CHAPTER 04

Health Center Structure, Services, and Staffing

THE LEAD AGENCY

SBHCs need an operational, sponsoring, or "lead agency" to assume overall responsibility for the center. Major roles of the lead agency include:

- Assuming legal responsibility for the health center
- Ensuring and sustaining all appropriate licensure and certification; complying with appropriate laws and regulations (see Chapter 6)
- Hiring, training, and supervising core health center staff
- Orienting health center staff about school policies
- Conducting outreach and education with school staff, students, and families
- Ensuring regular communication between school and health center staff
- Establishing and facilitating a youth and/or adult advisory body
- Securing and maintaining funding for the SBHC
- Communicating with parents about the SBHC
- Ensuring adherence with all relevant HIPAA and FERPA requirements (see Chapter 7)
- Collecting data for program evaluation purposes
- Developing reports for school administration and the school board as appropriate
- Providing general liability, professional malpractice, worker's compensation, and other appropriate insurance coverage

It is important to select and involve a lead agency well before the health center is due to open. Every community is different with unique assets and needs and must determine which type of sponsoring agency will work best for it.

In California, the most common types of lead agencies are community health centers such as federally-qualified health centers, school districts, hospitals, and public health departments. These and other possible lead agencies are summarized below:

LEAD AGENCY	**Community Health Center (CHC) / Federally Qualified Health Center (FQHC)** *67% of SBHCs in California are operated by CHCs or FQHCs*
TYPICAL/MAIN FUNDING SOURCES	Medi-Cal reimbursement from state and managed care health plans
PROS	Enhanced Medi-Cal reimbursement rates Connection to local safety net Have clinical and quality improvement infrastructure Can provide most staffing needs In addition to primary care, most CHCs also provide behavioral health and dental services Health records are integrated and providers can collaborate seamlessly

CONS	Often need to ensure a high volume of clinical care provided in order to balance operating costs; such productivity requirements are actually regulated for CHCs although there are not yet parallel standards for SBHCs May not be experienced with school outreach or addressing educational interfaces May be challenging to operate on a school campus that places constraints on operations, hours, information sharing, etc. More likely to turn away students with private insurance like Kaiser and/or Medi-Cal managed care members assigned to another PCP
EXAMPLES	St. John's Well Child Center (Los Angeles) Camarena Health Center (Madera County)
TYPICAL SERVICE PORTFOLIO/FOCUS	Primary care Usually some behavioral health Often dental Less likely to offer youth development and other non-clinical programming

LEAD AGENCY	**Local Education Agency** (school district or county office of education) *27% of SBHCs in California are operated by school districts*
TYPICAL/MAIN FUNDING SOURCES	LEA Medi-Cal Billing Option Program (BOP) Local Control Funding Formula (LCFF) Child Health and Disability Prevention (CHDP) program
PROS	Communication between school staff and SBHC is facilitated Typically does not rely on a certain volume of reimbursement to support operating budget May have lower initial facility costs since scope of services are often more limited (i.e. renovating space for just behavioral health services or purchasing a mobile van vs. a comprehensive clinic)
CONS	Tend to be unidisciplinary - e.g., focused on medical or mental health exclusively May lack clinical infrastructure (e.g., supervising physicians) May be difficult to hire, support, and retain health staff Does not generate much reimbursement (i.e., does not maximize health care funding and therefore may utilize education dollars for services)
EXAMPLES	SBHCs operated by Newport-Mesa Unified School District and Vallejo Unified School District Wellness Centers operated by San Francisco Unified School District The James Morehouse Project at El Cerrito High School is led by a school employee although many partners contribute services Fresno County Office of Education mobile van & SBHCs
TYPICAL SERVICE PORTFOLIO/FOCUS	Often either focused on episodic primary care, comprehensive primary care, or mental health exclusively Less likely to offer comprehensive ongoing primary health care

LEAD AGENCY	**Hospital or University** *3% of SBHCs in California are operated by hospitals or academic medical centers*
TYPICAL/MAIN FUNDING SOURCES	Medi-Cal reimbursement (some hospitals have partial FQHC status and therefore may receive enhanced reimbursement)

PROS	Non-profit hospitals are required to invest in Community Benefits programs, which SBHCs can be a good fit for Can be affiliated with medical training programs
CONS	Are often focused on intensive, tertiary care more than prevention or early intervention Often have very high indirect cost rates
EXAMPLES	SBHCs operated by UCSF Benioff Children's Hospital Oakland, Children's Hospital Los Angeles and University of California Los Angeles Bronco Clinic in Bishop (Inyo County) run by Northern Inyo Healthcare District
TYPICAL SERVICE PORTFOLIO/FOCUS	Primary care Other services vary substantially

LEAD AGENCY	**Local Public Health Department** *3% of SBHCs in California are operated by city or county public health departments*
TYPICAL/MAIN FUNDING SOURCES	Federal, state, and local grants May have partial FQHC status, which extends enhanced Medi-Cal reimbursement
PROS	Strong prevention focus and public health infrastructure More inclined to serve an entire population Typically understand the community and its health needs Very comfortable with reproductive health and HIV/STI services
CONS	Does not leverage Medi-Cal reimbursement More difficult to make changes because of government process
EXAMPLES	Berkeley High School Health Center via City of Berkeley Public Health Department Balboa High School SBHC via County of San Francisco Department of Public Health Contra Costa County Health Care Services offers mobile/school-based services
TYPICAL SERVICE PORTFOLIO/FOCUS	Highly variable

LEAD AGENCY	**Other Community-Based Organizations (CBOs)** - e.g., youth development organizations, mental health organizations, local physician groups
TYPICAL/MAIN FUNDING SOURCES	Grant funding or general donations and fundraising
PROS	Often pull in services and strengths from other local organizations Non-medical organizations are often oriented toward stronger coordination, collaboration, school climate, staff wellness, and youth development activities
CONS	May lack medical credibility May struggle to sustain operations over many years Services may be siloed from each other and uncoordinated (i.e. one organization provides medical care, a different organization provides behavioral health)
EXAMPLES	Shop 55 at Oakland High School is run by the East Bay Asian Youth Center Frick Middle School in Oakland is run by East Bay Agency for Children
TYPICAL SERVICE PORTFOLIO/FOCUS	Highly variable

The best SBHCs involve strong collaborative partnerships, since no SBHC can provide all the health services students need and will therefore need to have relationships. Some SBHCs are more complex than others - hybrid organizations where one lead agency provides administration, coordination, and outreach while others provide each of several key services. This approach leverages the strengths of local partners and the resources they can bring to the SBHC.

During the planning process, partners should be identified that can complement the core services and expand youth-serving programs. For example:

- a lead agency that is a community health center might contract with a mental health organization to provide comprehensive long-term therapy and case management to students and their families, with the mental health organization billing Medi-Cal for some student services and the two entities jointly fundraising to support non-reimbursable activities
- a school district lead agency might establish an agreement with a local hospital to provide primary care, funded through Medi-Cal and CHDP reimbursement with additional in-kind support from the hospital's community benefit funds
- any lead agency might form an agreement with a local CBO where that agency provides after-school mindfulness classes to students and workshops for parents, funded through that agency's own grant funding

Collaborative arrangements also introduce complexity and may come more naturally to some organizations than others. Conflicts can arise regarding space sharing, information sharing, funding, communication with school staff, and technical needs. Processes for client consent may be more complicated and more protocols will be needed to ensure each organization meets its legal and regulatory obligations while staying true to the mission and intent of the SBHC.
The lead agency should facilitate clear expectations- and level-setting early on, ensuring shared understanding regarding overarching health center policies in a wide variety of areas, including use of waiting rooms, drop-ins, safety, security, crisis protocols, and client confidentiality. We suggest spelling out all agreements in written documents, whether legally binding or not, to reduce friction and set clear expectations for all parties.

Partnerships can be challenged in particular when there is a crisis on campus. It is important to plan ahead of time what school and clinic staff will do:

- if a student needs to be hospitalized for a behavioral health emergency such as acute suicidality
- if a provider needs to make a CPS report
- if a student is under the influence
- if there is a medical emergency when there is and is not a medical provider on campus
- if a parent comes to the school angry about the confidential services their student has received at the clinic

When drafting these protocols, it can be helpful to remember that school and health care personnel have different skill sets, different values, and different laws governing their behavior and remember that everyone ultimately has the same goal: healthy children that are ready to learn.

See Appendix B for sample protocols.

SERVICES AND STAFFING

The following table is a high level overview of the range of services provided by California SBHCs and the personnel that most often provide them.

SERVICE TYPE	COMMON SERVICES	TYPICAL STAFFING
Medical	Primary care for injuries and illness Well-child care, physical exams and sports physicals - these include screening for a range of physical, emotional and social issues Sexual and reproductive health services (family planning, contraception, gynecological exams, Pap testing, testing and treatment for sexually-transmitted infections, pregnancy testing, and counseling) Hearing and vision screening Management of asthma and other chronic conditions Immunizations Laboratory tests for TB, strep throat and other conditions Over-the-counter medications and prescriptions Referrals and coordination of outside services such as X-rays and specialty care Basic and emergency first aid	Nurse Practitioners (usually family practice or pediatric) Physician Assistants Physicians (usually pediatrics or family practice) Medical Assistants[1] Residents or other medical trainees[2]
Mental / Behavioral Health	Screening for trauma, mental illness and social determinants of health Crisis intervention, assistance with hospitalization as needed Individual, group, and family therapy Alcohol and substance use counseling and education Mental health awareness and outreach, including suicide prevention Consultation with students, family members, and teachers regarding student difficulties Case management and linkages to resources such as housing, food, and employment assistance Training for school staff on trauma-informed practices, self-care, wellness, and how to recognize signs of distress Psychological assessments Support groups (e.g., for acculturation or stress reduction) Prescribe and monitor psychotropic medications (less common)	Licensed Clinical Social Workers Licensed Clinical Psychologists Licensed Marriage and Family Therapists Non-licensed mental health practitioners with appropriate clinical supervision and oversight (includes interns and practicum students) Behavioral health navigators and case managers Peer counselors Psychiatric Nurse Practitioners **As with medical providers, each of these practitioners will have a slightly different scope of practice and is ethically obligated to operate only within this scope and their skills and training

[1] In California, Medical Assistants are not required to be licensed, certified, or registered, although most complete an accredited Medical Assisting program which takes between 4-24 months plus technical on-the-job training. Voluntary certification is offered by the American Association of Medical Assistants and the California Medical Assistants Association. Some lead agencies or malpractice carriers may require that Medical Assistants be certified.

[2] Some SBHCs have successfully incorporated medical trainees in a variety of ways. Trainees can offer increased diversity of providers and in the long-term expose more professionals to the SBHC model and especially adolescent care. Training programs come with stringent requirements, however, and may slow down the flow of patients for supervising providers. Students and families from underserved communities may also be sensitive to the notion that their provider is a trainee. New SBHCs should evaluate these advantages and drawbacks.

SERVICE TYPE	COMMON SERVICES	TYPICAL STAFFING
Dental	Oral health screenings and education Fluoride varnish Sealants Dental cleanings Referrals to offsite treatment and specialty services Basic restorative services X-rays	Dentists Registered dental hygienists[3] Dental assistants
Health Education	Classroom education on topics such as tobacco and substance use prevention, nutrition, physical activity, pregnancy, HIV and STI prevention, behavioral health stigma, trauma, dental care, etc. Individual education and counseling on topics such as family planning and birth control methods, asthma management, etc. Health promotion events such as health fairs, schoolwide campaigns, and social media	Clinical and community health educators Nutritionists or Registered Dietitians Americorps members, peer educators or "promotoras"
Vision	Vision screening Eye exams Prescriptions for glasses Frames and glasses	Optometrists Optometry /medical assistants
Youth Development	Peer health education Youth advisory boards Peer mentorship programs Health career internships	A variety of staff and peers

[3] In California, many of the oral health services provided in SBHCs can be delivered by dental hygienists without a dentist present. Registered dental hygienists (RDHs) can provide dental education in the clinic or the classroom, clean and polish teeth, and apply fluoride and sealants. They can also take dental x-rays with a dentist's supervision, although the dentist does not have to be present. RDHs can provide oral health assessments and refer to dentists for a comprehensive examination and must rely on dentists to make a diagnosis and treatment plan. RDHs are also considered billable providers under Medi-Cal when working in FQHC and other settings.

ADMINISTRATIVE PERSONNEL

In addition to the service providers listed above, most SBHCs will need someone to manage the administrative aspects of their operations. This includes some kind of Manager or Coordinator - other titles include Supervisor, Director, or Administrator - and some kind of front office receptionist or clerk. These positions can be combined in some cases and are often seen as the "external face" of the health center.

SBHC MANAGER

The individual in this role typically works for the lead agency. Their job responsibilities typically include:

- Defining and maintaining operational procedures (within parameters established by the lead agency)
- Preparing and overseeing SBHC budget
- Supervising and/or coordinating work of staff hired or contracted to work in the health center
- Preparing grant proposals and other fundraising activities
- Conducting or organizing outreach and marketing efforts
- Maintaining a positive and functional working relationship with the school and community
- Ensuring that health center services are delivered in culturally- and age-appropriate ways
- Coordinating health promotion activities such as classroom education, schoolwide campaigns and health fairs or other events
- Coordinating program evaluation and quality assurance/ improvement activities.

Ideally this position will work close to full-time even if the SBHC is not open full-time.

There is no specific set of qualifications required to be an SBHC manager. Some centers require a Bachelor's or Master's degree in Public Health; some prefer that a licensed medical or mental health professional hold the title. The key skills needed are strong interpersonal communication skills, organization, and commitment. For new SBHCs, the manager may be the first hire and able to introduce the SBHC to the school and community as they hire staff and prepare for opening day.

SBHC RECEPTIONIST

This is a critical role. The receptionist (or front desk person) is the first person with whom most visitors interact, and for both school staff and students, a friendly, respectful, and approachable person is needed. Typical roles include opening the health center, scheduling appointments, answering the phone, greeting visitors and patients, registering new patients, and collecting and entering data. In addition, many receptionists act as billers for their health centers, processing patient encounter information to generate insurance claims. Some receptionists are also medical or dental assistants.

Please see Appendix C for Sample job descriptions.

SCHOOL NURSES

School nurses are critical leaders in school health, and their role is often familiar to students and trusted by families and schools. School nurses are typically employed by the school district, but they should function in partnership with SBHC staff. School nurses may perform the following services:

- Conduct immunization programs
- Assess and evaluate the health and developmental status of students (e.g., provide mandated health screenings for vision, hearing, etc.)
- Design and implement health maintenance plans for students with special health care needs (e.g., students with Type I diabetes)
- Refer students and parents or guardians to other resources
- Make recommendations regarding students' individualized Education Programs (IEP)
- Provide training and serve as a medical resource for teachers and administrators
- Develop and/or implement health education curricula
- Counsel and assist students and parents in health-related and school adjustment services

> At Roosevelt Middle School in Oakland, the school nurse is based in the SBHC run by a local FQHC. She assesses the needs of dozens of young teens who drop into the health center each day. The SBHC's nurse practitioner is able to focus her time on scheduled appointments and medically complex needs. This role definition allows the health center to generate more third party reimbursement and uses each practitioner at their highest level of skill. SBHCs without a school nurse may find that much of their medical provider time goes to treating routine complaints such as headaches, stomach aches, minor scrapes, and menstrual cramps.

Not all school nurses provide all these services on a regular basis. In California, the ratio of school nurse-to-students is 1:2,410, one of the highest in the country, and most school nurses serve multiple schools or even an entire district.

SBHCs do not replace school nurses. Instead, they complement services being provided by placing additional resources in or near schools. If your school community has a school nurse, it will be important to build a strong partnership with them during the SBHC planning process. Both the national School-Based Health Alliance and the National Association of School Nurses support this collaborative relationship. For their joint position statement, see https://www.sbh4all.org/wp-content/uploads/2021/05/SBHA_JOINT_STATEMENT_FINAL_F.pdf

A school that has both a school nurse and health center will find that through collaboration both are able to do their work more effectively.