

# Standards and Guidelines for School-Based Health Centers in West Virginia

April 2003  
Updated - June 2004  
Revised - November 2009

## Endorsement:

- WV Bureau for Public Health, Division of Primary Care - [Date]
- West Virginia Primary Care Association - [Date]
- West Virginia School-Based Health Assembly – November 2009

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## Introduction

The purpose of this document is to provide a guide for attaining successful, high quality medical and behavioral health services in West Virginia's school-based health centers (SBHCs). All sponsors of physical health and behavioral health programs at school-based health centers are encouraged to strive to meet these standards and guidelines.

Between May 2008 and March 2009 a task team of volunteers, convened by the WV School-Based Health Assembly, collaborated to develop suggestions for revisions to the existing *Principles, Standards and Guidelines for School-Based Health Centers in West Virginia*, which were originally adopted by the Bureau for Public Health and the WV School-Based Health Assembly in 2003 and updated in 2004. Additionally, at that time the team reviewed and made recommendations about proposed school-based behavioral health standards drafted in August 2007 by a team of school-based health center behavioral health providers convened by the Marshall University School Health Technical Assistance and Evaluation Center. The resulting recommendations related to school-based behavioral health were developed within the framework of "Expanded School Mental Health", as recommended by the President's New Freedom Commission.

Following the team's recommendations, comments were elicited from a variety of stakeholders. In [date], 2009 the standards and guidelines were endorsed and adopted by [insert].

## Purpose of the School-Based Health Center Standards and Guidelines

These revised standards and guidelines were developed to:

- Reflect best practices that SBHCs should strive for;
- Note where a practice is a minimum requirement reflected by law or policy;
- Be written with community health centers (CHC) in mind as the sponsoring agencies since nearly all school-based health centers in West Virginia are operated by CHCs, but be applicable to other sponsoring agencies as well; and
- Integrate behavioral health and primary medical care at the school-based health centers to the extent possible. The revised standards and guidelines for medical and behavioral health are not presented separately; rather, unless otherwise indicated, they are combined.

## Applicability of Standards & Guidelines for School-Based Health Centers in West Virginia

Current and potential uses of the standard and guidelines are intended to address:

- **Quality:** To identify best practices in SBHCs based on research and experience, and to provide a self-assessment tool for centers to improve quality.
- **Accountability:** To inform students, families, funders, policy-makers and the public about what they may expect from SBHCs, noting that centers also operate under the regulatory requirements that govern their sponsoring agencies.

- **Consistency and flexibility:** To promote consistency in the purposes and desired outcomes of SBHCs, along with the flexibility needed to respond effectively to local needs and circumstances.
- **Program development:** To provide information to interested communities, schools and health providers about what is involved in starting and operating a SBHC.
- **Staff development:** To provide information for staff orientation and continuing education on best practices for SBHCs.

## **Disclaimer**

This document does not represent a complete listing of all requirements and recommendations for medical and behavioral health programs in West Virginia's school-based health centers. Rather, it is an attempt to address the unique and specific aspects of providing such services in a school setting. Agencies must still take the responsibility of knowing and meeting all state and federal laws, regulations and professional standards.

These standards and guidelines are cited as known policies and best practices at the time of publication. They are not all-inclusive. State and federal policy and funding agency requirements may supersede the language in this document.

## **Assumptions**

The SBHC standards and guidelines are based on the following assumptions:

- The primary goal of school based health centers is to improve access to physical and behavioral health services of West Virginia's students so they are ready and able to learn;
- The SBHC has the support of the sponsoring organization, the school in which it is located, and the community it serves;
- School-based health centers services are based on community needs. Some SBHCs may offer multiple or comprehensive services, others may offer fewer or single services;
- To the maximum extent, it is desirable to integrate behavioral health and primary medical care both for the efficiency of the program and for the benefit of students. The school based behavioral health services are part of the larger system of health services provided in SBHCs;
- Behavioral health standards and guidelines incorporate values and principles of a system of care;
- All staff persons are familiar with and adhere to ethical guidelines of their professions and licensing boards; and
- Achieving the standards and guidelines is a shared responsibility between the providers, the sponsoring organization's management, and the school and community partners.

## **SCHOOL-BASED HEALTH CENTER STANDARDS AND GUIDELINES**

### **Purpose of a School-Based Health Center**

School-based health centers (SBHCs) are health clinics that bring services, such as preventive and acute and chronic care, as well as counseling, health education and sometimes dental care, to children and adolescents at school.

Services provided should eliminate many barriers by being accessible to the students they intend to serve.

School-Based Health Center services should be developed based on the socioeconomic need of the community, restricted access to health services by the student population, community support, working relationships among health and education agencies, and the likelihood of health center sponsors fulfilling service goals and objectives.

### **Community Participation**

All SBHC programs should initially be developed through a community assessment involving students, school leaders, school nurses, school staff, families, medical and behavioral health providers and other community members.

The School-Based Health Center has established organized relationships with school representatives at all levels, parents, business and community leaders, as well as health, behavioral health, and social service providers.

The SBHC develops and distributes written material on SBHC services and activities to the community, and responds to community requests for information on services provided.

A Community Advisory Committee provides guidance and recommendations to the sponsoring agency staff and board of directors. The Advisory Committee is composed of a majority of student and parent users, and includes civic, business, religious and other leaders. It should meet at least 2 times per year and document and distribute meeting minutes.

All components of the SBHC should be included in reports to the advisory committee. The SBHC should submit an annual report to the advisory committee. The SBHC should seek input of the advisory committee when planning new programs or services.

The advisory committee does not have the authority to make changes. The sponsoring agency should provide feedback to the advisory committee.

## **Sponsoring Agency**

The sponsoring agency of the SBHC should be locally suited and fiscally viable to administer and operate a health center serving the needs of students.

A memorandum of understanding or letter of agreement should exist among the sponsoring agency, the host board of education/school and the behavioral health agency, if separate. Agreements about communication among the entities should be included in the MOU/LOA.

The preparation of the physical site and provision of cost of continued utilities and maintenance of the site is often fully or partially the responsibility of the Board of Education. The sponsoring agency and other community organizations sometimes assist with site preparation and maintenance. The sponsoring agency should provide information to the school system regarding liability issues and other recurring cost obligations.

A Certificate of Need (CON) or CON exemption must be obtained. (It is likely that CON exemptions will be granted when an existing community health center initiates the school-based center in its services area.)

SBHCs funded by the WV Bureau for Public Health are extensions of a sponsoring organization that is a not-for-profit, tax exempt, 501(c) (3) community-based community health center that operates as a US Public Health Service, Section 330 grantee, an approved Federally Qualified Health Center (FQHC) look-a-like and/or approved independent Rural Health Clinic that meets all FQHC requirements.

## **Operating Policies and Procedures**

A SBHC should function as an integral component of a school's comprehensive health program and work cooperatively with school nurses, counselors, classroom teachers, coaches, principals, physical, speech and occupational therapists, and office staff. It should also work cooperatively with the student's medical home, as applicable.

The SBHC must be identified as an approved Medicaid vendor and should collaborate with the Office of Maternal, Child and Family Health's programs including *HealthCheck*. The School-Based Health Center should participate and encourage student participation in the WV Children's Health Insurance Program (WVCHIP).

School-Based Health Centers must have written policies on-site regarding confidentiality of services, student/parent access to medical and behavioral health records, and when confidentiality must legally be broken to ensure the safety of a student. The SBHC must also have a written policy about parental permission. Policies, especially those related to confidentiality and parental consent, are shared with students, parents, and school staff through some of the following methods: signs in waiting areas and exam rooms, information in the SBHC publications and brochures, and verbal communication with students and others.

All school-based health center policies and procedures for medical and behavioral health records, confidentiality, informed consent, quality assurance and exposure control must meet the standard of the sponsoring community health center and all appropriate federal and state laws and be in accordance with HIPAA and FERPA requirements.

Written SBHC policies and procedures should exist within those of the sponsoring agency. Where needed, in addition to applicable policies and guidelines of the sponsoring agency, specific SBHC policies must be defined and dated. Policies of the school system should be followed when applicable and in agreement with established medical protocols.

The SBHC should review, and if needed, update and revise its policies and procedures at least annually. Both medical and behavioral health SBHC staff should be included in the development and update of policies, and all policies should be available on-site.

There should be an organizational chart available reflecting clear lines of authority for medical and behavioral health related SBHC administration and providers, as well as the role of back-up providers, other contractual agencies, and the school. This chart should be reviewed periodically and revised as needed.

SBHC medical and behavioral health staff should participate regularly in staff meetings of the SBHC. At a minimum, two SBHC staff meetings should be held annually. Minutes should be taken and distributed to provide a written record of issues discussed and actions taken.

### **Parental Consent**

The SBHC providers make every effort to involve the student's family in the health care provided to the student, as is age appropriate, and with consent as necessary.

SBHCs must have written policies on-site regarding parental consent for treatment for easy reference by SBHC staff that provides for:

- Written permission of a parent/guardian, except in the case of student age exemptions as provided by law.
- Incorporation of the rights of minors, including emancipated, married and mature minors to consent to their own treatment as provided for by law.
- Written permission from the parent/guardian or student as appropriate, to share information with the student's primary care provider, managed care organization, behavioral health provider, appropriate school personnel or insurer.
- The process of arranging for the necessary treatment of students who are not enrolled in the SBHC.
- The process for securing treatment for those who have emergencies.

### **Confidentiality**

School-based health centers must have written policies on-site regarding confidentiality of services, student/parent access to medical records, and when confidentiality must legally be broken to ensure the safety of a student.

A school-based health center's services must protect client confidentiality in compliance with legal requirements and state and federal law which may include HIPAA, FERPA, and WV Code.

The SBHC should have written permission from parent/guardian or student as appropriate, to share information with applicable agencies (e.g., the student's primary care provider, school nurse, behavioral health provider, managed care organization, or insurer, school staff, etc.). The SBHC must have written policies about the appropriate procedure for arranging for the medical or behavioral health treatment of students who are not enrolled in the SBHC (i.e., assessment and referral)

## Services

Services provided at a comprehensive School-Based Health Center should include, but need not be limited to age appropriate primary and preventive health care and medical screenings; treatment for common illnesses and minor injuries; referral and follow-up for serious illness and emergencies; on-site care and consultation, as well as referral and follow-up for pregnancy, chronic disease and disorders, and emotional and behavioral problems; on-site care and referral for drug and alcohol abuse and sexually transmitted infections; sports and employment physicals; immunizations; health education; preventive services for high-risk behaviors and conditions such as pregnancy, sexually transmitted infections, drug and alcohol abuse, violence, and injuries; oral health; and laboratory testing. Local school boards have the authority to determine what services are provided in their respective schools. Local school boards may endorse or prohibit services but may not require the SBHC sponsoring agency to provide a specific service.”

### ■ Medical Services

#### A. School-based medical services should include:

##### 1. Comprehensive health assessments

SBHCs should utilize best practice guidelines including *HealthCheck* and the American Academy of Pediatrics' *Bright Futures* guidelines. Every child should have a health history submitted with the consent form. The health history will include a question about the date and service provider of the child's last comprehensive physical exam. The health history will include the following:

- Past and present medical and surgical history;
- Medication which the child is receiving;
- Any known allergies, particularly to medication;
- Family health history and psycho-social / behavioral health / substance abuse history
- Developmental history, as is age appropriate; and
- If students are enrolled in a SBHC that is on a continuum (beginning with elementary school or middle school), the health assessments should be reviewed and updated as necessary when entering middle school and/or high school.

Every student should receive a comprehensive physical exam at least yearly. The SBHC should collaborate with the student's medical home. When the comprehensive exam is completed at the SBHC it is the center's responsibility to submit a copy of the exam to the medical home provider.

Every child receiving a school-based health center comprehensive physical exam should have, at minimum, the following:

- Vitals: initial height, weight (plotted on an age appropriate growth chart), BMI, and blood pressure screening yearly ( if the student is seen in the health center)
- Review of the submitted health history (this is to be signed by the clinician)
- Annual age appropriate risk assessment, the components of which should meet *HealthCheck* standards and include:
  - Reproductive assessment
  - Dental screening
  - Health education/counseling
  - Hearing screening
  - Hemoglobin/hematocrit
  - Lead screening
  - Nutrition assessment
  - Review of system/physical exam
  - Scoliosis screening
  - Vision screening
  - Risk assessment and risk factors
  - Developmental screening including speech and language

## 2. Diagnosis and treatment of medical conditions

On-site diagnosis, treatment, and appropriate triage and referral mechanisms should be in place for:

- Minor problems;
- Acute problems; and
- Chronic conditions

On-site routine management of chronic conditions (asthma, diabetes, etc.) should be provided in consultation with the child's primary care provider or specialist as appropriate.

Prescriptions are provided for:

- Minor problems;
- Acute problems; and
- Chronic conditions.

## 3. Immunizations

Immunizations should be provided/verified as necessary as part of the comprehensive health assessment. As resources permit and as local needs dictate, immunizations will also be made available for any student who needs them, with parental consent.



The school nurse and/or health center nurse, based on collaborative agreement with the school board, is responsible for monitoring students' compliance with the immunizations required by state law. WV law requires all providers to report all immunizations they administer to children under age 18 to the WV State Immunization Information System (WVSIIS) within two weeks. The SBHC should inform the student's medical home / provider of the immunization record in WVSIIS.

#### 4. Laboratory testing

Specimens obtained and tested on-site or sent to a qualified laboratory should include, but are not limited to:

- Throat culture and other infections sites
- Rapid strep testing
- Microscopic urinalysis
- Sickle-cell test (when appropriate)
- Lead test (when age appropriate)
- Complete blood count with differential
- Pregnancy tests
- Hematocrit/hemoglobin
- Urinalysis-dipsticks
- STIs screening
- Lipid profile

A system for promptly posting lab results should exist. Follow-up of clinically significant lab results should be documented.

#### 5. Preventive services

SBHCs should strive to promote health, prevent disease and empower students to take charge of their health.

The SBHCs should support the full range of the prevention continuum, but their focus should be the provision of secondary and tertiary prevention and primary health care that meets professional standards and is developmentally appropriate for the population served. In coordination with school staff and administration, the SBHCs should assist with or conduct:

- Primary prevention activities, such as classroom programs aimed at preventing disease before it occurs;
- Secondary prevention, like targeted interventions for high risk groups which includes "screening" to detect the disease before it is symptomatic; and
- Tertiary prevention efforts, which focus on students already affected by a chronic disease to better manage the disease and, thereby, reduce morbidity and prolong life.

Preventive services should be provided, including, but not limited to, comprehensive physical exams with risk assessments and immunizations. Additional efforts should be made to address high-risk behaviors and conditions that put students at risk, such

as pregnancy, sexually transmitted diseases, drug and alcohol abuse, injuries, violence, suicide, depression, self-injury, eating disorders, asthma, obesity, diabetes, smoking, truancy, and dropping out of school.

## 6. Health education/promotion

The SBHC provides health education for the students, their families, and school staff, and where possible, supports the provision of comprehensive health education in the classroom. Services should include:

- One-on-one patient education documented in the patient chart;
- Group/targeted education at the SBHC;
- Family and community health education;
- Health education for health center and school staff; and
- Support for comprehensive health education in the classroom, in areas such as:
  - Physical and emotional wellness skills;
  - Substance use prevention/cessation;
  - Intentional and unintentional injury prevention;
  - Nutrition;
  - Social skills development;
  - Death and dying issues;
  - Physical and emotional development;
  - Conflict resolution;
  - Child abuse prevention;
  - Violence prevention (including domestic violence, gang violence, etc.);
  - STI/HIV/AIDS prevention;
  - Relationships based on self-esteem, mutual respect;
  - Chronic conditions (e.g., asthma);
  - General parenting skills;
  - Chronic disease prevention (smoking cessation/prevention, heart disease, osteoporosis, etc.);
  - Dental health; and
  - Resiliency skills.

### **B. Continuum of medical care**

SBHCs should have written policies that clarify procedures, including (1) the release of medical information and bi-directional sharing of information with the school nurse and with the student's medical home, (2) referral of students to community-based health care providers when SBHCs are not able to provide a service required by the student and (3) 24-hour coverage.

- Medical Home:  
Each SBHC should recognize that every child deserves a medical and dental home. When the SBHC is not the medical or dental home, the SBHC must recognize that it remains part of the medical/dental home team and the importance of coordination of care.

The patient-centered medical home is a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship.

The American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Osteopathic Association have jointly defined the medical home as a model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified-providers.

A medical home also emphasizes enhanced care through open scheduling, expanded hours and communication among patient, physicians, and staff.

- Release of Information:  
SBHCs must follow HIPAA guidelines. SBHCs should recognize the importance of coordination of care with the student's school nurse, with the student's medical home and any other care providers, including mental and dental health. SBHCs should elect to incorporate wording into their consent for bi-directional sharing of information between the SBHC, school nurse, medical home and other providers as applicable.
- Referrals:  
The referral agreement/policy should include a mechanism for linking referral information between the provider and SBHC about the outcomes of the referral. SBHCs should refer students enrolled in a managed care organization who require specialty medical and/or surgical services to their primary care providers or managed care organizations to obtain a referral to a specialist. SBHC staff should document in the student's medical record that the referral was made and then follow up and document the outcome of the referral.
- 24-Hour Coverage:  
The SBHC must arrange for 24-hour access to services when the school or SBHC is closed. This may be done through an on-call system of SBHC staff, other providers, or through a back-up health facility. The process for accessing after-hours care will be provided directly to the student and publicized in SBHC brochures, consent forms and through a telephone answering system.

## ■ Behavioral Health Services

It is recommended that all SBHCs should provide some level of on-site behavioral health service and SBHCs should use the expanded school mental health (ESMH) framework in designing the services. This framework includes school-wide behavioral health promotion, prevention, early intervention and treatment services for youth in general and for those in

special education. The range of on-site behavioral health services to be offered should be determined by student/family needs and school and community resources, using evidence-based practice guidelines.

**School-based behavioral health services should include:**

1. Primary prevention activities including:
  - Enhancement of behavioral health wellness through instruction, skills development, school-wide programs to foster safe and caring climates.
  - Consultation and in-service instruction with a trans-disciplinary focus for school faculty and staff
  - Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)
  
2. Early identification and intervention activities including:
  - Screening, triage, and referral
  - Liaison between school and home
  - Crisis intervention and assistance including psychological first-aid
  - Pre-referral interventions including targeted consultation with school staff
  - Consultations regarding accommodations to allow for differences & disabilities
  
3. Direct services including:
  - Assessment (including psychological/psychiatric evaluation onsite or by referral as needed)
  - Treatment planning
  - Therapy services – individual, group, family
  - Case management, including referrals for more intensive levels of services as needed
  - Supportive counseling – individual and group
  - Monitoring

**Quality of school-based behavioral health services**

It is recommended that SBHCs should ensure high quality services by:

- Establishing procedures for monitoring and improving their systems and interventions
- Maintaining a continuum of services (primary prevention, early intervention and direct services)
- Providing for continuity of care
- Ensuring that school-based behavioral health staff has appropriate knowledge and skills for their roles and functions
- Establishing policies and procedures for professional development on an annual basis
- Using empirically-supported interventions or curricula when possible
- Establishing practices and documentation that meet legal and ethical expectations for the professional services provided

## **Coordination of school-based behavioral health services**

- Programs and services are integrated with instruction, governance, and management components at schools.
- SBHC behavioral health staff coordinates efforts with SBHC health providers, school-employed mental health staff, and other health professionals to ensure that needed services are received and service duplication is avoided.
- The SBHC coordinates services with community-based behavioral health organizations to enhance resources and to serve students whose needs extend beyond the scope or capacity of the SBHC.

## **Continuity of care for school-based behavioral health services**

- The SBHC behavioral health program should have written policies that clarify procedures covering (1) the release of medical and behavioral health information for referring students to community-based providers when the SBHC is not able to provide a service required by the student, and (2) mechanisms for linking referral information between the provider and SBHCs about the outcomes of the referral.
- The SBHC behavioral health program must arrange for 24-hour access to service when the school or SBHC is closed or when the school-based behavioral health provider is absent. This may be done through an on-call system of SBHC staff, other providers, or through a back-up health facility. The process for accessing after-hours care, including behavioral health services, will be publicized in SBHC brochures, consent forms and through a telephone answering system.

## **Staffing**

Recommended on-site SBHC staff includes:

- Nurse practitioner, physician assistant, or physician to provide direct service;
- If primary staffing is by a NP or PA, consultation or back-up physician (family practice, pediatrician, or student specialist) to provide medical consultation and referral during SBHC operating hours, and on-site medical consultation according to the standard of the community health center and all appropriate federal and state laws;
- Medical support staff (school nurse, certified medical assistant, licensed practical nurse or registered nurse) to maintain medical records, triage and check in students. Licensed nursing staff may also provide nursing care in accordance with the state practice act of their licensing board and per individual clinic policy & protocol orders;
- Behavioral health services provided by a behavioral health professional according to WV licensing and supervision requirements;
- Receptionist/clerical/care coordination support person to make medical and behavioral health appointments, maintain medical records, collect and enter data, and greet students. The support person may also serve as a liaison between the SBHC and school personnel during school hours;

- A SBHC administrator (may be located off-site) to act as a liaison with sponsoring provider agencies and be responsible for overall management and quality assurance of the SBHC.

A multi-disciplinary team provides the comprehensive SBHC services that include medical and behavioral health professionals. A physician, physician assistant, nurse practitioner, psychiatric nurse, master level licensed social worker or licensed professional counselor, licensed clinical social worker and licensed psychologist are considered school health center providers. A school health center should have a medical provider in addition to any behavioral health service providers. Although the SBHC should have the responsibility to see that behavioral health services are provided, behavioral health services may be provided on site, at a nearby site, through tele-health or through a referral relationship.

School-based health center staffing should include:

1. Primary Care Medical Staff

Mid-level providers may provide the primary care medical services, including Nurse Practitioners and Physician Assistants licensed to practice in West Virginia. The mid-level provider shall maintain prescriptive authority.

AND/OR

Physician/Medical Director (MD or DO) licensed to practice in West Virginia. The physician will provide supervision and medical consultation according to the state standards for mid-level providers.

AND

Licensed Registered Nurse (RN), Licensed Practical Nurse (LPN), or certified Medical Assistant (MA) licensed/certified in West Virginia providing support services according to their licensing and certification.

2. Behavioral Health Counselor

Behavioral health services should be provided by a behavioral health professional according to WV licensing and supervision requirements. This includes but is not limited to clinical psychologists, master's level counselors (LPC), clinical social workers (LCSW), certified addictions counselors (CAC) and non-licensed but academically qualified behavioral health professionals (i.e. a graduate from an accredited institution) who are supervised according to state and professional requirements.

3. Clinic Coordinator/Receptionist

The Clinic Coordinator should be available to welcome and register students into the SBHC and work with staff in areas such as patient flow, appointment setting, checking insurance, recalling students, immunization records, data collection, and state reporting requirements. The coordinator/receptionist may also serve as the liaison between the SBHC and school staff during school hours.

#### **4. SBHC Program Manager**

The sponsoring agency should identify a SBHC administrator who will be responsible for oversight of SBHC operations, preparation of annual budget, representing the SBHC and staffing the community advisory committee, coordinating quality assurance, conducting needs assessment and satisfaction surveys, acting as liaison with school(s), etc.

### **Staff Development**

Medical and behavioral health staff should develop and maintain relationships with each other and participate in trainings and meetings with each other as well as with educators, school nurses, school-employed behavioral health staff, families, community members, local behavioral health providers and the student's medical home.

The sponsoring agency should ensure that all staff participates in ongoing professional development.

All staff must be supervised, evaluated and trained in the policies and procedures of the sponsoring organization as well as meeting continuing education requirements for licensure/certification. Staff should be knowledgeable about existing school policies / procedures if the SBHC is located on the school site.

All SBHC staff should participate in at least one workshop or conference each year that directly addresses the delivery of services through SBHCs.

Behavioral health staff should have training pertinent to the services they provide. In addition they should:

- Receive annual training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.
- Receive training, support and supervision in providing strengths-based and developmentally and culturally competent services.

### **Staffing Ratio**

Staffing configuration and number of provider hours should be based on ongoing assessment of community needs and resources. The minimum provider staffing for a SBHC should be 12 hours per week of medical provider time. Behavioral health provider time should be at least equivalent to that of the medical provider. For each additional 200 students over 300 in the school, a minimum of one more half-day per week of medical/behavioral provider time is recommended.

It is recommended that dental and behavioral health services be provided in collaboration with medical services.

**RECOMMENDED STAFFING (for a fully operational comprehensive SBHC)**

School Population	Medical Provider Hours	Nursing/MA Hours	Behavioral Health Hours	Office Support Hours
>1300	32-40/week or as needed	32-40/week	32-40/week	32-40/week
900-1300	21-31/week or as needed	21-31/week	21-31/week	21-31/week
< 900	12-20/week or as needed	12-20/week	12-20/week	12-20/week

**Evaluation and Performance Improvement**

SBHCs should develop and implement a written Quality Management and Improvement Plan that monitors and evaluates the appropriateness and effectiveness of services provided. The entire staff should update this plan annually.

There should be one person, either at the SBHC or within the sponsoring agency, designated as the quality management and improvement coordinator.

The SBHC should have in place a plan for soliciting feedback from students, parents and school staff on a formal basis.

All SBHCs should participate in data collection for a statewide report. A designated individual responsible for timely submission of required reports enters all SBHC data into a management information system on a regular basis, based on data measures determined by the Division of Primary Care.

The sponsoring organization should comply with standards and guidelines adopted by the WV Bureau for Public Health in conjunction with the WV Primary Care Association and the School Based Health Assembly and should be willing to participate in site visit(s) or reviews by the Division of Primary Care.

The National Assembly on school-Based health Care (NASBHC) CQI Tool is a current recommended guideline for assessing quality of SBHC services.

**Practice Management, Including Fiscal Policies**

Billing policies and practices will not be a barrier to needed services (i.e., students should not be denied services based on an inability to pay). A sliding fee for all students based on family income will be established by those programs funded by the WV Bureau for Public Health. Parents will be informed of the SBHCs billing and collection policies.

The SBHC program is an approved Medicaid vendor and has established formal contractual agreements as necessary with state agencies for reimbursement. The SBHC shall participate and actively encourage participation in the WV Children’s Health Insurance Program (WVCHIP).



SBHC practice management policies should exist and be consistent with those of the sponsoring agency. Strong practice management will provide more and better services by creating efficiencies in the SBHC that result in increased revenue. Through financial responsibility, reimbursement and financial viability are maximized.

Domains of practice management may include but are not limited to the following.

- Appropriate SBHC facilities: Location, exam rooms, storage, safety, phone, computer, internet, etc.
- Strong business operations: Hours of service, productivity, coding and billing (refer to fiscal policies below)
- Human resources: Staff, job descriptions, credentialing, annual training
- Appropriate care management: Documentation, referral tracking, confidentiality, acute/chronic/emergency care procedures, patient satisfaction
- Compliance: Policy and procedures for mid-level practitioners, appropriate physician supervision, OSHA, CLIA, consents, storage of records

Fiscal policies should include but not be limited to:

- Revenue
  - Billing practices -
    - Third party payers including patient eligibility
    - Uninsured patients
    - Patient statements
  - Collections -
    - Methods
    - Write-offs and adjustments
    - Cash receipts
- Expenses
  - Budgets
  - Allocations
  - Purchasing
  - Cash disbursements
  - Travel/employee reimbursement
- Asset/equipment management
- Payroll
- Record retention
- Grants management

## **Facility and Space**

The space needed for a SBHC will depend on the services and programs provided. The space allocated should be adjusted to school enrollment, staffing plans, local needs, and available resources. The floor plan should allow for efficient traffic flow and controlled access. The area must be securable to ensure security of medical supplies and records. Use of electronic medical records at SBHCs is recommended, especially if the sponsoring agency has an electronic medical records system in place.

SBHCs provide easily an accessible, private, quiet, safe, confidential, and comfortable environment. To ensure student confidentiality and communication with back up providers and community resources, SBHCs are equipped with sufficient computer, internet service, dedicated telephone line(s), file cabinets that can be locked, and photocopy, fax and e-mail capabilities.

The WV School Building Authority discourages the use of modular units, due to safety reasons, such as found in the Safe Schools legislation. Therefore, modular units should be avoided.

SBHCs should include: (the spaces identified below are a partial listing, used for reference only.)

- Adequate waiting and reception area
- Nursing check-in and lab area with accessible sink
- Bathroom
- Private exam room(s) with accessible sink
- Counseling room
- Secure storage areas for pharmaceuticals and SBHC health records

Other desirable features include:

- Group counseling area
- Conference room / group meeting room

SBHCs must be in compliance with laws and regulations governing health facilities: SBHCs must have current fire and building safety certificates. Electrical and mechanical equipment must be in safe working order. However, if located within a school building or other building with inspection certificates SBHCs are required to seek independent safety certificates.

SBHCs must have the training, supplies, and equipment necessary to follow standard universal precautions as defined by OSHA and other sources as applicable (including environmental sanitation, cleaning and sterilization of equipment and supplies, and the disposal of hazardous and medical waste). SBHCs comply with laws and regulations regarding reportable disease and conditions and employee health policies. SBHCs comply with CLIA regulations regarding laboratory operations.

In order for SBHCs to be included in the respective county's long term facility planning, it should actively participate in the local board of education's Comprehensive Educational Facilities Plan (CEFP) Team.

For additional information about SBHC facility requirements, refer to (1) WV Department of Education Policy 6200, (2) school facility policies of the WV School Building Authority and (3) the Americans With Disabilities Act.

## Acknowledgements

Special thanks go to the members of the task team for their time, talents patience and spirit of cooperation in developing the standards and guidelines.

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**Our sincere appreciation goes to the Office of Healthy Lifestyles and the Sisters of Saint Joseph  
Health and Wellness Foundation for encouraging and supporting this initiative.**