Report of the School Based Health Center Advisory Committee
to the
Public Health and Education Committees

Pursuant to Section 19a-6i of the Connecticut General Statutes

November 2018

School Based Health Center Advisory Committee

Executive Summary

Connecticut's School Based Health Centers (SBHCs) have been delivering comprehensive health care to students in schools – where they spend 25% of their waking hours - for over 30 years. Today, there are 93 state-funded SBHC's in the state. The centers have become part of the safety net for children and adolescents, with more than 44,000 students enrolled annually who utilize the physical, mental, and oral health services in more than 30 communities.

Public Act 15-59 expanded the responsibility of the School Based Health Center Advisory Committee to include advising the Department of Public Health (DPH) Commissioner on matters relating to 1) minimum standards for providing services in SBHC's and expanded school health sites (ESHS) to ensure that high-quality health care services are provided, and 2) statutory and regulatory changes to improve health care through access to SBHC's and ESHS.

The committee met on May 24, 2017; September 6, 2017; February 6, 2018 and April 3, 2018. In addition, a workgroup met in July 2017 to develop the minimum standards for ESHS for presentation and approval of the full committee at the September 2017 meeting.

Recommendation #1
The committee has recommended the adoption of minimum quality standards for SBHCs in the past three reports to the Public Health and Education Committees. In addition, this year's report also recommends the adoption of minimum quality standards for ESHS to correspond with the definition as outlined in section 19a-6i of the general statutes.

The DPH is interested in amending the outpatient clinic licensure regulations to codify the minimum quality standards. Each item in the recommended SBHC and ESHS standards that are attached to this report are already required and adhered to as a condition of current outpatient clinic licensure. The fiscal impact of adopting these standards involve staff resources to adapt the standards into regulatory language.

The minimum quality standards reflect the current requirements for outpatient clinic licensure by DPH for the operation of SBHCs and ESHS. The standards do not require any new provisions, but simply reflect and codify the operational, facility, and core element requirements for outpatient clinic licensure. The standards clarify the requirements for operations of these facility types to safeguard the quality, standardization, sustainability, accountability and consistency of those service sites falling under the definition of a SBHC or ESHS and hold contractors accountable for ensuring the integrity of services delivered through these unique models of care.

This report, and the development of quality standards for SBHCs and ESHS, was the result of the continued commitment and dedication on the part of committee members to ensure that Connecticut's SBHCs are of the highest quality. The committee *strongly recommends the adoption of the minimum quality standards for SBHCs and ESHS in state statute or regulations* as a priority area of its work.

Background

Connecticut's School Based Health Centers (SBHCs) have been delivering comprehensive health care to students in schools – where they spend 25% of their waking hours - for over 30 years. Today, there are 93 state-funded SBHCs in the state. The centers have become part of the safety net for children and adolescents, with more than 44,000 students enrolled annually and able to utilize the physical, mental, and oral health services in more than 30 communities.

SBHCs are a partnership between the school and community. SBHCs support schools by keeping students healthy and in the classroom so that they can maximize their opportunities for learning. Throughout Connecticut, school administrators and faculty have come to recognize the unique role of SBHCs in ensuring that students come to school ready to learn. Often overburdened by many demands, educators welcome the presence of a team of health professionals, dedicated to effective prevention and treatment of student's physical and emotional concern.

A SBHC is a fully-licensed primary care facility, staffed by teams of professionals specializing in child and adolescent health; including licensed nurse practitioners, physician's assistants, clinical social workers, medical assistants, and licensed oral health professionals who operate under the guidance of a   medical director. Like health care provided in a private physician's office or hospital clinic, all services   provided by SBHCs are confidential. SBHCs abide by nationally-accepted health care standards,   breaching confidentiality only in life or death situations, or legal mandate. Parents must sign a Parent Permission Form for students to receive services. It is the mission of SBHCs to work in partnership with parents while respecting the age, cultural values and family situation of every student.

Benefits of School Based Health Centers

SBHCs are intentionally located in schools where students are predominantly members of disadvantaged, minority or ethnic populations, who have historically experienced   health care access disparities and are often publicly insured, underinsured, or uninsured. Children from low-income or racial and ethnic minority populations are more likely to develop chronic health problems, are less likely to have a consistent source of medical care and are at greater risk of school failure than their more affluent peers. SBHCs can help to reduce both health and educational disparities by increasing access to care and school attendance and by improving both health and educational outcomes of students.

Mounting research has provided evidence of many proven health, educational and financial benefits that SBHCs have afforded students, families, school staff and the community. Some are obvious to most, while others are not. Some of the more commonly expressed benefits of SBHCs include increased parental work time, convenience for both parents and students, preventing missed school   and absenteeism, eliminating transportation issues and decreased healthcare costs to families.

 Evidence from recent studies reveal the following additional benefits of SBHCs:
- Reduction of inappropriate use of emergency room use among regular SBHC users [5,9]
- Reduction in Medicaid expenditures related to inpatient, drug and emergency room use by users of school based health centers [1]
- Attraction of harder-to-reach populations:
    - Adolescents are 10-21 times more likely to come to a SBHC for mental health services than the community health center network or HMO
    - Students who reported depression and past suicide attempts were significantly more willing to use the SBHC for counseling than students not reporting these [3,4]
- Significant increase in health care access by students who used SBHCs compared with students who did not have access to a SBHC [6]

- Reduction in hospitalization and increase in school attendance among inner city students with asthma (10)
- Decrease in absenteeism and tardiness of adolescents who received counseling services in a SBHC (2)
- Decrease in school discipline referrals by 85% among students who received mental health services in a SBHC (11).

It is well documented that health outcomes and educational achievement are inter-related. Health problems (e.g. vision and oral health problems, asthma, teen pregnancy, malnutrition, obesity, chronic stress, trauma, and risk taking behaviors) are associated with high student absenteeism, dropout rates and low scholastic performance. By addressing physical and mental health issues and providing consistent support to students in school, SBHCs help all students to be mentally and physically healthy, to stay in school and able to reach their full potential in school and in life.

Intent of Committee

Public Act 15-59 expanded the responsibility of the School Based Health Center Advisory Committee to include advising the Department of Public Health (DPH) Commissioner on matters relating to 1) minimum standards for providing services in SBHCs and expanded school health sites to ensure that high quality health care services are provided, and 2) statutory and regulatory changes to improve health care through access to SBHCs and ESHS.

The full content of section 19a-6i of the Connecticut General Statutes pertaining to the School Based Health Center Advisory Committee and the minimum quality standards for school based health centers can be found here.

The committee met on May 24, 2017; September 6, 2017; February 6, 2018 and April 3, 2018. In addition, a workgroup met in July 2017 to develop the minimum standards for ESHS for presentation and approval of the full committee at the September 2017 meeting.

Development of Minimum Standards for School Based Health Centers and Expanded School Health Sites

The minimum standards for SBHC, developed by the School Based Health Center Advisory Committee, were adapted from the Quality Standards for Colorado SBHCs, published in October 2009 by the Colorado Department of Public Health and Environment. The Colorado standards were modified by the legislatively-mandated School Based Health Center Advisory Committee to reflect Quality Standards for Connecticut SBHCs.

ESHS were separately defined as a category distinct from the term SBHC. ESHS may provide medical *or* behavioral health services, but are not required to provide both medical *and* behavioral health services as defined for a SBHC. Accordingly, the committee developed a checklist for ESHS in response to the change in definition. Section 19a-6i of the Connecticut General Statutes was amended to include a category for ESHC.

Public Act 17-146 amended section 19a-6i of the general statutes to include other topics of relevance to the school based health centers and expanded school sites, as requested by the commissioner. Section 29, subsection (a) of section 19a-6i can be found here. Section four of Public Act 18-168 further amended section 19a-6i of the general statutes to include the Commissioner of the Department of Children and Families as representatives of SBHCs from two municipalities; one with a population between 50,000 – 100,000 and another with a population of at least 100,000. That language can be found here.

The intent of the minimum standards are to safeguard the quality, standardization, sustainability,

accountability and consistency of those service sites falling under the definition of a SBHC or ESHS, and hold contractors accountable for ensuring the integrity of services delivered through these unique models of care. Additionally, the minimum standards serve as a guide which existing SBHCs and organizations interested in establishing new full service or expanded school health sites can utilize to design and structure their service sites to meet State outpatient clinic licensing requirements, while offering the highest level of care.

Alignment with National Quality Initiatives: With the advent of health care reform accelerated by the passage of the Affordable Care Act, greater emphasis has been placed on outcomes of services provided to individuals, with a focus on better quality care at lower cost. In response to this call to action, the national School Based Health Alliance developed a first-ever set of national performance measures for SBHCs. Five Connecticut SBHC sponsoring organizations partnered with the national organization, the Connecticut Association of School Based Health Centers and the DPH to test their ability to collect data on the five national measures, report on outcomes and demonstrate improved health for the children and adolescents that use SBHC services. Subsequently, DPH incorporated reporting on the five national measures into contract requirements for SBHCs; one of two states in the country to do so. The sustainability of Connecticut's SBHCs will be strengthened by alignment with health care reform efforts at the state and national levels.

Challenges
The committee experienced challenges that have impacted its work. Those challenges included:

- Difficulty obtaining legislative appointments for two positions on the committee: 1) a family advocate or parent, and 2) a SBHC not receiving state funds. An individual was identified for the position of an SBHC not receiving state funds. A letter was sent to the appointing authority requesting appointment of the identified individual in June 2017, with additional follow-up throughout the last twelve months. As of the date of this report, a letter of appointment has not yet been received.
- The Commission on Children has been absorbed into the Commission on Women, Children, and Seniors. A representative has not been assigned to the committee.
- The committee has recommended the adoption of minimum quality standards for school based health centers in the past three reports. To date, the standards have not been adopted either legislatively or in regulation.

Accomplishments
Throughout the year, the committee discussed progress on the utilization and adoption of the five national SBHC performance measures by all SBHCs in Connecticut. During the period of this report, the five performance measures were adopted by the DPH as a reporting requirement of contracts for DPH-funded SBHCs. All state-funded SBHCs will be required to report their progress on achievement in the five key areas beginning in the 2018-2019 school year.

Recommendations
Recommendation #1
The Committee has recommended the adoption of minimum quality standards for SBHCs in the past three reports to the Public Health and Education Committees. In addition, this year's report also recommends the adoption of minimum quality standards for ESHS to correspond with the definition as outlined in section 19a-6i of the general statutes.

Each item in the recommended SBHC and ESHS standards that are attached to this report are already required and adhered to as a condition of current outpatient clinic licensure.

The standards do not require any new provisions, but simply reflect and codify the operational, facility, and core element requirements for outpatient clinic licensure. The standards clarify the requirements for operations of these facility types to safeguard the quality, standardization, sustainability, accountability and consistency of those service sites falling under the definition of a SBHC or ESHC and hold contractors accountable for ensuring the integrity of services delivered through these unique models of care.

This report, and the development of quality standards for SBHCs and ESHSs, was the result of the continued commitment and dedication on the part of committee members to ensure that Connecticut's school based health centers are of the highest quality. The committee strongly recommends the adoption of the minimum quality standards for SBHCs and ESHS in state statute or regulations as a priority area of its work.

Quality Standards Checklists
The quality standards are attached in Appendix A and Appendix B in checklist format.

Sources:
1. Adams EK, Johnson V., An elementary SBHC: can it reduce Medicaid costs? Pediatrics 2000 Apr;105(4 Pt 1):780-8.

2. Gall G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of psychosocial screening at a SBHC. J Sch Health. 2000;70:292-298.

3. Juszczak L, Melinkovich P, Kaplan D, Use of health and mental health services by adolescents across multiple delivery sites. J Adol Health 2003;32S:108-118.

4. Kaplan DW, Calonge BN, Guernsey BP, Hanrahan, MB. Managed care and SBHCs. Use of health services. Arch Pediatr Adolesc Med. 1998 Jan;152(1):25-33.

5. Key JD, Washington EC, Hulsey TC, Reduced emergency department utilization associated with SBHC enrollment, J Adol Health 2002; 30:273-278.

6. Kisker EE, Brown RS, Do SBHCs improve adolescents' access to health care, health status, and risk-taking behavior? J Adol Health 1996;18:335-343.

7. Lurie N, Bauer EJ, Brady C. Asthma outcomes in an inner-city SBHC. Journal of School Health. 2001; 71(9):9-16.

8. Riggs S, Cheng T. Adolescents' willingness to use a SBHC in view of expressed health concerns. J Adol Health. 1988 9: 208-213.

9. Santelli J, Kouzis A, et al. SBHCs and adolescent use of primary care and hospital care. J Adol Health 1996; 19: 267-275.

10. Webber MP, Carpiniello KE, Oruwariye T, Yungtai L, Burton WB, and Appel DK. Burden of asthma in elementary school children: Do SBHCs make a difference? Arch Pediatr Adolesc Med. 2003; 157: 125-129.

11. Dallas Youth and Family Centers Program: Hall, LS (2001). Final Report – Youth and Family Centers Program 2000-2001 (REIS01-172-2). Dallas Independent Schools District.

Appendices

- Appendix A: Checklist for Quality Standards for School Based Health Centers
- Appendix B: Checklist for Quality Standards for Expanded School Health Sites
- Appendix C: SBHC Advisory Committee Membership List

Appendix A: Checklist for Quality Standards for Connecticut School Based Health Centers (SBHCs)

Core Requirements		
1. Administrative		
☐ yes ☐ no		Organizational chart with clear lines of authority and supervision
☐ yes ☐ no		An administrator responsible for overall program management, quality of care, coordination with school and collaborating partner agency personnel; an identified coordinator for each SBHC site
☐ yes ☐ no		Written job descriptions for all staff providing care or involved in SBHC operations
☐ yes ☐ no		a signed school nurse/SBHC communications' agreement
☐ yes ☐ no		Written policy addressing compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA)
☐ yes ☐ no		Periodic performance evaluation of staff per sponsoring organization requirements
☐ yes ☐ no		Appropriate credentialing/licensure and re-credentialing of all clinical providers
☐ yes ☐ no		Each student shall have a completed, signed enrollment form on file which includes: demographic information; parent/guardian contact information; third-party billing and primary care providers' information; consent to treat; and a medical history.
☐ yes ☐ no		Written policy regarding SBHC responsibilities in case of a school emergency or disaster
2. Staffing **Staff includes:**		
☐ yes ☐ no		On-site support staff
☐ yes ☐ no		On-site licensed medical clinician
☐ yes ☐ no		On-site behavioral health clinician (licensed or license-eligible)
☐ yes ☐ no		Designated health care provider available to clinic staff to discuss clinical issues as needed
3. Facility		
a. Location		
☐ yes ☐ no		Health Center is established and operated within a school building or on school grounds
☐ yes ☐ no		SBHCs occupy a dedicated space for the purpose of providing SBHC services
b. Regulations		
☐ yes ☐ no		In schools renovated after 1990, the facility meets Americans with Disabilities Act requirements for accommodation of individuals with disabilities
☐ yes ☐ no		Facility meets local, state, and federal building codes (including lights, exit signs, ventilation, etc.); Occupational Safety and Health Administration requirements and any other local, state or federal requirements for occupancy and use of the space allocated for the SBHC
c. Physical space **Although some rooms/areas may serve more than one purpose in delivering SBHC services, the center includes at least the following functional elements:**		
☐ yes ☐ no		A designated waiting/reception area
☐ yes ☐ no		At least one exam room
☐ yes ☐ no		One accessible sink with hot and cold water
☐ yes ☐ no		A counseling room/private area
☐ yes ☐ no		Access to a handicapped accessible toilet facility with a sink with hot and cold water
☐ yes ☐ no		Office/clerical area

☐ yes ☐ no	A secure, locked storage area for supplies (e.g. medications, lab supplies)
☐ yes ☐ no	A designated lab space with clean and dirty areas
☐ yes ☐ no	Secure and confidential records storage
☐ yes ☐ no	A phone line exclusively dedicated to the center
☐ yes ☐ no	A minimum of one secure data connection
☐ yes ☐ no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality
☐ yes ☐ no	Each room/area includes adequate lighting
☐ yes ☐ no	The school's central office intercom system connects to the SBHC

d. Equipment and Supplies
The SBHC includes:

☐ yes ☐ no	Equipment and supplies necessary to provide all services
☐ yes ☐ no	SBHC equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
☐ yes ☐ no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
☐ yes ☐ no	The SBHC is compliant with the current vaccine storage standards.
☐ yes ☐ no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly

Sponsorship Requirements

1. Lead Sponsoring Agency

☐ yes ☐ no	**a.** SBHC has one lead sponsoring agency

b. Type of lead sponsor is: (check only one)

☐ School or school district

☐ Public health department

☐ Community health center

☐ Hospital

☐ Private nonprofit health or human services organization

☐ Tribal Government/Indian Health Service

c. Requirements and responsibilities of the sponsoring agency:

☐ yes ☐ no	Assures provision of one or more of the following: funding, staffing, medical oversight and/or medical and general liability coverage
☐ yes ☐ no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
☐ yes ☐ no	Maintains current agreements with any other organizations that provide services in the SBHC
☐ yes ☐ no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
☐ yes ☐ no	Ensures confidential electronic collection and storage of service data

d. Community Advisory Board (CAB)
In collaboration with the local school district, the sponsoring agency:

☐ yes ☐ no	Ensures a role for the CAB that includes reviewing and advising on student needs; program planning; implementation and evaluation; and provides input about governance, management, services and funding. The sponsoring agency solicits participation from other key community stakeholders including parents/guardians, school administration, school health providers, youth, community health providers and public health organizations, as well as appropriate specialty care providers and insurers

☐ yes ☐ no	Holds a minimum of two CAB meetings per year	

2. Licensed Entity

a. More than one agency may offer health care services in the SBHC; each must be a licensed entity.

☐ yes ☐ no	SBHC has at least one licensed entity

b. The Licensed Entity

☐ yes ☐ no	Ensures available consultation and oversight for health care services provided in the SBHC through a designated health care provider
☐ yes ☐ no	Provides evidence of ongoing involvement of the designated health care provider, as necessary, in clinical policy and procedures development, records review and clinical oversight
☐ yes ☐ no	Medical, behavioral health, and dental services shall be provided by a licensed entity
☐ yes ☐ no	Ensures provision of 24-hour, seven-days-per-week coverage for services needed by users of the SBHC
☐ yes ☐ no	Provides evidence of required liability and malpractice coverage and worker's compensation
☐ yes ☐ no	Maintains ownership of clinical records
☐ yes ☐ no	The licensed medical entity maintains a Certificate of Waiver to provide waived laboratory tests, per the Clinical Laboratory Improvement Amendments (CLIA)

Program Operations

1. Eligibility, Enrollment and Consent

☐ yes ☐ no	Develops and maintains a written policy on consent for treatment, within the scope of the law, including Minor Consent laws
☐ yes ☐ no	At a minimum, extends eligibility for all services to all students attending the school that hosts the SBHC
☐ yes ☐ no	Ensures students' access to services regardless of their race, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status
☐ yes ☐ no	The SBHC provides written information about the center to parents/guardians and youth, which includes the scope of services offered, including how to access 24-hour, seven-days-per-week health services for SBHC users during non-school hours and vacation periods shall be included

2. Records and Confidentiality

☐ yes ☐ no	*a.* Optimally, a single, integrated electronic health record facilitates the provision of care and the services provided

b. At a minimum, the required health record includes the following:

☐ yes ☐ no	Signed consent form
☐ yes ☐ no	Personal information
☐ yes ☐ no	Individual and family medical history
☐ yes ☐ no	Problem list
☐ yes ☐ no	Medication list
☐ yes ☐ no	Immunization record
☐ yes ☐ no	Screening and diagnostic tests, including laboratory findings
☐ yes ☐ no	Health and behavioral health progress notes or encounter forms
☐ yes ☐ no	Treatment plan
☐ yes ☐ no	Referral system

c. Requirements regarding records management:

☐ yes ☐ no	Maintain and store records in a manner that restricts access to records to SBHC staff, in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
☐ yes ☐ no	Keep records separate from any part of student's educational record

☐ yes ☐ no	Release information only with a signed consent by the parent/guardian, a youth 18 years of age or older, or a youth receiving services under the minor consent law

d. Requirements regarding confidentiality and sharing of health information:

☐ yes ☐ no	Signed parent/guardian consent (or student permission, as appropriate) to obtain school health services records or to share SBHC records (other than immunizations) with school health staff
☐ yes ☐ no	Comply with HIPAA and FERPA regulations for sharing information
☐ yes ☐ no	Utilize release of information forms for sharing information with community providers outside of the SBHC

3. Quality Improvement and Program Evaluation:

a. Continuous quality improvement plan includes:

☐ yes ☐ no	A designated staff member to serve as the quality improvement coordinator
☐ yes ☐ no	A mechanism for monitoring clinical services and evaluating program goals
☐ yes ☐ no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
☐ yes ☐ no	A plan for improvement
☐ yes ☐ no	A written record of progress toward improving selected measures

4. Data Collection and Reporting

a. The SBHC maintains an electronic data collection system that includes the following minimum data variables:

☐ yes ☐ no	Unique patient identifier
☐ yes ☐ no	Date of birth
☐ yes ☐ no	Gender
☐ yes ☐ no	Race
☐ yes ☐ no	Ethnicity
☐ yes ☐ no	Grade
☐ yes ☐ no	Insurance status
☐ yes ☐ no	Date of visit
☐ yes ☐ no	Location of visit
☐ yes ☐ no	Provider type
☐ yes ☐ no	Current Procedural Terminology (CPT) visit code(s)
☐ yes ☐ no	Diagnosis code(s): most recent ICD or DSM
☐ yes ☐ no	*b.* Capacity exists for the SBHC to report service data

5. Financing and Sustainability

☐ yes ☐ no	*a.* Prior to implementation, new SBHCs develop a sustainability plan
☐ yes ☐ no ☐ n/a	*b.* SBHCs create and periodically update a strategic plan
☐ yes ☐ no	*c.* SBHCs develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
☐ yes ☐ no	*d.* SBHCs collect financial data and are capable of reporting revenues and expenses by commonly accepted line item types

e. Written billing policies for SBHCs provide:

☐ yes ☐ no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the SBHC regardless of ability to pay
☐ yes ☐ no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
☐ yes ☐ no	Outreach and application assistance to families with students eligible for public or

	private health insurance, directly or through referral

6. Compliance with Applicable Federal and State Regulations

☐ yes ☐ no	*a.* Compliant with the Americans with Disabilities Act of 1990
☐ yes ☐ no	*b.* Compliant with Clinical Laboratory Improvement Amendments
☐ yes ☐ no	*c.* Compliant with Family Education Rights and Privacy Act, published by the Department of Education
☐ yes ☐ no	*d.* Compliant with the Health Insurance Portability and Accountability Act
☐ yes ☐ no	*e.* Compliant with the Occupational Safety and Health Administration
☐ yes ☐ no	*f.* Compliant with applicable CT public health code regulations

Program Core Elements

a. Provide access to integrated and coordinated medical care, behavioral health care, and oral health care onsite through treatment or referral:

☐ yes ☐ no	Scheduled and same-day appointments available to SBHC users for non-urgent, acute, and chronic health problems including referral if needed
☐ yes ☐ no	24 hour, seven-days-per-week access to health services for SBHC users during non-school hours and vacation periods to ensure the continuity of care
☐ yes ☐ no	Outreach activities to enroll students in the SBHC
☐ yes ☐ no	Activities to promote awareness of SBHC services
☐ yes ☐ no	Activities to promote utilization of SBHC services
☐ yes ☐ no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
☐ yes ☐ no	Care coordination among SBHC staff and through communication with the youth's community providers
☐ yes ☐ no	A referral system for health services not available in the SBHC

b. Provide preventive and primary physical health care with an emphasis on prevention of health risks and chronic disease through the following:

1) Annual preventive health exams:

☐ yes ☐ no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
☐ yes ☐ no	Screening, offering and/or administration of immunizations per CDC recommendations
☐ yes ☐ no	Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
☐ yes ☐ no	Identification and management of chronic disease in collaboration with the student's PCP and community providers
☐ yes ☐ no	**2)** Diagnosis and treatment of acute illness and injury with referral as necessary
☐ yes ☐ no	**3)** Provision for medications
☐ yes ☐ no	**4)** Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)

c. Provide behavioral health services, including:

☐ yes ☐ no	Mental health screening, assessment, and treatment on site
☐ yes ☐ no	Individual, group, and family therapy; crisis management

d. For sites that provide oral health services:

☐ yes ☐ no	Oral health screening, assessment, and treatment and/or referral

Appendix B: Checklist for Quality Standards for Connecticut Expanded School Health Sites (ESHS)

Core Requirements		
1. Administrative		
☐ yes ☐ no	Organizational chart with clear lines of authority and supervision	
☐ yes ☐ no	An administrator responsible for overall program management, quality of care, coordination with school and collaborating partner agency personnel; an identified program coordinator for the expanded school health site(s)	
☐ yes ☐ no	Written job descriptions for all staff providing care or involved in ESHS operations	
☐ yes ☐ no	a signed school nurse/SBHC communications' agreement	
☐ yes ☐ no	Written policy addressing compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA	
☐ yes ☐ no	Periodic performance evaluation of staff per sponsoring organization requirements	
☐ yes ☐ no	Appropriate credentialing/licensure and re-credentialing of all clinical providers	
☐ yes ☐ no	Each student shall have a completed, signed enrollment form on file which includes: demographic information; parent/guardian contact information; third-party billing and primary care providers' information; consent to treat; and a medical history.	
☐ yes ☐ no	Written policy regarding ESHS responsibilities in case of a school emergency or disaster	
2. Staffing *Staff includes:*		
☐ yes ☐ no	On-site licensed dental clinician	
☐ yes ☐ no	On-site licensed medical clinician	
☐ yes ☐ no	On-site licensed behavioral health clinician	
☐ yes ☐ no	Designated health care provider available to clinic staff to discuss clinical issues as needed	
3. Facility		
a. Location		
☐ yes ☐ no	Expanded School Health Sites are established and operated within a school building or on school grounds	
☐ yes ☐ no	Occupy a dedicated space for the purpose of providing ESHS	
b. Regulations		
☐ yes ☐ no	In schools renovated after 1990, the facility meets Americans with Disabilities Act requirements for accommodation of individuals with disabilities	
☐ yes ☐ no	Facility meets local, state, and federal building codes (including lights, exit signs, ventilation, etc.); Occupational Safety and Health Administration requirements and any other local, state or federal requirements for occupancy and use of the space allocated for the expanded school health site.	
c. Physical space **Although some rooms/areas may serve more than one purpose in delivering ESHS, the center includes at least the following functional elements: Coding: (1) Medical Services (2) Behavioral Health (3) Dental Health**		
☐ yes ☐ no	A designated waiting/reception area (1): optional for (2) (3)	
☐ yes ☐ no	At least one exam room (1)	
☐ yes ☐ no	One accessible sink with hot and cold water (1) (3)	
☐ yes ☐ no	Access to a handicapped accessible toilet facility with a sink with hot and cold water (1) (2) (3)	
☐ yes ☐ no	Office/clerical area (optional)	

☐ yes ☐ no	A secure, locked storage area for supplies (e.g. medications, lab supplies) (1) (3)	
☐ yes ☐ no	A designated lab space with clean and dirty areas (1) (3)	
☐ yes ☐ no	A counseling room/private area (1) (2)	
☐ yes ☐ no	Secure and confidential records storage (1) (2) (3)	
☐ yes ☐ no	A phone line exclusively dedicated to the center (1) (2) (3)	
☐ yes ☐ no	A minimum of one secure data connection (1) (2) (3)	
☐ yes ☐ no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality (1) (2)	
☐ yes ☐ no	Each room/area includes adequate lighting (1) (2) (3)	
☐ yes ☐ no	The school's central office intercom system connects to the ESHS	

d. Equipment and Supplies
The ESHS includes:

☐ yes ☐ no	Equipment and supplies necessary to provide all services (1) (2) (3)
☐ yes ☐ no	Equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
☐ yes ☐ no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
☐ yes ☐ no	The ESHS is compliant with the current vaccine storage standards (1)
☐ yes ☐ no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly (1) (3)

Sponsorship Requirements

1. Lead Sponsoring Agency

☐ yes ☐ no	*a.* Expanded School Health Site has one lead sponsoring agency

b. Type of lead sponsor is: (check only one)

☐ School or school district
☐ Public health department
☐ Community health center
☐ Hospital
☐ Private nonprofit health or human services organization
☐ Tribal Government/Indian Health Service

c. Requirements and responsibilities of the sponsoring agency:

☐ yes ☐ no	Assures provision of one or more of the following: funding, staffing, clinical oversight and/or medical and general liability coverage
☐ yes ☐ no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
☐ yes ☐ no	Maintains current agreements with any other organizations that provide services in the ESHS
☐ yes ☐ no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
☐ yes ☐ no	Ensures confidential electronic collection and storage of service data

d. Community Advisory Board (CAB): **In collaboration with the local school district, under the umbrella of the sponsoring agency**

☐ yes ☐ no	Ensures a role for the CAB that includes reviewing and advising on student needs; program planning; implementation and evaluation; and provides input about governance, management, services and funding. The sponsoring agency solicits participation from other key community stakeholders including parents/guardians, school administration, school health providers, youth, community health providers and public health

	organizations, as well as appropriate specialty care providers and insurers
2. Licensed Entity	
a. More than one agency may offer ESHS; each must be a licensed entity.	
☐ yes ☐ no	ESHS is licensed under its SBHC sponsoring organization
b. The Licensed Entity	
☐ yes ☐ no	Ensures available consultation and oversight for health care services provided in the ESHS through a designated health care provider
☐ yes ☐ no	Provides evidence of ongoing involvement of the designated health care provider, as necessary, in clinical policy and procedures development, records review and clinical oversight
☐ yes ☐ no	Medical, behavioral health, and/ or dental services shall be provided by a licensed entity
☐ yes ☐ no	Ensures provision of 24-hour, seven-days-per-week coverage for services needed by users of the ESHS
☐ yes ☐ no	Provides evidence of required liability and malpractice coverage and worker's compensation
☐ yes ☐ no	Maintains ownership of clinical records
☐ yes ☐ no	The licensed medical entity maintains a Certificate of Waiver to provide waived laboratory tests, per the Clinical Laboratory Improvement Amendments (CLIA) (medical services only)
Program Operations	
1. Eligibility, Enrollment and Consent	
☐ yes ☐ no	Develops and maintains a written policy on consent for treatment, within the scope of the law, including Minor Consent laws
☐ yes ☐ no	At a minimum, extends eligibility for all services to all students attending the school that hosts the ESHS
☐ yes ☐ no	Ensures students' access to services regardless of their race, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status
☐ yes ☐ no	The ESHS provides written information about the center to parents/guardians and youth, which includes the scope of services offered, including how to access 24-hour, seven-days-per-week health services for ESHS users during non-school hours and vacation periods shall be included
2. Records and Confidentiality	
☐ yes ☐ no	***a.*** Optimally, a single, integrated electronic health record facilitates the provision of care and the services provided
b. At a minimum, the required health record includes the following:	
☐ yes ☐ no	Signed consent form
☐ yes ☐ no	Personal information
☐ yes ☐ no	Individual and family medical history
☐ yes ☐ no	Problem list
☐ yes ☐ no	Medication list
☐ yes ☐ no	Immunization record
☐ yes ☐ no	Screening and diagnostic tests, including laboratory findings
☐ yes ☐ no	Health progress notes or encounter forms
☐ yes ☐ no	Treatment plan
☐ yes ☐ no	Referral system
c. Requirements regarding records management:	
☐ yes ☐ no	Maintain and store records in a manner that restricts access to records to ESHS staff, in accordance with the Health Insurance Portability and Accountability Act (HIPAA)

☐ yes ☐ no	Keep records separate from any part of student's educational record	
☐ yes ☐ no	Release information only with a signed consent by the parent/guardian, a youth 18 years of age or older, or a youth receiving services under the minor consent law	

d. Requirements regarding confidentiality and sharing of health information:

☐ yes ☐ no	Signed parent/guardian consent (or student permission, as appropriate) to obtain school health services records or to share ESHS records (other than immunizations) with school health staff
☐ yes ☐ no	Comply with HIPAA and FERPA regulations for sharing information
☐ yes ☐ no	Utilize release of information forms for sharing information with community providers outside of the ESHS

3. Quality Improvement and Program Evaluation:

a. Continuous quality improvement plan includes:

☐ yes ☐ no	Sponsoring organization provides the quality improvement coordination
☐ yes ☐ no	A mechanism for monitoring clinical services and evaluating performance measures
☐ yes ☐ no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
☐ yes ☐ no	A documented quality improvement plan
☐ yes ☐ no	A written record of progress toward improving selected measures

4. Data Collection and Reporting

a. The SBHC maintains an electronic data collection system that includes the following minimum data variables:

☐ yes ☐ no	Unique patient identifier
☐ yes ☐ no	Date of birth
☐ yes ☐ no	Gender
☐ yes ☐ no	Race
☐ yes ☐ no	Ethnicity
☐ yes ☐ no	Grade
☐ yes ☐ no	Insurance status
☐ yes ☐ no	Date of visit
☐ yes ☐ no	Location of visit
☐ yes ☐ no	Provider type
☐ yes ☐ no	Current Procedural Terminology (CPT) visit code(s)
☐ yes ☐ no	Diagnosis code(s): most recent ICD or DSM
☐ yes ☐ no	**b.** Capacity exists for the ESHS to report service data

5. Financing and Sustainability: Sponsoring Organization will

☐ yes ☐ no	**a.** Prior to implementation, develop a sustainability plan for the ESHS
☐ yes ☐ no ☐ n/a	**b.** Create and periodically update a strategic plan
☐ yes ☐ no	**c.** Develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
☐ yes ☐ no	**d.** Collect financial data and ensure reporting of revenues and expenses by commonly accepted line item types

e. Written billing policies for ESHS provide:

☐ yes ☐ no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the ESHS regardless of ability to pay
☐ yes ☐ no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
☐ yes ☐ no	Outreach and application assistance to families with students eligible for public or private

	health insurance, directly or through referral

6. Compliance with Applicable Federal and State Regulations

☐ yes ☐ no	*a.* Compliant with the Americans with Disabilities Act of 1990
☐ yes ☐ no	*b.* Compliant with Clinical Laboratory Improvement Amendments (medical only)
☐ yes ☐ no	*c.* Compliant with Family Education Rights and Privacy Act, published by the Department of Education
☐ yes ☐ no	*d.* Compliant with the Health Insurance Portability and Accountability Act
☐ yes ☐ no	*e.* Compliant with the Occupational Safety and Health Administration
☐ yes ☐ no	*f.* Compliant with applicable CT public health code regulations

Program Core Elements

☐ yes ☐ no	Scheduled and same-day appointments available to ESHS users for non-urgent, acute, and chronic health problems including referral if needed
☐ yes ☐ no	Provisions for 24 hour, seven-days-per-week access to health services for ESHS users during non-school hours and vacation periods to ensure the continuity of care
☐ yes ☐ no	Outreach activities to enroll students in the ESHS
☐ yes ☐ no	Activities to promote awareness of ESHS services
☐ yes ☐ no	Activities to promote utilization of ESHS services
☐ yes ☐ no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
☐ yes ☐ no	Care coordination among ESHS staff and through communication with the youth's community providers
☐ yes ☐ no	A referral system for health services not available in the ESHS

b. Provide preventive and primary physical health care with an emphasis on prevention of health risks and chronic disease through the following:

1) Annual preventive health exams: Medical Services

☐ yes ☐ no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
☐ yes ☐ no	Screening, offering and/or administration of immunizations per CDC recommendations
☐ yes ☐ no	Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
☐ yes ☐ no	Identification and management of chronic disease in collaboration with the student's PCP and community providers
☐ yes ☐ no	**2)** Diagnosis and treatment of acute illness and injury with referral as necessary
☐ yes ☐ no	**3)** Provision for medications
☐ yes ☐ no	**4)** Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)

c. Provide behavioral health services, including:

☐ yes ☐ no	Mental health screening, assessment, and treatment on site
☐ yes ☐ no	Individual, group, and family therapy; crisis management
☐ yes ☐ no	Referral for further assessment/treatment for services beyond the scope of the expanded school health site

d. For sites that provide oral health services:

☐ yes ☐ no	Oral health screening, assessment, and treatment and/or referral

Appendix C: SBHC Advisory Committee Membership List

Appointing Authority	Member	Name
House speaker	One family advocate or parent whose child uses SBHC services	Vacant
Senate president pro tempore	One school nurse	Carol Vinick
House majority leader	One representative of a SBHC sponsored by a community health center	Abigail Paine
Senate majority leader	One representative of a SBHC sponsored by a nonprofit healthcare agency	Debbie Poerio
House minority leader	One representative of a SBHC sponsored by a school or school system	Melanie Wilde-Lane
Senate minority leader	One representative of a SBHC that does not receive state funds	Awaiting appointment
Governor	One representative each of (a) the American Academy of Pediatrics' Connecticut Chapter and (b) a hospital-sponsored SBHC	(a) Robert Dudley (b) Rita Crana
DPH Commissioner	One representative of a SBHC sponsored by a local health department	Leslie Balch
None	The Commission on Women, Children and Seniors executive director, or designee	Vacant
State agency representatives	Department of Public Health	Alice Martinez
	State Department of Education	Stephanie Knutson
	Department of Mental Health and Addiction Services	Andrea Duarte
	Department of Social Services	Nina Holmes or Edith Atwerebour
CT Association of School Based Health Center's (CASBHC) Executive Director and 2 members of the Board of Directors	Executive Director	Jesse White-Fresé
	CASBHC Representative	Sue Peters
	CASBHC Representative	Melanie Bonjour