

**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

February 2020

School Based Health Center Advisory Committee Executive Summary

Legislative Mandate:

Connecticut General Statutes (CGS) Section 19a-6i established a School Based Health Center (SBHC) Advisory Committee for the purpose of advising the Commissioner of Public Health (DPH) on matters relating to:

1. Statutory and regulatory changes to improve health care through access to SBHC and Expanded School Health Sites (ESHS);
2. Minimum standards for providing services in SBHC and ESHS to ensure the provision of high quality health care services are provided in SBHC and ESHS, as such terms are defined in CGS Section 19a-6r; and
3. Other topics of relevance to the SBHC and ESHS, as requested by the Commissioner.

Committee Goals 2019:

The SBHC Advisory Committee (“Committee”) met quarterly, and despite turnover in the Co-Chair positions, identified three areas to address in response to their legislative dictate:

1. Minimum Standards for SBHCs/ESHSs;
2. Creation of a billing workgroup to identify areas interfering with reimbursements and funding for SBHC services; and
3. Creation of a process to orient and mentor newly appointed committee members on the history, challenges, rationale, and creation of the committee’s recommendations in compliance with CGS Section 19a-6i.

Rationale:

The intent of the minimum standards is to ensure that high quality services are offered. Standards also provide consistency, accountability, and sustainability of those service sites falling under the definition of a SBHC or ESHS, in accordance with DPH outpatient clinic licensure.

It is essential to support systemic changes to provide for increased billing reimbursements for those services that are provided through SBHC/ESHS, but which are reimbursed at significantly lower rates than those provided through other outpatient facilities. Equitable reimbursements and funding streams are essential to support the sustainability of the SBHC or ESHS and their ability to provide accessible and affordable care to those in greatest need. Additional research into revenue streams of state funded SBHC or ESHS is necessary to inform or alter future funding sources of SBHC or ESHS relative to their organizational structure to ensure viability.

Recommendations:

1. The Committee *strongly recommends* the adoption of the minimum quality standards for SBHC and ESHS in state statute or regulations for FY 2020.
2. Continuation of the billing workgroup with the intent to pursue a greater in-depth review of the impact of billing and state funding of SBHC/ESHC services based on organizational structure and ensure equity and sustainability for all state funded SBHC/ESHS.

Introduction

Connecticut General Statutes Section 19a-6i established a School Based Health Center Advisory Committee for the purpose of advising the Commissioner of Public Health (DPH) on matters relating to:

1. Statutory and regulatory changes to improve health care through access to SBHC and expanded School Health Sites (ESHS),
2. Minimum standards for providing services in SBHC and ESHS to ensure the provision of high quality health care services are provided in SBHC and ESHS, as such terms are defined in CGS Section 19a-6r, and
3. Other topics of relevance to the SBHC and ESHS, as requested by the Commissioner.

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](#).

In 2019, the SBHC Advisory Committee met on January 15th, March 12th, June 4th, and November 19th. In addition, the Advisory Committee elected to convene a billing workgroup that met March 29th, April 30th, and June 12th.

Background/History Summary

Connecticut's School Based Health Centers have been delivering comprehensive, coordinated, high quality health care to students in schools since 1989. The foundation of care is the provision of both medical and behavioral health services. There are 91 state-funded SBHC serving 23,163 students with a total of 132,413 visits annually throughout Connecticut that have become an essential component of the state's safety net medical, mental and dental health services for over 39,776 enrolled students (Pre K-Grade 12), representing 27 communities.

SBHC 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 SBHC 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 assistants, clinical social workers, medical assistants, and oral health professionals who operate under the guidance of a medical director. Like health care provided in a private physician office or hospital clinic, all services provided by SBHC are confidential. SBHC 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 SBHC to work in partnership with parents while respecting the age, cultural values and family situation of every student.

Benefits of School Based Health Centers

SBHC 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. SBHC can help to reduce both health and educational disparities by increasing access to care and school attendance and also by improving health and educational outcomes of students.

Mounting research has provided evidence of many proven health, educational and financial benefits that SBHC 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 SBHC 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 SBHC:

- Reduction of inappropriate use of emergency room use among regular SBHC users;^{1,2}
- Reduction in Medicaid expenditures related to inpatient, drug and emergency room use by users of school based health centers;³
- 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;^{4,5}
- Significant increase in health care access by students who used SBHC 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;⁷
- Decrease in absenteeism and tardiness of adolescents who received counseling services in a SBHC;⁸ and
- Decrease in school discipline referrals by 85% among students who received mental health services in a SBHC.⁹

It is well documented that health outcomes and educational achievement are inter-related. Health problems (e.g. vision, oral health, asthma, teen pregnancy, malnutrition, obesity, chronic stress,

¹ Key JD, Washington EC, Hulseley TC, Reduced emergency department utilization associated with SBHC enrollment, *J Adol Health* 2002; 30:273-278.

² Santelli J, Kouzis A, et al. SBHCs and adolescent use of primary care and hospital care. *J Adol Health* 1996; 19: 267-275.

³ Adams EK, Johnson V., An elementary SBHC: can it reduce Medicaid costs? *Pediatrics* 2000 Apr;105(4 Pt 1):780-8.

⁴ 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.

⁵ 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.

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 Webber MP, Carpinello 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.

⁸ Gall G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of psychosocial screening at a SBHC. *J Sch Health.* 2000;70:292-298.

⁹ 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.

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, SBHC help all students to be mentally and physically healthy so that they can stay in school and be able to reach their full potential.

Work of the School Based Health Center Advisory Committee 2019

Minimum Standards Summary

CGS Section 19a-6i expanded the responsibility of the SBHC Advisory Committee to include advising the Department of Public Health Commissioner on matters relating to: 1) Statutory and regulatory changes to improve health care through access to SBHC and expanded School Health Sites (ESHS); 2) Minimum standards for providing services in SBHC and ESHS to ensure that high quality health care services are provided in SBHC and ESHS, as such terms are defined in CGS Section 19a-6r; and 3) Other topics of relevance to the SBHC and ESHS, as requested by the Commissioner.

The minimum standards for SBHC, developed by the School Based Health Center Advisory Committee, were adapted from the Quality Standards for Colorado SBHC, 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 SBHC.

The intent of the minimum standards are to safeguard the quality, consistency, accountability, and sustainability 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 SBHC and organizations interested in establishing new full- service or ESHS can utilize to design and structure their service sites to meet State outpatient clinic licensing requirements, while offering the highest level of care.

The minimum quality standards reflect the current requirements for outpatient clinic licensure by DPH for the operation of SBHC 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, consistency, accountability, and sustainability 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. Additional consideration should include concern of the inherent risk Connecticut's children enrolled in non-funded SBHC and ESHS that are not regulated by approved standards that govern the SBHC model to ensure high quality care. Currently there are 91 SBHC sites that offer both on-site medical and behavioral health services, which receive DPH funding to support their service delivery. These 91 sites are part of over 500-plus outpatient licensed facilities statewide, many of which include ESHS sites.

As such, DPH has fully supported the amendment of the outpatient clinic licensure statutes and regulations to codify the minimum quality standards for over four years. Each item in the recommended SBHC and ESHS standards that are attached to this report are already contractually required and adhered to as a condition of current outpatient clinic licensure. The fiscal impact of adopting these standards includes staff resources to adapt the standards into regulatory language.

Connecticut has been a national leader in providing high quality care through its SBHC for over 30 years through their DPH funded program, however they must approve the minimum standards recommended to preserve their reputation for high-quality and cost-effective care that will impact the social determinants of health that a student requires to achieve social, emotional and academic success

This report, and the development of quality standards for SBHC and ESHS, was the result of the continued commitment and dedication on the part of committee members to ensure that Connecticut's SBHC are of the highest quality.

The committee has recommended the adoption of minimum quality standards for SBHC in the past four reports to the Public Health and Education Committees, and is now strongly recommending adoption of standards for both the SBHC and ESHS. (Appendix A and B)

Billing Workgroup Summary

The School Based Health Center Advisory Committee elected to convene a billing workgroup to clarify the extent to which School Based Health Centers and Expanded School Health Sites (ESHS) bill for services. Initial work included a review of the current list of all DPH out-patient licensed facilities to identify those sites offering SBHC or ESHS; drafted and distributed a brief ten-question billing survey utilizing survey monkey for distribution to all SBHC and ESHS service sites; begin and completed an initial review and assessment of survey response data to share with the full SBHC Advisory Committee for consideration. This year's activities marked the beginning of efforts to review and evaluate SBHC billing services in regards to organizational reimbursement structures and utilization of state funding to ensure SBHC have comparable equity to maintain viability of differently funded SBHC or ESHS. Funding streams are closely aligned with organizational structure, however comparable services through any facility should be reimbursed comparatively. Approval of the minimum standards will support the additional need for higher reimbursements as SBHC/ESHS services will be comparable to those provided in other outpatient facilities.

Additionally, comprehensive SBHC have proven their cost-effectiveness to State's budget especially as they are located in communities with high Medicaid recipients whose often utilize emergency or after hour care. According to the 2019 *School Based Health Centers Save the State Money!* factsheet created by the Connecticut Association of School Based Health Centers, the cost of treatment for asthma at a comprehensive SBHC averages \$50-\$100 versus that of an urgent care facility (\$153) or an emergency room (\$1,631)*, neither of which provides care coordination or follow up, to ensure quality care. (*cost estimates based on Cigna internal analysis of national 2013 averages). (Appendix D)

Advisory Committee Membership

DPH and the committee have worked diligently to fill vacant SBHC Advisory Committee appointed positions. This year there was a change in the co-chair positions. Four seats were added to the committee: the Commission on Women, Children and Seniors' Executive Director or designee; the Department of Children and Families Commissioner or their designee; and representatives of SBHC from two municipalities - one with a population between 50,000 – 100,000 and another with a population of at least 100,000. All were filled in compliance with the amendment to CGS Section

19a-6i. The focus for 2020 will include efforts to fill the family advocate or parent vacancy that exists, as well as the appointment of a new Connecticut Association of School Based Health Center Executive Director, once hired. To support increased knowledge and engagement of SBHC Advisory Committee appointees, activities this year focused on the creation of an orientation packet for new members and linking them with seasoned members who could serve as a mentor. (Appendix C)

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 SBHC. 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 SBHC; one of two states in the country to do so. The sustainability of Connecticut's SBHC 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:

- The Committee's four year recommendation in strong support of the adoption of minimum quality standards for SBHC and ESHS have not been approved in regulation.
- The billing workgroup distributed its survey in an attempt to accurately assess SBHC and ESHS capacity to bill for, and collect revenue for, services. However, responses failed to capture the individual challenges, limitations and strengths of each individual SBHC or ESHS lead agency as some were large non-profits, some FQHC, and others very small health care agencies. It was agreed by the committee that focus for FY 2020 would be on identifying reimbursement, revenue streams and cost equity of state funds in an effort to ensure future DPH funded sites have funding to ensure their viability.

Recommendations

Recommendation #1

The committee has recommended the adoption of minimum quality standards for SBHC in the past four (4) reports to the Public Health and Education Committees. This year the committee strongly supports the adoption of minimum quality standards for both SBHC and ESHS, as defined in Appendices A and B.

Each item in the recommended SBHC and ESHS standards that are attached to this report are already contractually 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 SBHC and ESHS, was the result of the continued commitment and dedication on the part of committee members to ensure that Connecticut's SBHC are of the highest quality. The committee strongly recommends the adoption of the minimum quality standards for SBHC and ESHS in state statute or regulations as a priority area of its work.

(Quality Standards Checklists are attached in Appendices A and B.)

Recommendation #2

An accurate assessment of SBHC and ESHS capacity to bill and collect revenue to leverage state dollars is an important factor in ensuring the health centers long-term financial sustainability and to guide decisions regarding distribution of State dollars to support the critical health care services.

The billing workgroup will continue to document and evaluation SBHC billing with a focus on the following:

- Develop a process for articulating the various approaches School Based Health Centers have been employing to maximize billing capacities and leverage funding sources, including DPH funding, private foundation funding, organizational contributions, etc.;
- Identify barriers (perceived and real) to access to care (e.g. billing, insurance, confidential visits, reimbursement rates, undocumented students, sliding fee scales, commercial insurance) which impact billing capacity and revenue collection;
- Identify how various SBHC models are being financed;
- Estimate the overall start-up and operational costs required for establishing and sustaining a SBHC; including identifying variables influencing base funding requirements and potential revenue collection (e.g. service area need, patient insurance status, payer mix, etc.);
- Produce a comprehensive document which: (1) provides a historical perspective on the successful development of a billing mechanism to support SBHC services including contracting for Medicaid and commercial insurances; (2) shares an overview of the success in negotiating reasonable and equitable reimbursement rates from various payer sources; (3) identifies variables in how SBHC billing is processed at various locations (e.g. in-house or through contractual arrangement; (4) provides a clear and realistic understanding of the limitations and barriers impacting revenue collection; (5) and identifies strategies being taken to develop and expand partnerships with other state agencies to support SBHC service delivery; and
- Create a one-page fact sheet that succinctly describes how Connecticut SBHC are funded and what measures are employed to effectively and efficiently bill for services provided to leverage State DPH and other funding sources supporting SBHC operations. This will be used to educate legislators, funders, stakeholders and others interested in understanding SBHC financing.

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 D: School Based Health Centers Save the State Money! Factsheet

Appendix A

Checklist for Quality Standards for Connecticut School Based Health Centers (SBHC)

Core Requirements	
1. Administrative	
<input type="checkbox"/> yes <input type="checkbox"/> no	Organizational chart with clear lines of authority and supervision
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> no	Written job descriptions for all staff providing care or involved in SBHC operations
<input type="checkbox"/> yes <input type="checkbox"/> no	a signed school nurse/SBHC communications' agreement
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy addressing compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA)
<input type="checkbox"/> yes <input type="checkbox"/> no	Periodic performance evaluation of staff per sponsoring organization requirements
<input type="checkbox"/> yes <input type="checkbox"/> no	Appropriate credentialing/licensure and re-credentialing of all clinical providers
<input type="checkbox"/> yes <input type="checkbox"/> 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.
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy regarding SBHC responsibilities in case of a school emergency or disaster
2. Staffing	
Staff includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site support staff
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed medical clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site behavioral health clinician (licensed or license-eligible)
<input type="checkbox"/> yes <input type="checkbox"/> no	Designated health care provider available to clinic staff to discuss clinical issues as needed
3. Facility	
a. Location	
<input type="checkbox"/> yes <input type="checkbox"/> no	Health Center is established and operated within a school building or on school grounds
<input type="checkbox"/> yes <input type="checkbox"/> no	SBHCs occupy a dedicated space for the purpose of providing SBHC services
b. Regulations	
<input type="checkbox"/> yes <input type="checkbox"/> no	In schools renovated after 1990, the facility meets Americans with Disabilities Act requirements for accommodation of individuals with disabilities
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated waiting/reception area
<input type="checkbox"/> yes <input type="checkbox"/> no	At least one exam room
<input type="checkbox"/> yes <input type="checkbox"/> no	One accessible sink with hot and cold water
<input type="checkbox"/> yes <input type="checkbox"/> no	A counseling room/private area
<input type="checkbox"/> yes <input type="checkbox"/> no	Access to a handicapped accessible toilet facility with a sink with hot and cold water
<input type="checkbox"/> yes <input type="checkbox"/> no	Office/clerical area
<input type="checkbox"/> yes <input type="checkbox"/> no	A secure, locked storage area for supplies (e.g. medications, lab supplies)

<input type="checkbox"/> yes <input type="checkbox"/> no	A designated lab space with clean and dirty areas
<input type="checkbox"/> yes <input type="checkbox"/> no	Secure and confidential records storage
<input type="checkbox"/> yes <input type="checkbox"/> no	A phone line exclusively dedicated to the center
<input type="checkbox"/> yes <input type="checkbox"/> no	A minimum of one secure data connection
<input type="checkbox"/> yes <input type="checkbox"/> no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality
<input type="checkbox"/> yes <input type="checkbox"/> no	Each room/area includes adequate lighting
<input type="checkbox"/> yes <input type="checkbox"/> no	The school's central office intercom system connects to the SBHC
d. Equipment and Supplies	
The SBHC includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Equipment and supplies necessary to provide all services
<input type="checkbox"/> yes <input type="checkbox"/> no	SBHC equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
<input type="checkbox"/> yes <input type="checkbox"/> no	The SBHC is compliant with the current vaccine storage standards.
<input type="checkbox"/> yes <input type="checkbox"/> no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly
Sponsorship Requirements	
1. Lead Sponsoring Agency	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. SBHC has one lead sponsoring agency
b. Type of lead sponsor is: (check only one)	
<input type="checkbox"/>	School or school district
<input type="checkbox"/>	Public health department
<input type="checkbox"/>	Community health center
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Private nonprofit health or human services organization
<input type="checkbox"/>	Tribal Government/Indian Health Service
c. Requirements and responsibilities of the sponsoring agency:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Assures provision of one or more of the following: funding, staffing, medical oversight and/or medical and general liability coverage
<input type="checkbox"/> yes <input type="checkbox"/> no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains current agreements with any other organizations that provide services in the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> 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.	
<input type="checkbox"/> yes <input type="checkbox"/> no	SBHC has at least one licensed entity
b. The Licensed Entity	
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures available consultation and oversight for health care services provided in the SBHC through a designated health care provider
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> no	Medical, behavioral health, and dental services shall be provided by a licensed entity
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures provision of 24-hour, seven-days-per-week coverage for services needed by users of the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Provides evidence of required liability and malpractice coverage and worker's compensation
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains ownership of clinical records
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> no	Develops and maintains a written policy on consent for treatment, within the scope of the law, including Minor Consent laws
<input type="checkbox"/> yes <input type="checkbox"/> no	At a minimum, extends eligibility for all services to all students attending the school that hosts the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures students' access to services regardless of their race, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Signed consent form
<input type="checkbox"/> yes <input type="checkbox"/> no	Personal information
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual and family medical history
<input type="checkbox"/> yes <input type="checkbox"/> no	Problem list
<input type="checkbox"/> yes <input type="checkbox"/> no	Medication list
<input type="checkbox"/> yes <input type="checkbox"/> no	Immunization record
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening and diagnostic tests, including laboratory findings
<input type="checkbox"/> yes <input type="checkbox"/> no	Health and behavioral health progress notes or encounter forms
<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment plan
<input type="checkbox"/> yes <input type="checkbox"/> no	Referral system
c. Requirements regarding records management:	
<input type="checkbox"/> yes <input type="checkbox"/> 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)
<input type="checkbox"/> yes <input type="checkbox"/> no	Keep records separate from any part of student's educational record
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> no	Comply with HIPAA and FERPA regulations for sharing information
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated staff member to serve as the quality improvement coordinator
<input type="checkbox"/> yes <input type="checkbox"/> no	A mechanism for monitoring clinical services and evaluating program goals
<input type="checkbox"/> yes <input type="checkbox"/> no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
<input type="checkbox"/> yes <input type="checkbox"/> no	A plan for improvement
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Unique patient identifier
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of birth
<input type="checkbox"/> yes <input type="checkbox"/> no	Gender
<input type="checkbox"/> yes <input type="checkbox"/> no	Race
<input type="checkbox"/> yes <input type="checkbox"/> no	Ethnicity
<input type="checkbox"/> yes <input type="checkbox"/> no	Grade
<input type="checkbox"/> yes <input type="checkbox"/> no	Insurance status
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Location of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Provider type
<input type="checkbox"/> yes <input type="checkbox"/> no	Current Procedural Terminology (CPT) visit code(s)
<input type="checkbox"/> yes <input type="checkbox"/> no	Diagnosis code(s): most recent ICD or DSM
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Capacity exists for the SBHC to report service data
5. Financing and Sustainability	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Prior to implementation, new SBHCs develop a sustainability plan
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	b. SBHCs create and periodically update a strategic plan
<input type="checkbox"/> yes <input type="checkbox"/> no	c. SBHCs develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the SBHC regardless of ability to pay
<input type="checkbox"/> yes <input type="checkbox"/> no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Compliant with the Americans with Disabilities Act of 1990
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Compliant with Clinical Laboratory Improvement Amendments
<input type="checkbox"/> yes <input type="checkbox"/> no	c. Compliant with Family Education Rights and Privacy Act, published by the Department of Education
<input type="checkbox"/> yes <input type="checkbox"/> no	d. Compliant with the Health Insurance Portability and Accountability Act
<input type="checkbox"/> yes <input type="checkbox"/> no	e. Compliant with the Occupational Safety and Health Administration
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Scheduled and same-day appointments available to SBHC users for non-urgent, acute, and chronic health problems including referral if needed
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> no	Outreach activities to enroll students in the SBHC
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote awareness of SBHC services
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote utilization of SBHC services
<input type="checkbox"/> yes <input type="checkbox"/> no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
<input type="checkbox"/> yes <input type="checkbox"/> no	Care coordination among SBHC staff and through communication with the youth's community providers
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening, offering and/or administration of immunizations per CDC recommendations
<input type="checkbox"/> yes <input type="checkbox"/> no	Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
<input type="checkbox"/> yes <input type="checkbox"/> no	Identification and management of chronic disease in collaboration with the student's PCP and community providers
<input type="checkbox"/> yes <input type="checkbox"/> no	2) Diagnosis and treatment of acute illness and injury with referral as necessary
<input type="checkbox"/> yes <input type="checkbox"/> no	3) Provision for medications
<input type="checkbox"/> yes <input type="checkbox"/> no	4) Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)
c. Provide behavioral health services, including:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Mental health screening, assessment, and treatment on site
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual, group, and family therapy; crisis management
d. For sites that provide oral health services:	
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> no	Organizational chart with clear lines of authority and supervision
<input type="checkbox"/> yes <input type="checkbox"/> 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)
<input type="checkbox"/> yes <input type="checkbox"/> no	Written job descriptions for all staff providing care or involved in ESHS operations
<input type="checkbox"/> yes <input type="checkbox"/> no	a signed school nurse/SBHC communications' agreement
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy addressing compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA)
<input type="checkbox"/> yes <input type="checkbox"/> no	Periodic performance evaluation of staff per sponsoring organization requirements
<input type="checkbox"/> yes <input type="checkbox"/> no	Appropriate credentialing/licensure and re-credentialing of all clinical providers
<input type="checkbox"/> yes <input type="checkbox"/> 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.
<input type="checkbox"/> yes <input type="checkbox"/> no	Written policy regarding ESHS responsibilities in case of a school emergency or disaster
2. Staffing	
Staff includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed dental clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed medical clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	On-site licensed behavioral health clinician
<input type="checkbox"/> yes <input type="checkbox"/> no	Designated health care provider available to clinic staff to discuss clinical issues as needed
3. Facility	
a. Location	
<input type="checkbox"/> yes <input type="checkbox"/> no	Expanded School Health Sites are established and operated within a school building or on school grounds
<input type="checkbox"/> yes <input type="checkbox"/> no	Occupy a dedicated space for the purpose of providing ESHS
b. Regulations	
<input type="checkbox"/> yes <input type="checkbox"/> no	In schools renovated after 1990, the facility meets Americans with Disabilities Act requirements for accommodation of individuals with disabilities
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated waiting/reception area (1): optional for (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	At least one exam room (1)
<input type="checkbox"/> yes <input type="checkbox"/> no	One accessible sink with hot and cold water (1) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Access to a handicapped accessible toilet facility with a sink with hot and cold water (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Office/clerical area (optional)

<input type="checkbox"/> yes <input type="checkbox"/> no	A secure, locked storage area for supplies (e.g. medications, lab supplies) (1) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A designated lab space with clean and dirty areas (1) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A counseling room/private area (1) (2)
<input type="checkbox"/> yes <input type="checkbox"/> no	Secure and confidential records storage (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A phone line exclusively dedicated to the center (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	A minimum of one secure data connection (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality (1) (2)
<input type="checkbox"/> yes <input type="checkbox"/> no	Each room/area includes adequate lighting (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	The school's central office intercom system connects to the ESHS
d. Equipment and Supplies	
The ESHS includes:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Equipment and supplies necessary to provide all services (1) (2) (3)
<input type="checkbox"/> yes <input type="checkbox"/> no	Equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
<input type="checkbox"/> yes <input type="checkbox"/> no	The ESHS is compliant with the current vaccine storage standards (1)
<input type="checkbox"/> yes <input type="checkbox"/> no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly (1) (3)
Sponsorship Requirements	
1. Lead Sponsoring Agency	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Expanded School Health Site has one lead sponsoring agency
b. Type of lead sponsor is: (check only one)	
<input type="checkbox"/>	School or school district
<input type="checkbox"/>	Public health department
<input type="checkbox"/>	Community health center
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Private nonprofit health or human services organization
<input type="checkbox"/>	Tribal Government/Indian Health Service
c. Requirements and responsibilities of the sponsoring agency:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Assures provision of one or more of the following: funding, staffing, clinical oversight and/or medical and general liability coverage
<input type="checkbox"/> yes <input type="checkbox"/> no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains current agreements with any other organizations that provide services in the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> 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.	
<input type="checkbox"/> yes <input type="checkbox"/> no	ESHS is licensed under its SBHC sponsoring organization
b. The Licensed Entity	
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures available consultation and oversight for health care services provided in the ESHS through a designated health care provider
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> no	Medical, behavioral health, and/ or dental services shall be provided by a licensed entity
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures provision of 24-hour, seven-days-per-week coverage for services needed by users of the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Provides evidence of required liability and malpractice coverage and worker's compensation
<input type="checkbox"/> yes <input type="checkbox"/> no	Maintains ownership of clinical records
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> no	Develops and maintains a written policy on consent for treatment, within the scope of the law, including Minor Consent laws
<input type="checkbox"/> yes <input type="checkbox"/> no	At a minimum, extends eligibility for all services to all students attending the school that hosts the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Ensures students' access to services regardless of their race, national origin, religion, immigration status, sexual orientation, disability, gender, or insurance status
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Signed consent form
<input type="checkbox"/> yes <input type="checkbox"/> no	Personal information
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual and family medical history
<input type="checkbox"/> yes <input type="checkbox"/> no	Problem list
<input type="checkbox"/> yes <input type="checkbox"/> no	Medication list
<input type="checkbox"/> yes <input type="checkbox"/> no	Immunization record
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening and diagnostic tests, including laboratory findings
<input type="checkbox"/> yes <input type="checkbox"/> no	Health progress notes or encounter forms
<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment plan
<input type="checkbox"/> yes <input type="checkbox"/> no	Referral system
c. Requirements regarding records management:	
<input type="checkbox"/> yes <input type="checkbox"/> 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)
<input type="checkbox"/> yes <input type="checkbox"/> no	Keep records separate from any part of student's educational record

<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> no	Comply with HIPAA and FERPA regulations for sharing information
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Sponsoring organization provides the quality improvement coordination
<input type="checkbox"/> yes <input type="checkbox"/> no	A mechanism for monitoring clinical services and evaluating performance measures
<input type="checkbox"/> yes <input type="checkbox"/> no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
<input type="checkbox"/> yes <input type="checkbox"/> no	A documented quality improvement plan
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Unique patient identifier
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of birth
<input type="checkbox"/> yes <input type="checkbox"/> no	Gender
<input type="checkbox"/> yes <input type="checkbox"/> no	Race
<input type="checkbox"/> yes <input type="checkbox"/> no	Ethnicity
<input type="checkbox"/> yes <input type="checkbox"/> no	Grade
<input type="checkbox"/> yes <input type="checkbox"/> no	Insurance status
<input type="checkbox"/> yes <input type="checkbox"/> no	Date of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Location of visit
<input type="checkbox"/> yes <input type="checkbox"/> no	Provider type
<input type="checkbox"/> yes <input type="checkbox"/> no	Current Procedural Terminology (CPT) visit code(s)
<input type="checkbox"/> yes <input type="checkbox"/> no	Diagnosis code(s): most recent ICD or DSM
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Capacity exists for the ESHS to report service data
5. Financing and Sustainability: Sponsoring Organization will	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Prior to implementation, develop a sustainability plan for the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	b. Create and periodically update a strategic plan
<input type="checkbox"/> yes <input type="checkbox"/> no	c. Develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the ESHS regardless of ability to pay
<input type="checkbox"/> yes <input type="checkbox"/> no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> no	a. Compliant with the Americans with Disabilities Act of 1990
<input type="checkbox"/> yes <input type="checkbox"/> no	b. Compliant with Clinical Laboratory Improvement Amendments (medical only)
<input type="checkbox"/> yes <input type="checkbox"/> no	c. Compliant with Family Education Rights and Privacy Act, published by the Department of Education
<input type="checkbox"/> yes <input type="checkbox"/> no	d. Compliant with the Health Insurance Portability and Accountability Act
<input type="checkbox"/> yes <input type="checkbox"/> no	e. Compliant with the Occupational Safety and Health Administration
<input type="checkbox"/> yes <input type="checkbox"/> no	f. Compliant with applicable CT public health code regulations
Program Core Elements	
<input type="checkbox"/> yes <input type="checkbox"/> no	Scheduled and same-day appointments available to ESHS users for non-urgent, acute, and chronic health problems including referral if needed
<input type="checkbox"/> yes <input type="checkbox"/> 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
<input type="checkbox"/> yes <input type="checkbox"/> no	Outreach activities to enroll students in the ESHS
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote awareness of ESHS services
<input type="checkbox"/> yes <input type="checkbox"/> no	Activities to promote utilization of ESHS services
<input type="checkbox"/> yes <input type="checkbox"/> no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
<input type="checkbox"/> yes <input type="checkbox"/> no	Care coordination among ESHS staff and through communication with the youth's community providers
<input type="checkbox"/> yes <input type="checkbox"/> 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	
<input type="checkbox"/> yes <input type="checkbox"/> no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
<input type="checkbox"/> yes <input type="checkbox"/> no	Screening, offering and/or administration of immunizations per CDC recommendations
<input type="checkbox"/> yes <input type="checkbox"/> no	Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
<input type="checkbox"/> yes <input type="checkbox"/> no	Identification and management of chronic disease in collaboration with the student's PCP and community providers
<input type="checkbox"/> yes <input type="checkbox"/> no	2) Diagnosis and treatment of acute illness and injury with referral as necessary
<input type="checkbox"/> yes <input type="checkbox"/> no	3) Provision for medications
<input type="checkbox"/> yes <input type="checkbox"/> no	4) Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)
c. Provide behavioral health services, including:	
<input type="checkbox"/> yes <input type="checkbox"/> no	Mental health screening, assessment, and treatment on site
<input type="checkbox"/> yes <input type="checkbox"/> no	Individual, group, and family therapy; crisis management
<input type="checkbox"/> yes <input type="checkbox"/> 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:	
<input type="checkbox"/> yes <input type="checkbox"/> 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	Judy Kanz
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 (Member until 12.31.2019)
DPH Commissioner	One representative of a SBHC from a municipality that has a population of at least 50,000 but less than 100,000 and operates a SBHC	Sharon Bremner
DPH Commissioner	One representative of a SBHC from a municipality that has a population of at least 100,000 and operates a SBHC	Debbie Chameides
None	The Commission on Women, Children and Seniors executive director, or designee	Lucia Goicoechea-Hernández (Member until 11.30.2019) Steven Hernández
State agency representatives	DPH	Alice Martinez (Alternate Heidi Caron and Barbara Cass)
	SDE	Stephanie Knutson
	DMHAS	Andrea Duarte
	DSS	Nina Holmes (Alternate Dana Robinson-Rush)
	DCF	Mary Cummins (Alternate Tim Marshall)
CASBHC Executive Director and 2 members of the BOD	Executive Director	Vacant
	CASBHC BOD	Sue Peters
	CASBHS BOD	Melanie Bonjour

Appendix D

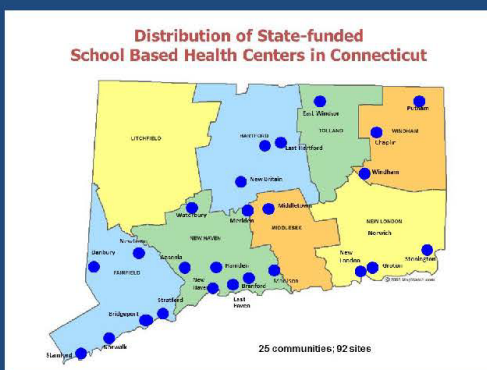
School Based Health Centers Save the State Money!

An investment in School Based Health Centers,



Maintain Funding for School Based Health Centers (SBHC)

(includes SBHC and expanded school health sites)



- 92 state-funded Sites in 25 Communities
- 27,000 students access Healthcare
- 122,000 visits annually
- 95% of students return to class following treatment

Key Services

- Comprehensive Physical Exams
- Mental Health Counseling and Therapy
- Diagnosis/Treatment of Chronic Diseases
- Oral Hygiene
- Treatment for Illness and Injury

Benefits of Care

- Keeps Students in School, Lowers Absenteeism
- Saves Connecticut money by reducing ER visits
- SBHCs improve academic performance, increase attendance, and reduce dropout rates
- Manages Asthma, Diabetes, Obesity, and other Chronic Diseases
- Prevents Mental Health Crises

Comparison Of Per Visit Costs

Average Cost of treatment for Asthma:*

Emergency Room ¹	\$1,631
Urgent Care	\$153
SBHC ²	\$100

¹ER visits average 4.5 Hours; includes visit, breathing treatment, medications

²Students receive treatment and return to class!

Department of Public Health SBHC Funding: 2011– 2018

Sites grew from 66 to 92 from 2011-2019

FY 2011	\$10.44 Million
FY 2013	\$11.35 Million
FY 2015	\$12.04 Million
FY 2016 *	\$11.60 Million
FY 2017	\$10.91 Million
FY 2018	\$11.04 Million
FY 2019	\$10.74 Million
FY 2020	\$10.55 Million

* 3 sites closed due to budget cuts

Results From Loss of Public Funds

- Service and Staff Reductions
- Potential Closure of Additional Sites

"My son visits the Center daily for medical reasons. If it were not for this Center, I would have to pick him up and go to the emergency room each time, and without transportation. My son can attend more school because there is available care".

-Parent of Hartford elementary student with asthma



Healthy Kids Make Better Learners
The Connecticut Association
of School Based Health Centers

Contact: www.ctschoolhealth.org / 203-230-9976

*Cost estimates are based on Cigna internal analysis of national 2013 averages

School Based Health Centers Save the State Money!

An investment in School Based Health Centers,



Statutory definitions of School Based Health Centers; Expanded School Health Sites and Sponsoring Facility

(1) "School-based health center" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board or of an Indian tribe or tribal organization; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides comprehensive on-site medical and behavioral health services to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

(2) "Expanded school health site" means a health center that: (A) Is located in, or on the grounds of, a school facility of a school district or school board; (B) is organized through school, community and health provider relationships; (C) is administered by a sponsoring facility; and (D) provides medical or behavioral services, including, but not limited to, dental services, counseling, health education, health screening and prevention services, to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

(3) "Sponsoring facility" means a: (A) Hospital; (B) public health department; (C) community health center; (D) nonprofit health or human services agency; (E) school or school system; or (F) program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

(b) No person or entity shall use the term "school-based health center" to describe a facility or make use of any words, letters or abbreviations that may reasonably be confused with said term unless the facility meets the definition of a school-based health center in subsection (a) of this section.

(c) The Department of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to establish minimum quality standards for school-based health centers, as defined in subsection (a) of this section.

(Sec. 19a-6r. School-based health centers and expanded school health sites. Definitions. Use of title. Regulations.)

(Emphases in (1) and (2) is added)



Contact: www.ctschoolhealth.org / 203-230-9976