CT Department of Public Health

GLOSSARY

Expanded School Health Services Program – not an SBHC
• Program designed to expand existing school health services.
• Services vary by site and include, but are not limited to, counseling, health education, health screening, psychological care, prevention services and linkages to community services.
• A clinic license is not required, as the program does not provide the full range of outpatient medical and behavioral health services such as those offered in a traditional SBHC.
• The administration of these expanded services may be integrated in the administration that currently exists in the school.

Enhanced School Health Clinical Services – not an SBHC
• Medical, behavioral, or dental services provided by licensed health professionals within or on the grounds of schools.
• A clinic license and medical director may be required to deliver such services.
• Usually only one type of service is provided at each site, such as just dental or just behavioral health, and therefore, it is not considered a true SBHC.

*** School Based Health Centers (SBHC)
• Freestanding medical centers, licensed by the State of Connecticut as clinics, located within or on the grounds of schools.
• All SBHC as operate under the guidance of a medical director.
• SBHC promote the physical and mental health (and oral health at some sites) of children and youth and ensure their access to comprehensive primary and preventive health care.
• Services are aimed at, but not limited to, students who do not have access to a family health care provider or whose family has little or no health insurance.
• SBHC staffs are a resource for both the school and the community and also deliver population-focused programs on wellness, disease prevention, health promotion and general health management.
• State funded centers are designed to deliver services utilizing the Comprehensive SBHC Model (See definition below) however, clinic hours and services vary among sites due to funding constraints.

Comprehensive SBHC Model • A unique service delivery model that concurrently blends medical care with preventive and behavioral health services.
• Staffing must include a team of licensed inter-disciplinary professionals (at minimum, medical and behavioral) with particular expertise in child/adolescent health.
• Staff works side-by-side to address and coordinate a broad spectrum of students’ health needs.
• Time-intensive anticipatory guidance and health education are routinely offered to students that utilize the SBHC.
• This model represents the highest standard of care available (National Gold Standard) with respect to the range and quality of SBHC services. (Making the Grade: State and Local Partnerships to Establish School Based Health Centers, 2003)

Level V SBHC (DPH Standard Model)
The following criteria must be met in order to be considered a state-funded Level V SBHC in CT:
• Operate full time during the academic year including all hours of school operation
• Operate as a Comprehensive SBHC Model

APPENDIX B
BUREAU OF COMMUNITY HEALTH
SCHOOL AND ADOLESCENT HEALTH UNIT
DPH STANDARD MODEL FOR FULL TIME COMPREHENSIVE
SCHOOL BASED HEALTH CENTER - LEVEL V


II. THE SBHC MUST OPERATE FULL TIME DURING THE ACADEMIC YEAR.
A. Open September through June (excepting weekends, holidays and school vacations).
B. Open all hours of school operation. Extended hours are encouraged when possible.

III. SOLID PLANS FOR THE PROVISION OF SERVICES DURING NON-OPERATIONAL TIMES MUST BE CLEARLY IDENTIFIED.
A. Medical and mental health/social service coverage must be clearly defined (with letters of agreement) to cover emergencies during times the center is not open (i.e., after school hours, weekends, holidays, vacations).
B. Ideally, the center staff would have privileges at the back-up site(s) in order to enhance continuity of care for the target population.

IV. STAFF SHOULD BE SUFFICIENT TO OPERATE A FULL TIME SBHC (AS DEFINED IN #I) AND INCLUDE:
A. A center coordinator/manager with training and experience in health/mental health systems management, supervision and administration.
B. At least one masters-prepared nurse practitioner (CPNP, CFNP; APRN preferred) with experience serving the target population (including age and ethnicity), with appropriate clinical consultation and backup or a certified physician assistant with appropriate physician supervision.
C. At least one clinically trained Masters level social worker (MSW), licensed clinical social worker (LCSW) preferred, with expertise in working with the target population (including age and ethnicity) with LCSW supervision/consultation and back up. A Marriage and Family Therapist (MFT) may be considered with clearly demonstrated expertise in working with the target population, with LMFT clinical supervision/consultation and back up.
D. A Medical Director who must be a licensed physician with experience serving the target population and working with mid-level practitioners.
E. Support staff as needed, (i.e., clerical, receptionist, data entry professionals, etc.)
F. Additional health and/or allied health professionals as needed (i.e., nutritionist, substance prevention specialist, health educator, outreach worker, parent aid, medical assistant, psychologist, etc.)
G. If oral health/dental services are to be provided (optional), a licensed Dental Director and additional licensed dental providers, as needed.
V. MINIMUM PRIMARY CARE SERVICES TO BE PROVIDED: (UTILIZATION OF CENTER SERVICES REQUIRES WRITTEN PARENTAL PERMISSION)

A. Physical Health/Medical Services: Services must be provided in accordance with nationally recognized and accepted standards such as the American Academy of Pediatrics, “Guidelines for Health Supervision” or the Maternal Child and Health Bureau, (Health Resources & Services Administration (HRSA) and Health Care Financing Administration (HCFA)) “Bright Futures, Guidelines for Health Supervision of Infants, Children and Adolescents”. Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.

1. Primary health care including:
   a. Physical exams/health assessments/screenings for health problems.
   b. Diagnosis and treatment of acute illness and injury
   c. Diagnosis and management of chronic illness
   d. Immunizations
   e. Health promotion and risk reduction
   f. Nutrition and weight management
   g. Reproductive health care
   h. Laboratory tests
   i. Prescription and/or dispensing of medication for treatment

2. Referral and follow-up for specialty care that is beyond the scope of services provided in the SBHC.

B. Mental Health/Social Services: Services must be provided in accordance with nationally recognized and accepted standards such as the Child Welfare League of America or the National Association of Social Workers, Inc. Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.

1. Services:
   a. Assessment, diagnosis and treatment of psychological, social and emotional problems
   b. Crisis intervention
   c. Individual, family and group counseling or referral for same if indicated
   d. Substance abuse and HIV/AIDS prevention
   e. Risk reduction and early intervention services
   f. Outreach to students at risk
   g. Support and/or psycho-educational groups focusing on topics of importance to the target population
   h. Advocacy and referral for such services as day care, housing, employment, job training, etc.
   i. Consultation to school staff and parents regarding issues of child and adolescent growth and development
   j. Referral and follow-up for care that is beyond the scope of services provided in the SBHC

C. Health Education Services: Services should be supportive of existing (LEA) health education activities:

1. Consultation to school staff regarding issues of child and adolescent growth and development
2. School staff and parent training regarding issues of importance in target population
3. Individual and group health education
4. Classroom presentations
D. Oral Health Services: (If provided) must be provided in accordance with nationally recognized and accepted standards such as Pediatric Dentistry Special Issue: Reference Manual 1995-96. 17(6): 31-79 (November 1995). or US Public Health Service, Oral Health Coordinating Committee, DHHS. An essential oral health benefits package. Working draft, February 24, 1993, or other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.

1. Services may include:
   a. Screenings
   b. Prophylaxis
   c. Fissure sealants
   d. Diagnostic X-rays
   e. Treatment for carries
   f. Simple extractions
   g. Referral and follow-up for care that is beyond the scope of services provided in the SBHC

VI. LINKAGES WITH COMMUNITY:
Establishing linkages with medical, mental health, social service providers, and other relevant groups is expected. These may include the local health department, community health center, medical schools and hospitals, schools of public health, mental health and family service agencies, youth service bureaus, and recreational agencies, etc.