School-Based Health Center Advisory Committee Report 2024

January 1, 2025

Please note that this report represents the findings and recommendations of the School Based Health Center Advisory Committee and not those of the Department of Public Health.

State of Connecticut Department of Public Health
Report to the Public Health and Education Committees
School-Based Health Center Advisory Committee 2024

Contents

Executive Summary

School Based Health Centers (SBHC) provide access to comprehensive, coordinated, high quality health care, including medical, mental health and dental services to students in schools. SBHC's support schools by keeping students healthy, in the classroom, and ready to learn. According to the American Journal of Public Health, dated August 2024, in an article titled, School-Based Health Centers are a Critical Component of Health Care for Children: A Public Health of Consequence,[1] it was determined that the presence of a school-based health center in or on the campus of a school improves access, lessens stigma, and provides opportunities for early intervention. The most significant outcome being that of favorable health outcomes. SBHCs are a safety net for children who are medically disadvantaged, uninsured, or underinsured. Being able to access critical services during school hours and on the campus of schools prevents superfluous absenteeism and boosts the probability that children will stay on track academically.

To strengthen the recommendations of the Advisory Committee, this report shares a comprehensive overview of the legislative mandate, benefits of SBHCs, challenges and barriers that impede the efforts, the innovations that we are working to uplift, and the partnerships needed. The committee would like to highlight the following recommendations:

- The School Based Health Centers Advisory Committee recommends strong support for the adoption of minimum quality standards for both SBHC and Expanded School Health Sites (ESHS) and would make the recommendation again that DPH adopt the standards.
- The committee strongly recommends an increase in funding for mental health services and medical care at our school-based health centers.
- The School Based Health Center Advisory Committee also strongly recommends supporting the recommendations of the Children's Healthcare Subcommittee and the priorities of The CT Association of School Based Health Centers Inc. detailed in the conclusion of this report.

SBHCs have historically positively impacted health outcomes with children and the literature supports that claim. In 2011, McNall et al. noted that in Michigan, children who visited the SBHCs in both middle and high school reported a better sense of satisfaction with their overall health. They reported an increase in physical activity and eating healthier foods.[2] Simmer-Beck et al. noted that users of the SBHCs showed an increase in access to dental care among economically disadvantaged and uninsured children.[3] SBHCs have also played a vital role in reproductive health care and pregnancy prevention.[4] Dunville et al. outlined interventions in Detroit for *Chlamydia trachomatis* (CT) screening at four public high schools between the years of 2011-2015. Dunville found that there was a decrease in positive screens for CT by just over 4%. It was also noted that the success of these screenings and use of the SBHCs are due in part to the positive engagement with the school staff and students.

Committee Membership

Appointing Authority	Member Role	Member Name
House Speaker – Matthew Ritter	One family advocate or parent whose child uses SBHC services	John Flanders
Senate President Pro Tempore – Martin Looney	One school nurse	Christin Kondash
House Majority Leader - Jason Rojas	One representative of a SBHC sponsored by a community health center	Tricia Orozco
Senate Majority Leader – Bob Duff	One representative of a SBHC sponsored by a nonprofit healthcare agency	Jason Shirley
House Minority Leader - Vincent Candelora	One representative of a SBHC sponsored by a school or school system	Lynne Weeks
Senate Minority Leader - Kevin Kelly	One representative of a SBHC that does not receive state funds	Judy Kanz
Governor – Ned Lamont	One representative each of (a) the American Academy of Pediatrics' Connecticut Chapter and (b) a hospital sponsored SBHC	(a) Dr. Robert Dudley (b) Dr. Ranbir Bains
DPH Commissioner – Manisha Juthani	One representative of a SBHC sponsored by a local health department	Ali Mulvihill
DPH Commissioner – Manisha Juthani	One representative of a SBHC from a municipality that has a population of at least 50,000 but less than 100,000 and operate a SBHC	Sherry Linton-Massiah
DPH Commissioner – Manisha Juthani	One representative of a SBHC from a municipality that has a population of at at least 100,000 and operates a SBHC	Debbie Chameides
Executive Director, Commission on Women, Children Seniors, Equity, and Opportunity	The Commission on Women, Children, Seniors, Equity, and Opportunity	Thomas Nuccio
State agency representatives – Manisha Juthani	DPH	Alice Martinez
State agency representatives – Charlene Russell-Tucker	SDE	Amanda Pickett
State agency representatives – Nancy Navarretta	DMHAS	Andrea Duarte
State agency representatives – Andrea Barton Reeves	DSS	Catherine Holt (Alternate Dana Robinson-Rush)
State agency representatives - Vannessa Dorantes	DCF	Yvette Cortez
CASBHC Executive Director / BOD member	Executive Director	Melanie Wilde-Lane
CASBHC Executive Director / BOD member	CASBHC Board of Director President	Heather Dawson
CASBHC Executive Director / BOD member	CASBHC Board of Director Member	Melanie Bonjour

Overview

School Based Health Centers (SBHCs) are a partnership between the school and community. SBHCs support schools by keeping students healthy and in the classroom so that they can maximize their opportunities for learning. They deliver high quality, comprehensive, coordinated health care, including medical, behavioral health, and oral health care services to over 325 schools throughout the state.

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 licensed oral health professionals who operate under the guidance of a medical, behavioral health and dental directors. Like health care provided in a private physician's office or hospital clinic, all services provided by SBHC follow HIPPA (Federal Standards for Privacy of Individually Identifiable Health Information) and all state laws regarding health confidentiality. Health information is shared with the Primary Care Provider. Enrollment is opt-in only. Guardians must complete an enrollment form prior to the student receiving services. Certain health services are protected and accessible under state guidelines. It is the mission of SBHCs to work in partnership with parents while respecting the age, cultural values, and family situation of every student.

Introduction

The intent of this report is to provide the Commissioner and chairs of the Public Health Committee with an update on the activities of the School Based Health Centers and the successes and challenges in meeting the needs of Connecticut's children. This information will be important for decision makers as they prepare for an upcoming legislative session, and reflect on the 2024 legislative session outcomes, budget, and regulatory considerations.

Since 1982, Connecticut's SBHCs have been delivering comprehensive, coordinated, high quality health care, including medical, behavioral health, and oral health care services to students in schools, earning the recognition as an essential component of the state's safety net for over 325 schools throughout the state.

Discussion

Legislative Mandate

Connecticut General Statutes (CGS) Section 19a-6i established a SBHC Advisory Committee for the purpose of advising the Commissioner of Public Health 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.

SBHC Advisory Committee meeting dates included January 16, 2024, April 16, 2024, July 16, 2024, and October 16, 2024.

Benefits of SBHC's

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

Mounting research has provided evidence of many proven health, educational, and financial benefits that SBHCs have afforded students, families, school staff, and the community. The SBHC Advisory Board reported in 2023 about such research and the impact SBHCs have on families overall. 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. The focus more recently has been on the role that SBHCs play in improving health equity and health outcomes for children and adolescents.

Children from low-income and racial or ethnic minority populations are less likely to have access to traditional sources of medical care which leads to the development of chronic health problems more often than children who are more affluent and non-Hispanic white children. These children suffer from more stress, exhaustion, and hunger, and have an increased likelihood of impaired vision and hearing issues. SBHCs help to overcome obstacles to accessing care; medical, behavioral health, and oral health for disadvantaged populations by reducing the barriers to accessing care.

SBHC's play a vital role in advancing health equity. The presence of a SBHC is associated with overall improved health outcomes including, but not limited to, increased vaccinations; use of contraception; access to and use of behavioral health services; and preventative screenings for suicidal ideation, depression, anxiety, other mental health issues, vision, substance use, oral health, and nutrition. Use of SBHCs also correlates to a decrease in urgent care, emergency department visits, and hospital admissions.

Challenges & Barriers of SBHC's

The biggest challenge for the SBHCs is staffing. Many SBHCs are having difficulty recruiting and maintaining staff. Other SBHCs are challenged with covering staff medical leave and many sites do not have enough staffing to meet the needs of the school. Some SBHC sites have waitlists for students in need of service.

Other challenges include not having parental engagement when, or as, needed. Information for families changes regularly from their addresses to their phone numbers and the challenge for SBHCs is keeping up with those changes. Some sites have faced a significant amount of family no shows even with telehealth. SBHC staff report that students also have notable no show rates.

Our SBHCs around the state have seen an increase in immigrant/refugee students which poses challenges regarding language, access to or interpretation of medical records, parental trust in the healthcare system, cultural differences, and financial constraints. Regarding financial restraints, SBHCs sponsoring organizations are faced with the challenges of placing families on sliding scale fees and obtaining the necessary documentation required.

Innovations & Meeting Urgent Needs

Suicide prevention, intervention, and response initiatives geared towards youth and adolescents were a primary focus for many school districts throughout the state, which included the SBHCs. Many SBHCs participated in The Connecticut Association of School Based Health Center's (CASBHC) annual conference where Dr. Kelly Posner, Director at Lighthouse and creator of the Columbia Scale, provided a workshop for all attendees. The workshop provided a "how to guide" on the use of the Columbia Scale. Dr. Posner also provided a lunch and learn following the conference for those who were not able to attend or who wanted to do a deeper dive into the access and use of this screening tool.

CASBHC's keynote speaker for the 2023 conference, Michael Karl, presented "Thinking Outside the Box: Seeing What's Possible". This was an innovative approach to the CASBHC conference as they had always had a medical or mental health clinical focused presenter. The idea was to allow participants to "think outside of the box" when working with youth and adolescents and to be creative.

The CDC Crisis Response Cooperative Agreement provided funding for the expansion of SBHCs to address the effects of the COVID-19 pandemic. Funding was available from July 1, 2021, to June 30, 2024. Twelve and one-half million dollars was made available to SBHCs. The Department of Public Health (DPH) partnered with the School Based Health Alliance (SBHA) to become the fiduciary for the funding and to collect all data related to this funding stream. Over 100 SBHCs were funded for new or expanded services. SBHA conducted a series of training and technical assistance opportunities for the sponsoring organizations which included topics such as SBHC 101, Nuts and Bolts, and Marketing.

Partnerships

This year the SBHC Advisory Board partnered with several community organizations and task forces to bring up to date information and resources to the committee. The Brain Injury Alliance of CT (BIACT) provided an enthusiastic presentation on head injuries, guidance, and resources to this group. Dr. Paul Dworkin and Dr. Alice Forrester were welcomed by the committee and presented on the recommendations from the Children's Healthcare Subcommittee: Advancing a Child Health Value-Based Care Model. This subcommittee is part of the larger Healthcare Committee developed by Comptroller Scanlon. The SBHC Advisory Board also partnered with The Child Health and Development Institute (CHDI) to learn about their efforts as it relates to school mental health reform and Project AWARE, whose project goal is to develop a comprehensive, evidence-based, trauma-informed school mental health system.

Connecticut's SBHCs are encouraged to collaborate with their local and state community members, and non-traditional health partners to increase efforts that allow the state to improve its ability to serve a diverse population. All the DPH funded SBHC sites are required to maintain independent community-based advisory boards. The advisory board shall be involved in program planning and development, implementation, and evaluation of the SBHC program, review and approval of quality improvement activities, review utilization trends, and decisions about governance, management, services, and funding. Many of the non-DPH funded sites also participate in this practice. Community partners include, but are not limited to, police department/programs, local health department, WIC, Youth Services, Breathe Well, YMCA, Safe Futures, DCF, Boys and Girls Club, Alliance for Community Empowerment, Foodshare, Family Resource Centers, substance abuse and prevention programs, Planned Parenthood, refugee and immigrant services and programs, and town recreation centers.

SBHC's continue to partner with local non-profits to provide needed medical and mental health services to homeless youth, partnering with sponsoring hospitals to continue to provide COVID-19 testing as needed, and working with school support staff, including school nurses and school social workers, to identify students needing a higher level of support. School districts are bringing in multiple outside resources to support students and their families and SBHCs are partnering with these entities to ensure that there are no gaps in care.

CASBHC continues to work directly with state level agencies including DPH, Department of Mental Health and Addiction Services, State Department of Education, Department of Social Services (DSS), and the Department of Children and Families (DCF) to ensure that information about programs and services on all sides is reaching the families and staff in Connecticut's SBHCs.

CASBHC partnered with the Connecticut Children's to create a SBHC Educating Practices Learning Module, which was offered to primary care providers in communities where SBHCs are located. This learning module provides information about what a SBHC is, how to access them, who can receive services, and how SBHCs and primary care provider offices can work together to support the whole child.

CASBHC worked with policy analysts to support several legislative bills this year including the telehealth bill and minor consent law bill. CASBHC met with the Chairs of the Appropriations Committee to discuss the Cost of Living (COLA) increase for the SBHC line item in the budget. CASBHC leadership also met with the Chairs of Education, Public Health, and Human Services. CASBHC also met with the Commissioners of DSS and DCF to ensure that there is alignment.

Conclusion

- The SBHC Advisory Committee continues to strongly support the adoption of minimum quality standards for both SBHC and Expanded School Health Sites (ESHS) and would make the recommendation again that DPH adopt the standards. The quality standards are contractually required and adhered to as a condition of current outpatient clinic (OPC) licensure. The standards clarify the requirements for operations to safeguard the quality, sustainability, accountability, and consistency of services. In each report submitted by this committee since 2015, it has been recommended that these standards be adopted to correspond to the definition of a SBHC and an expanded school health site. These standards were created in 2015 and are to date not part of the OPC license. The minimum quality standards reflect the current requirements for outpatient licensure by DPH for the operation of SBHCs 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 SBHC or Expanded School Health Site and hold contractors accountable for ensuring the integrity of services delivered through these unique models of care.
- The committee strongly recommends an increase in funding for mental health services and medical care at our SBHCs to meet student demand, which includes continued support for the Cost of Living (COLA) increase for each of the 90 DPH funded SBHCs, which includes annualizing the COLA without an end date.
- The SBHC Advisory Committee supports the CT Association of School Based Health Centers legislative priorities which include, increasing the Medicaid reimbursement rates, Medicaid expansion to cover undocumented students through the age of 21, continued funding for SBHC expansion throughout the state with a focus on rural areas of CT, SBHC COLA, and the DCF SBHC license to be amended to support sponsoring organizations who are not eligible for an OPC License, but want to open a SBHC within a school district offering mental health services.
- The committee strongly urges DPH to advocate for Medicaid dental unbundling. Currently the Medicaid dental bundling practices leave the SBHC mobile and fixed dental sites unsustainable. This practice is crippling the school-based dental programs, many of which cannot operate due to a lack of reimbursement based on this practice. The committee recommends that DPH supports the SBHC dental program and CASBHC in advocating for DSS to unbundle these billing practices to sustain the remainder of the SBHC dental programs.

- This committee also encourages DPH to revise the payment methods to all the sponsoring organizations with SBHC's funded by DPH. Quarterly payments that sponsoring organizations rely heavily on to operate continue to be processed late.
- The SBHC Advisory Committee also strongly supports the recommendations of the Children's Healthcare Subcommittee, which focused on critical issues such as generational poverty and social inequity, limited access to basic needs, health care access and costs, mental health crisis and the lack of community-based mental health models, challenges accessing siloed programs and services, and the need for enhanced supports for caregivers. Programmatic and policy recommendations are:
  - Increase access to programs, services, and resources for target populations
    - Mental health parity
    - Maximize relief payments and services
    - Funding model flexibility
    - Revamp service delivery locations
  - Sustain key programs, services, and resources through an "invest-reinvest strategy"
    - Advance return-on-investment (ROI) methodologies through state-funded technical assistance
    - Pilot-test a value-based care program that examines creative financing strategies for child health service in the State of Connecticut Health Plan
  - Advance collaboration and system building
    - Emulate several states who have formed children's cabinets as effective vehicles for interagency collaboration
    - Creating coherent policy is necessary to ensure that care coordination services are comprehensive, organized, and integrated to best serve all families' needs in all regions of the state
    - Enable access to and utilization of cross-sector, inter-agency data sharing to inform system building, performance improvement, and policy priorities.

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

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

☐ yes ☐ no	A secure, locked storage area for supplies (e.g. medications, lab supplies)
☐ yes ☐ no	A designated lab space with clean and dirty areas
☐ yes ☐ no	Secure and confidential records storage
☐ yes ☐ no	A phone line exclusively dedicated to the center
☐ yes ☐ no	A minimum of one secure data connection
☐ yes ☐ no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality
☐ yes ☐ no	Each room/area includes adequate lighting
☐ yes ☐ no	The school's central office intercom system connects to the SBHC
d. Equipment and Supplies **The SBHC includes:**	
☐ yes ☐ no	Equipment and supplies necessary to provide all services
☐ yes ☐ no	SBHC equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
☐ yes ☐ no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
☐ yes ☐ no	The SBHC is compliant with the current vaccine storage standards.
☐ yes ☐ no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly
Sponsorship Requirements	
1. Lead Sponsoring Agency	
☐ yes ☐ no	***a.*** SBHC has one lead sponsoring agency
b. Type of lead sponsor is: (check only one)	
☐ School or school district	
☐ Public health department	
☐ Community health center	
☐ Hospital	
☐ Private nonprofit health or human services organization	
☐ Tribal Government/Indian Health Service	
c. Requirements and responsibilities of the sponsoring agency:	
☐ yes ☐ no	Assures provision of one or more of the following: funding, staffing, medical oversight and/or medical and general liability coverage
☐ yes ☐ no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
☐ yes ☐ no	Maintains current agreements with any other organizations that provide services in the SBHC
☐ yes ☐ no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
☐ yes ☐ no	Ensures confidential electronic collection and storage of service data
d. Community Advisory Board (CAB) **In collaboration with the local school district, the sponsoring agency:**	
☐ yes ☐ no	Ensures a role for the CAB that includes reviewing and advising on student needs; program planning; implementation and evaluation; and provides input about governance, management, services and funding. The sponsoring agency solicits participation from other key community stakeholders including parents/guardians, school administration, school health providers, youth, community health providers and public health organizations, as well as appropriate specialty care providers and insurers

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

☐ yes ☐ no	Release information only with a signed consent by the parent/guardian, a youth 18 years of age or older, or a youth receiving services under the minor consent law
d. Requirements regarding confidentiality and sharing of health information:	
☐ yes ☐ no	Signed parent/guardian consent (or student permission, as appropriate) to obtain school health services records or to share SBHC records (other than immunizations) with school health staff
☐ yes ☐ no	Comply with HIPAA and FERPA regulations for sharing information
☐ yes ☐ no	Utilize release of information forms for sharing information with community providers outside of the SBHC
3. Quality Improvement and Program Evaluation:	
a. Continuous quality improvement plan includes:	
☐ yes ☐ no	A designated staff member to serve as the quality improvement coordinator
☐ yes ☐ no	A mechanism for monitoring clinical services and evaluating program goals
☐ yes ☐ no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
☐ yes ☐ no	A plan for improvement
☐ yes ☐ no	A written record of progress toward improving selected measures
4. Data Collection and Reporting	
a. The SBHC maintains an electronic data collection system that includes the following minimum data variables:	
☐ yes ☐ no	Unique patient identifier
☐ yes ☐ no	Date of birth
☐ yes ☐ no	Gender
☐ yes ☐ no	Race
☐ yes ☐ no	Ethnicity
☐ yes ☐ no	Grade
☐ yes ☐ no	Insurance status
☐ yes ☐ no	Date of visit
☐ yes ☐ no	Location of visit
☐ yes ☐ no	Provider type
☐ yes ☐ no	Current Procedural Terminology (CPT) visit code(s)
☐ yes ☐ no	Diagnosis code(s): most recent ICD or DSM
☐ yes ☐ no	***b.*** Capacity exists for the SBHC to report service data
5. Financing and Sustainability	
☐ yes ☐ no	***a.*** Prior to implementation, new SBHCs develop a sustainability plan
☐ yes ☐ no ☐ n/a	***b.*** SBHCs create and periodically update a strategic plan
☐ yes ☐ no	***c.*** SBHCs develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
☐ yes ☐ no	***d.*** SBHCs collect financial data and are capable of reporting revenues and expenses by commonly accepted line item types
e. Written billing policies for SBHCs provide:	
☐ yes ☐ no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the SBHC regardless of ability to pay
☐ yes ☐ no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
☐ yes ☐ no	Outreach and application assistance to families with students eligible for public or

	private health insurance, directly or through referral
6. Compliance with Applicable Federal and State Regulations	
yes no	***a.*** Compliant with the Americans with Disabilities Act of 1990
yes no	***b.*** Compliant with Clinical Laboratory Improvement Amendments
yes no	***c.*** Compliant with Family Education Rights and Privacy Act, published by the Department of Education
yes no	***d.*** Compliant with the Health Insurance Portability and Accountability Act
yes no	***e.*** Compliant with the Occupational Safety and Health Administration
yes no	***f.*** Compliant with applicable CT public health code regulations
Program Core Elements	
a. Provide access to integrated and coordinated medical care, behavioral health care, and oral health care onsite through treatment or referral:	
yes no	Scheduled and same-day appointments available to SBHC users for non-urgent, acute, and chronic health problems including referral if needed
yes no	24-hour, seven-days-per-week access to health services for SBHC users during non-school hours and vacation periods to ensure the continuity of care
yes no	Outreach activities to enroll students in the SBHC
yes no	Activities to promote awareness of SBHC services
yes no	Activities to promote utilization of SBHC services
yes no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
yes no	Care coordination among SBHC staff and through communication with the youths community providers
yes no	A referral system for health services not available in the SBHC
b. Provide preventive and primary physical health care with an emphasis on prevention of health risks and chronic disease through the following:	
1) Annual preventive health exams:	
yes no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
yes no	Screening, offering and/or administration of immunizations per CDC recommendations
yes no	Oral health assessment, identification of observable problems, date of the last oral Health visit, appropriate oral health education and referral as needed
yes no	Identification and management of chronic disease in collaboration with the students PCP and community providers
yes no	**2)** Diagnosis and treatment of acute illness and injury with referral as necessary
yes no	**3)** Provision for medications
yes no	**4)** Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)
c. Provide behavioral health services, including:	
yes no	Mental health screening, assessment, and treatment on site
yes no	Individual, group, and family therapy; crisis management
d. For sites that provide oral health services:	
yes no	Oral health screening, assessment, and treatment and/or referral

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

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

☐ yes ☐ no	A secure, locked storage area for supplies (e.g. medications, lab supplies) (1) (3)
☐ yes ☐ no	A designated lab space with clean and dirty areas (1) (3)
☐ yes ☐ no	A counseling room/private area (1) (2)
☐ yes ☐ no	Secure and confidential records storage (1) (2) (3)
☐ yes ☐ no	A phone line exclusively dedicated to the center (1) (2) (3)
☐ yes ☐ no	A minimum of one secure data connection (1) (2) (3)
☐ yes ☐ no	Walls extend from floor to ceiling, with doors in appropriate locations to facilitate privacy and confidentiality (1) (2)
☐ yes ☐ no	Each room/area includes adequate lighting (1) (2) (3)
☐ yes ☐ no	The school's central office intercom system connects to the ESHS
d. Equipment and Supplies **The ESHS includes:**	
☐ yes ☐ no	Equipment and supplies necessary to provide all services (1) (2) (3)
☐ yes ☐ no	Equipment checked regularly to ensure good working order, and maintained and calibrated as recommended by manufacturer
☐ yes ☐ no	Processes for inspecting emergency medical equipment monthly for items that need to be replaced or replenished
☐ yes ☐ no	The ESHS is compliant with the current vaccine storage standards (1)
☐ yes ☐ no	Procedures for checking medications and supplies monthly for outdated materials, and for processing them accordingly (1) (3)
Sponsorship Requirements	
1. Lead Sponsoring Agency	
☐ yes ☐ no	***a.*** Expanded School Health Site has one lead sponsoring agency
b. Type of lead sponsor is: (check only one)	
☐ School or school district	
☐ Public health department	
☐ Community health center	
☐ Hospital	
☐ Private nonprofit health or human services organization	
☐ Tribal Government/Indian Health Service	
c. Requirements and responsibilities of the sponsoring agency:	
☐ yes ☐ no	Assures provision of one or more of the following: funding, staffing, clinical oversight and/or medical and general liability coverage
☐ yes ☐ no	Negotiates and maintains a valid access agreement between the sponsoring agency and the school district
☐ yes ☐ no	Maintains current agreements with any other organizations that provide services in the ESHS
☐ yes ☐ no	Ensures that interagency agreements specify priorities, responsibilities and a process for resolving differences
☐ yes ☐ no	Ensures confidential electronic collection and storage of service data
d. Community Advisory Board (CAB): **In collaboration with the local school district, under the umbrella of the sponsoring agency**	
☐ yes ☐ no	Ensures a role for the CAB that includes reviewing and advising on student needs; program planning; implementation and evaluation; and provides input about governance, management, services and funding. The sponsoring agency solicits participation from other key community stakeholders including parents/guardians, school administration, school health providers, youth, community health providers and public health

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

☐ yes ☐ no	Keep records separate from any part of student's educational record
☐ yes ☐ no	Release information only with a signed consent by the parent/guardian, a youth 18 years of age or older, or a youth receiving services under the minor consent law
d. Requirements regarding confidentiality and sharing of health information:	
☐ yes ☐ no	Signed parent/guardian consent (or student permission, as appropriate) to obtain school health services records or to share ESHS records (other than immunizations) with school health staff
☐ yes ☐ no	Comply with HIPAA and FERPA regulations for sharing information
☐ yes ☐ no	Utilize release of information forms for sharing information with community providers outside of the ESHS
3. Quality Improvement and Program Evaluation:	
a. Continuous quality improvement plan includes:	
☐ yes ☐ no	Sponsoring organization provides quality improvement coordination
☐ yes ☐ no	A mechanism for monitoring clinical services and evaluating performance measures
☐ yes ☐ no	At least two clinical or practice management measures per year to be monitored and evaluated for improvement.
☐ yes ☐ no	A documented quality improvement plan
☐ yes ☐ no	A written record of progress toward improving selected measures
4. Data Collection and Reporting	
a. The SBHC maintains an electronic data collection system that includes the following minimum data variables:	
☐ yes ☐ no	Unique patient identifier
☐ yes ☐ no	Date of birth
☐ yes ☐ no	Gender
☐ yes ☐ no	Race
☐ yes ☐ no	Ethnicity
☐ yes ☐ no	Grade
☐ yes ☐ no	Insurance status
☐ yes ☐ no	Date of visit
☐ yes ☐ no	Location of visit
☐ yes ☐ no	Provider type
☐ yes ☐ no	Current Procedural Terminology (CPT) visit code(s)
☐ yes ☐ no	Diagnosis code(s): most recent ICD or DSM
☐ yes ☐ no	***b.*** Capacity exists for the ESHS to report service data
5. Financing and Sustainability: Sponsoring Organization will	
☐ yes ☐ no	***a.*** Prior to implementation, develop a sustainability plan for the ESHS
☐ yes ☐ no ☐ n/a	***b.*** Create and periodically update a strategic plan
☐ yes ☐ no	***c.*** Develop an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support
☐ yes ☐ no	***d.*** Collect financial data and ensure reporting of revenues and expenses by commonly accepted line item types
e. Written billing policies for ESHS provide:	
☐ yes ☐ no	Processes for recording, charging, billing and collecting for services rendered that facilitates care for users of the ESHS regardless of ability to pay
☐ yes ☐ no	Assurances that services that are confidential by law are billed for in a manner to protect patient confidentiality
☐ yes ☐ no	Outreach and application assistance to families with students eligible for public or private

	health insurance, directly or through referral
6. Compliance with Applicable Federal and State Regulations	
yes no	***a.*** Compliant with the Americans with Disabilities Act of 1990
yes no	***b.*** Compliant with Clinical Laboratory Improvement Amendments (medical only)
yes no	***c.*** Compliant with Family Education Rights and Privacy Act, published by the Department of Education
yes no	***d.*** Compliant with the Health Insurance Portability and Accountability Act
yes no	***e.*** Compliant with the Occupational Safety and Health Administration
yes no	***f.*** Compliant with applicable CT public health code regulations
Program Core Elements	
yes no	Scheduled and same-day appointments available to ESHS users for non-urgent, acute, and chronic health problems including referral if needed
yes no	Provisions for 24 hour, seven-days-per-week access to health services for ESHS users during non-school hours and vacation periods to ensure the continuity of care
yes no	Outreach activities to enroll students in the ESHS
yes no	Activities to promote awareness of ESHS services
yes no	Activities to promote utilization of ESHS services
yes no	Services are provided in accordance with Cultural and Linguistically Appropriate Standards (CLAS)
yes no	Care coordination among ESHS staff and through communication with the youth's community providers
yes no	A referral system for health services not available in the ESHS
b. Provide preventive and primary physical health care with an emphasis on prevention of health risks and chronic disease through the following:	
1) Annual preventive health exams: Medical Services	
yes no	History, risk/developmental screening and physical assessment; EPSDT; anticipatory guidance
yes no	Screening, offering and/or administration of immunizations per CDC recommendations
yes no	Oral health assessment, identification of observable problems, date of the last oral health visit, appropriate oral health education and referral as needed
yes no	Identification and management of chronic disease in collaboration with the student's PCP and community providers
yes no	**2)** Diagnosis and treatment of acute illness and injury with referral as necessary
yes no	**3)** Provision for medications
yes no	**4)** Waived laboratory tests onsite, as included in the Clinical Laboratory Improvement Amendments (CLIA)
c. Provide behavioral health services, including:	
yes no	Mental health screening, assessment, and treatment on site
yes no	Individual, group, and family therapy; crisis management
yes no	Referral for further assessment/treatment for services beyond the scope of the expanded school health site
d. For sites that provide oral health services:	
yes no	Oral health screening, assessment, and treatment and/or referral

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Works Cited

1. Farzana Kapadia, 2024: School-Based Health Centers Are a Critical Component of Health Care for Children: A Public Health of Consequence, August 2024, *American Journal of Public Health 114*, 769_771, https://doi.org/10.2105/AJPH.2024.307736

2. McNall MA, Lichty LF, Mavis B. The impact of school-based health centers on the health outcomes of middle school and high school students. *Am J Public Health.* 2010;100(9):1604–1610. https://doi.org/10.2105/AJPH.2009.183590 Link, Google Scholar

3. Simmer-Beck M, Wellever A, Kelly P. Using registered dental hygienists to promote a school-based approach to dental public health. *Am J Public Health.* 2017;107(S1):S56–S60. https://doi.org/10.2105/AJPH.2017.303662 Link, Google Scholar

4. Dunville R, Peterson A, Liddon N, Roach M, Coleman K, Dittus P. Sustained reduction in chlamydia infections following a school-based screening: Detroit, 2010–2015. *Am J Public Health.* 2018;108(2):231–233. https://doi.org/10.2105/AJPH.2017.304163 Link, Google Scholar