility is to provide a core set of mandated school health services, which may include hearing, vision, and scoliosis screenings, as well as health-related special education services. School nurses can provide first aid and dispense or administer prescription medications with orders from the primary care provider but cannot diagnose conditions or write prescriptions.

SBHC staff are licensed to provide a broader range of health services. Advanced practice clinicians, such as nurse practitioners and physician assistants, provide primary care services, including routine check-ups, diagnosis and treatment for illness or injury, and, at some SBHCs, certain reproductive health services. Dentists and dental hygienists provide oral health services. At some SBHCs, oral health services may be limited to preventive care such as cleanings, sealants, and varnishes, while at others, restorative therapies such as fillings may be available.

Both school clinical staff and SBHC staff contribute to student health, academic success, and overall wellbeing, within their distinct roles. Clear written policies outlining position-specific responsibilities are helpful to ensure the best possible partnership.

# Appendix - Additional Nevada Medicaid Billing Options

## School Health Services

School Health Services (SHS) Provider Type (PT) 60 are medical services provided by a Local Education Agency (LEA) or State Education Agency (SEA) for children who attend public schools in Nevada. SHS are provided to Medicaid enrolled students. SHS are medically necessary services listed in the student's Plan of Care (POC), and/or preventive services that are coverable under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program also known as Healthy Kids Program in Nevada. The Healthy Kids Program encourages providers to follow the recommended American Academy of Pediatrics periodicity schedule.

- Services listed in a POC are designed to meet the health needs of a child toward the appropriate reduction of the impact of a physical or mental impairment and restoration to the child's best possible functional level.
- Treatment services must be medically necessary and does not include educational interventions.
- SHS are provided in the school setting and may include behavioral health services, nursing services, physical therapy, occupational therapy, speech therapy, Personal Care Services, etc., when prescribed in the POC by a qualified health professional.

## Benefits of participating in SHS PT 60 model

- Providers rendering services under PT 60 may not need to conduct their own Medicaid billing.
  - This task may be conducted by the LEA/SEA billing agent. LEA/SEA reimburses the qualified health professional directly.
  - Rendering providers and LEA/SEA should have a memorandum of understanding (MOU) to ensure both parties know the requirements to bill Medicaid for SHS.
- The LEA/SEA may be eligible to receive Federal Medical Assistance Percentage from Center for Medicare and Medicaid Services for medically necessary services as written in the POC, provided to students in a school setting.
- For a LEA/SEA to receive reimbursement for services through the Medicaid SHS Program, each Medicaid enrolled student must have a POC documenting the medical necessity of the service to be provided and/or preventive services coverable under EPSDT.

## Health Care Providers at Schools

SHS must be provided by qualified health care professionals working within their scope of practice under state and federal regulations. It is the responsibility of the LEA/SEA to assure all billed Medicaid covered services are rendered by the appropriately credentialed providers. Each LEA/SEA must maintain documentation of each rendering practitioner's license, certifications, registration, or credentials to practice in Nevada. All documentation must be available, if requested by state or federal agencies.

The [Nevada Medicaid and Nevada Check Up \(NCU\) School Health Services \(SHS\) brochure](#) identifies key points of interest about SHS program for providers and parents/caregivers. Additional information can be accessed on the [School Health Services \(SHS\), Provider Type 60 web page](#). The Nevada Division of Health Care Financing and Policy (DHCFP) Medical Programs Unit (MPU) can address your questions. Email: [schoolhealthservices@dhcfp.nv.gov](mailto:schoolhealthservices@dhcfp.nv.gov)

### **Additional Provider Type Resources**

For more information about other provider types and Medicaid reimbursements such as Federally Qualified Health Centers (FQHCs) or Physician Services, email MPU at: [medicalprograms@dhcfp.nv.gov](mailto:medicalprograms@dhcfp.nv.gov)