

DRIVER	Recommended change concepts	Description/evidence/resources
<p>Crosscutting supports for the five core performance measures for SBHCs</p>	<p>Increase school integration and engagement.</p> <p>Build partnerships with community PCPs for regular communication about shared patients.</p> <p>Education to school staff, school administrators, students, patients, and community on importance of preventive care.</p> <p>Increase/improve integration between SBHC primary care and behavioral health providers.</p>	<p>School-Based Health Alliance:</p> <ul style="list-style-type: none"> • Collaboration with Primary Care Providers (to amend for use with school nurse) • School Integration Rubric (under “resources”) • School Integration Self-Assessment Tool (under “resources”) <p>American Academy of Pediatrics Bright Futures:</p> <ul style="list-style-type: none"> • Guidelines for the Health Supervision of Infants, Children, and Adolescents (3rd edition) <p>California School-Based Health Alliance</p> <ul style="list-style-type: none"> • Youth Engagement Process <p>Centers for Disease Control and Prevention:</p> <ul style="list-style-type: none"> • Fostering School Connectedness Staff Development Program (under “Staff Development” tab) <p>Centers for Medicaid & Medicare Services:</p> <ul style="list-style-type: none"> • Making connections: strategies for strengthening care coordination in the Medicaid benefit for children & adolescents <p>UMHS Adolescent Health Initiative:</p> <ul style="list-style-type: none"> • Drawing a Picture: Adolescent Centered Medical Homes • Youth reviewed health education materials <p>U.S. Department of Health And Human Services</p> <ul style="list-style-type: none"> • Joint Guidance on FERPA and HIPPA to Student Health Records
<p>Annual well child visit (WCV)</p>	<p>Outreach and education to teachers and school leadership on importance of WCV. Use communication strategies such as storytelling.</p> <p>Create a process to convert mild “sick visits” to WCV.</p> <p>Turn sports physicals into comprehensive WCV and market this service by emphasizing there is no cost sharing with WCV unlike sports physicals.</p>	<p>School-Based Health Alliance:</p> <ul style="list-style-type: none"> • Sample Parent-Guardian Follow Up Letter • Care coordination roadmap (to be released in early 2016) <p>Centers for Disease Control and Prevention:</p> <ul style="list-style-type: none"> • Promoting Parent Engagement in School Health: A Facilitator's Guide for Staff Development (under “Staff Development” tab) • Parent Engagement: Strategies for Involving Parents in School Health

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	<p>Outreach to students to schedule WCV.</p> <p>Use electronic “tickler file” flags to identify clinic patients who are due for WCV.</p> <p>Use EHR features to create reminders for when WCV are due.</p> <p>Identify students in the school population with documentation of WCV in previous 12 months or lack thereof.</p> <p>Outreach to parents to determine student annual WCV status.</p> <p>Provide regular and routine training for clinicians and staff on WCV best practices, evidence-informed anticipatory guidance, and policy and procedures.</p> <p>Improve data: Develop data collection system to capture well child visits performed at the SBHC or by another provider.</p> <p>Capture WCV performed elsewhere: Get self-report of WCV conducted outside the SBHC from student or parent or get this information from PCPs or state Medicaid database.</p>	<p>Centers for Medicaid & Medicare Services:</p> <ul style="list-style-type: none"> • Paving the road to good health: strategies for increasing Medicaid adolescent well-care visits <p>World Health Organization:</p> <ul style="list-style-type: none"> • Improving the Quality of Health Care Services for Adolescents, Globally: A Standards-Driven Approach
<p>Annual risk assessments</p>	<p>Conduct risk assessment at every new patient visit then annually thereafter.</p> <p>Create a “sticky date done” in the EMR as a reminder.</p> <p>Deliver risk assessments in conjunction with other clinic visits.</p> <p>Deliver risk assessments outside the WCV.</p> <p>Deliver appropriate follow-up services based on risk assessment results.</p> <p>Identify students with documentation of WCV in previous 12 months but no risk assessment documentation.</p>	<p>The Adverse Childhood Experiences Study:</p> <ul style="list-style-type: none"> • Linking childhood trauma to long-term health and social consequences <p>Centers for Medicaid & Medicare Services:</p> <ul style="list-style-type: none"> • What you need to know about Early Periodic Screening, Diagnostic and Treatment (EPSDT) <p>Colorado Association for School-Based Health Care</p> <ul style="list-style-type: none"> • Understanding Minor Consent and Confidentiality in Colorado

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	<p>Outreach to students to schedule risk assessment visits.</p> <p>Use youth friendly electronic tools to administer annual risk assessment.</p> <p>Improve data: Develop data collection system to capture annual risk assessments performed, including coding infrastructure to support separate coding for risk assessments performed outside the WCV.</p>	
<p>BMI assessment and nutrition/physical activity counseling</p>	<p>Program EHR to calculate BMI% automatically when height and weight are entered.</p> <p>Develop a workflow that guarantees nutrition and activity counseling for all patients, or at least all patients with a high BMI.</p> <p>Test exercise and/or nutrition groups for patients and families, e.g. cooking classes for students with their parents or field trips to the grocery store.</p> <p>Partner with teachers and/or physical education department to promote exercise and activity, e.g. a Mile Runners Club, or a cumulative 100-mile challenge for all students.</p> <p>Partner with teachers to do nutrition education, e.g. “Go Foods” for healthy foods and “Whoa Foods” for fast food and junk food and junk beverages.</p> <p>Improve data: Develop data collection system to capture BMI assessment and nutrition/physical activity counseling.</p>	<p>American Academy of Pediatrics:</p> <ul style="list-style-type: none"> • Periodicity schedule • Adoption of Body Mass Index Guidelines for Screening and Counseling In Pediatric Practice <p>Centers for Disease Control and Prevention:</p> <ul style="list-style-type: none"> • About Child & Teen BMI
<p>Depression screening</p>	<p>Screen for behavioral health needs in primary care with referrals for positive screens to behavioral health experts.</p> <p>Add primary care staff to the behavioral health center care team meetings particularly to serve SBHC clients who are most connected with behavioral health providers.</p> <p>Develop shared care plans with SBHC clients receiving primary care and</p>	<p>U.S Preventative Services Task Force:</p> <ul style="list-style-type: none"> • Screening for Major Depressive Disorder Among Children and Adolescents: A Systematic Review for the U.S. Preventive Services Task Force <p>UMHS Adolescent Health Initiative:</p> <ul style="list-style-type: none"> • Adolescent mental health resources

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	<p>behavioral health services to be tracked by all providers.</p> <p>Use of the PHQ-9, PHQ-2, or HADS-D Depression Screening Tool.</p> <p>Develop effective processes for communication and care coordination between physical and behavioral health providers</p> <p>Improve data: Develop data collection system to capture depression screening and follow-up plan documented (if positive screen).</p>	<p>The Reach Institute:</p> <ul style="list-style-type: none"> • Guidelines for Adolescent Depression in Primary Care Toolkit <p>Research Articles (Journal of the American Academy of Pediatrics):</p> <ul style="list-style-type: none"> • Guidelines for Adolescent Depression in Primary Care: I. Identification, Assessment, and Initial Management • Guidelines for Adolescent Depression in Primary Care: II. Treatment and Ongoing Management
<p>Chlamydia screening</p>	<p>Provide confidential counseling for sexual health.</p> <p>Screen for safe and respectful sexual relationships.</p> <p>Ask the One Key Question of female and male students: “Would you like to become a parent in the next year?”</p> <p>Develop an EMR process for the one key question for documentation and tracking.</p>	<p>Colorado Association of School Based Health Care:</p> <ul style="list-style-type: none"> • Adolescent Health Care Tool Kit <p>Healthy Teens Initiative:</p> <ul style="list-style-type: none"> • Seven steps to comprehensive sexual and reproductive health care for adolescents in New York City - A toolkit and resource guide for health care providers <p>Oregon Foundation for Reproductive Health’s One Key Question Initiative:</p> <ul style="list-style-type: none"> • Clinicians: Are you asking the one key question? • Patient and provider materials <p>UMHS Adolescent Health Initiative:</p> <ul style="list-style-type: none"> • Safe sex practices/resources for adolescents
<p>Student seat time and prevention of early dismissals*</p> <p><i>*Note: resources and best practices to be developed in the CoIIN</i></p>	<p>Develop internal tracking system (student disposition log) to document student disposition following acute and chronic care visits.</p> <p>Implement tracking of student disposition data following acute and chronic care visits.</p> <p>Determine how SBHC staff can incorporate new data documentation into workflow.</p> <p>Report and share student disposition data with school, community, and stakeholders.</p>	<p>California School-Based Health Alliance:</p> <ul style="list-style-type: none"> • Ready, Set, Success! How to maximize the impact of SBHCs on student achievement • Documenting the link between SBHCs and academic success (sample instruments for gathering student, school, and family feedback) <p>Research articles:</p> <ul style="list-style-type: none"> • Cura, M. (2010). The Relationship Between School-Based Health Centers, Rates of Early Dismissal From School, and Loss of Seat Time. Journal of School Health, 371-377. Retrieved from: http://www.attendanceworks.org/wordpress/wp-content/uploads/2011/10/SBHCs-Early-Dismissal-Seat-Time_Van-Cura_2010.pdf

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<p>SBHC student user survey*</p> <p><i>*Note: resources and best practices to be developed in the CoIIN</i></p>	<p>Test age-appropriate, confidential SBHC client survey tool assessing multiple domains of care and satisfaction.</p> <p>Improve provider-patient communication while integrating patient-centered concepts into a standard of care as measured through SBHC client survey.</p> <p>Implement delivery of SBHC client survey for SBHC clients to complete.</p> <p>Determine how SBHC staff can incorporate new data documentation into workflow.</p> <p>Report and share data with school, community, and stakeholders.</p>	<p>School-Based Health Alliance:</p> <ul style="list-style-type: none"> • Lead The Way: Engaging Youth In Health Care <p>Research articles:</p> <ul style="list-style-type: none"> • Mandel, L. A. and Qazilbash, J. (2005), Youth Voices as Change Agents: Moving Beyond the Medical Model in School-Based Health Center Practice. Journal of School Health, 75: 239–242. doi: 10.1111/j.1746-1561.2005.00031.x • Sebastian R.A., Ramos M.M., Stumbo S., McGrath J., and Fairbrother G. (2014). Measuring youth health engagement: development of the youth engagement with health services survey. Journal of School Health, 55(3):334-40. doi: 10.1016/j.jadohealth.2014.02.008.