## 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

#### 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 School Based Health Centers 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 health, and oral health services in more than 30 communities.

Public Act 15-59 expanded the responsibility of a 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 school based health centers and expanded school health sites.

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 expanded school health sites (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 school based health centers in the past three reports to the Public Health and Education Committees, and in addition, this year's report also recommends the adoption of minimum quality standards for expanded school health sites (ESHS) to correspond with the definition as outlined in section 19a-6i of the statutes. The fiscal impact of adoption of these standards involve staff resources to adapt the standards into regulatory language.

Each item in the recommended School Based Health Center and Expanded School Health Sites' standards that are attached to this report are already required and adhered to as a condition of current outpatient licensure.

The minimum quality standards reflect the current requirements for outpatient licensure by DPH for the operation of school based health centers and expanded school health sites. 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 School Based Health Center or Expanded School Health site, 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 expanded school health sites, 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 expanded school health sites 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 School Based Health Centers 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 health, and oral health services in more than 30 communities.

School Based Health Centers are a partnership between the school and community. School Based Health Centers support schools by keeping students healthy and in school so 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 problems.

A SBHC is a fully-licensed primary care facility, staffed by teams of professionals specializing in child/adolescent health, including licensed nurse practitioners or physician's assistants, clinical social workers, medical assistants, and licensed oral health professionals, operating 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, respecting the age, cultural values, and family situation of every student.

#### **Benefits of School Based Health Centers**

School Based Health Centers are intentionally located in schools where students are predominantly members of disadvantaged, minority and/or ethnic populations, who have historically experienced health care access disparities and are often publicly insured, underinsured, or uninsured. Children from low-income and racial/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 provided for 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)
- SBHCs attract 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)
  - A significant increase in health care access by students who used SBHCs compared with students who did not have access to a SBHC (6)

- A reduction in hospitalization and increase in school attendance among inner city students with asthma (10)
- Decreased absenteeism and tardiness of adolescents who received counseling services in a SBHC (2)
- Decreased 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 and dropout rates and low scholastic performance. By addressing the health/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 school based health centers and expanded school health sites.

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 expanded school health sites (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 School Based Health Centers, developed by the SBHC Advisory Committee, were adapted from the Quality Standards for Colorado School-Based Health Centers, published October 2009 by the Colorado Department of Public Health and Environment. The Colorado standards were modified by the legislatively-mandated SBHC Advisory Committee to reflect Quality Standards for Connecticut School Based Health Centers.

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

PA17-146 further 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.

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 School Based Health Center or Expanded School Health site, 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/or 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 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 school based health centers. Five CT SBHC sponsoring organizations partnered with the national organization, the Connecticut Association of School Based Health Centers, and the Department of Public Health to test their ability to collect data on the five national measures, report on the 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 school based health centers, 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, 2) an 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 school based health centers in Connecticut. During the period of this report, the five performance measures were adopted by the Department of Public Health as a reporting requirement of contracts for DPH-funded school based health centers. 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

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Each item in the recommended School Based Health Center and Expanded School Health Sites' standards that are attached to this report are already required and adhered to as a condition of current outpatient licensure.

The minimum quality standards reflect the current requirements for outpatient licensure by DPH for the operation of school based health centers and expanded school health sites. 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 School Based Health Center or Expanded School Health site, 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 expanded school health sites, 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 expanded school health sites 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	3		
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		
ges 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		
0 0: ((:	disaster		
2. Staffing			
Staff includes:	On the constant of		
☐ 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		
2 Facility	as needed		
3. Facility a. Location			
	Health Center is established and engrated within a school building or an school		
☐ yes ☐ no	Health Center is established and operated within a school building or on school grounds		
□ ves □ no	SBHCs occupy a dedicated space for the purpose of providing SBHC services		
	Sones occupy a dedicated space for the purpose of providing Sone services		
b. Regulations  ☐ yes ☐ no	In schools renovated after 1990, the facility meets Americans with Disabilities Act		
☐ yes ☐ no	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			
	ms/areas may serve more than one purpose in delivering SBHC services, the		
	east 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			
The SBHC include:			
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 mat			
and for processing them accordingly			
Sponsorship Requi	irements		
1. Lead Sponsoring	g Agency		
yes no	a. SBHC has one lead sponsoring agency		
b. Type of lead sponsor is: (check only one)			
School or schoo	I district		
Public health de	partment		
Community heal	th center		
Hospital			
☐Private nonprofit	health or human services organization		
Tribal Governme	ent/Indian Health Service		
c. Requirements an	nd 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		
ges 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:			
ges 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			
ges no	Holds a minimum of two CAB meetings per year			
2. Licensed Entity				
a. More than one a	agency may offer health care services in the SBHC; each must be a licensed entity.			
☐ yes ☐ no				
b. The Licensed El	intity			
☐ 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 ar				
	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			
<b>D</b> 0 1	laboratory tests, per the Clinical Laboratory Improvement Amendments (CLIA)			
Program Operation				
1. Eligibility, Enroll				
∐ 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				
	religion, immigration status, sexual orientation, disability, gender, or insurance			
status  yes no The SBHC provides written information about the center to parents/guardians and				
☐ yes ☐ no				
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 Co				
yes no	a. Optimally, a single, integrated electronic health record facilitates the provision			
yoo no	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			
	edardina 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 conser				
	law			
d. Requirements re	egarding confidentiality and sharing of health information:			
ges 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			
ges 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			
	ment and Program Evaluation:			
a. Continuous qual	lity 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				
	tains an electronic data collection system that includes the following minimum data			
variables:	T.,			
☐ yes ☐ no	Unique patient identifier			
yes I 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 S				
☐ yes ☐ no	a. Prior to implementation, new SBHCs develop a sustainability plan			
☐ yes ☐ no ☐	b. SBHCs create and periodically update a strategic plan			
n/a				
☐ 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			
a 14/mlst a 1-1111	expenses by commonly accepted line item types			
]	plicies 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			
1	Figuriales care for users of the SDEC regardless of ability to day			

ges 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				
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 Elen				
	to integrated and coordinated medical care, behavioral health care, and oral health			
	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)			
ges no	Care coordination among SBHC staff and through communication with the youth's			
	community providers			
ges no	A referral system for health services not available in the SBHC			
	ve and primary physical health care with an emphasis on prevention of health risks			
	e through the following:			
1) Annual preventive				
☐ 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			
	ovide 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	S			
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.			
ges 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.			
D/ ' /				
c. Physical space	and the same of th			
	ms/areas may serve more than one purpose in delivering ESHS, the center includes			
	ng functional elements:			
yes no	A designated waiting/reception area (1): optional for (2) (3)			
	At least one exam room (1)			
yes no	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
yes no	One accessible sink with hot and cold water (1) (3)  Access to a handicapped accessible toilet facility with a sink with hot and cold			
yes in o 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			
The ESHS includes	S:		
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 Requ			
1. Lead Sponsoring			
yes no	a. Expanded School Health Site has one lead sponsoring agency		
	onsor is: (check only one)		
School or schoo			
Public health de			
Community heal			
Hospital	in contoi		
	t health or human services organization		
	ent/Indian Health Service		
	nd 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		
ges no	Ensures confidential electronic collection and storage of service data		
d. Community Adv	isory Board (CAB): In collaboration with the local school district, under the umbrella		
of the sponsoring a			
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 provider			
	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 Er	ntity		
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)		
<b>Program Operation</b>	S		
1. Eligibility, Enrollr	ment 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 Co			
☐ yes ☐ no	a. Optimally, a single, integrated electronic health record facilitates the provision of		
	care and the services provided		
b. At a minimum, th	ne 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	yes no Health progress notes or encounter forms		
yes no	yes no Treatment plan		
yes no Referral system			
c. Requirements re	garding 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)		
□ ves □ no	Keep records separate from any part of student's educational record		

	<del>-</del>		
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 Poquiromente re			
d. Requirements regarding confidentiality and sharing of health information:			
yes no Signed parent/guardian consent (or student permission, as appropriate) to obta 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 Improver	ment and Program Evaluation:		
	lity 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 a			
	tains 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		
	ustainability: Sponsoring Organization will		
yes no	a. Prior to implementation, develop a sustainability plan for the ESHS		
yes no	b. Create and periodically update a strategic plan		
n/a			
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			
1.6 Compliance with	Applicable Federal and State Regulations		

yes no	a. Compliant with the Americans with Disabilities Act of 1990			
ges no	b. Compliant with Clinical Laboratory Improvement Amendments (medical only)			
ges no	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			
<b>Program Core Elen</b>	nents			
ges no				
	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 preventi	ive and primary physical health care with an emphasis on prevention of health risks			
	e through the following:			
1) Annual preventive	ye 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     no	Identification and management of chronic disease in collaboration with the			
student's PCP and community providers				
yes   no     no     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	Vacant
	child uses SBHC services	
Senate president pro tempore	One school nurse	Carol Vinick
House majority leader	One representative of a SBHC	Abigail Paine
	sponsored by a community health	
	center	
Senate majority leader	One representative of a SBHC	Debbie Poerio
	sponsored by a nonprofit healthcare	
	agency	
House minority leader	One representative of a SBHC	Melanie Wilde-Lane
	sponsored by a school or school	
	system	
Senate minority leader	One representative of a SBHC that	Awaiting appointment
	does not receive state funds	
Governor	One representative each of (a) the	(a) Robert Dudley
	American Academy of Pediatrics'	(b) Rita Crana
	Connecticut Chapter and (b) a	
	hospital-sponsored SBHC	
DPH Commissioner	One representative of a SBHC	Leslie Balch
	sponsored by a local health	
	department	
None	The Commission on Women, Children	Vacant
	and Seniors executive director, or	
	designee	
State agency representatives	Department of Public Health	Alice Martinez
	State Department of Education	Stephanie Knutson
	Department of Mental Health and	Andrea Duarte
	Addiction Services	
	Department of Social Services	Nina Holmes or Edith
		Atwerebour
CT Association of School	Executive Director	Jesse White-Fresé
Based Health Center's		
(CASBHC) Executive Director		
and 2 members of the Board		
of Directors	CACRUC Deserved 11	C - Data -
	CASBHC Representative	Sue Peters
	CASBHC Representative	Melanie Bonjour