LEGACY COMMUNITY HEALTH

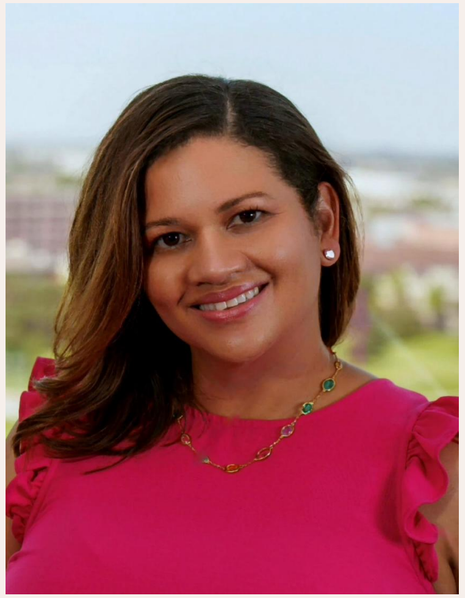
SCHOOL-BASED HEALTH CARE

Change Management: Redesign of SBHC Infrastructure to Achieve Long-Term Success & Sustainability

Stephanie Ramirez, Vice President Operations
Lorena Mottu, Director Pediatrics
Vivian Echevarria-Guzman, Sr. Director Behavioral Health

As Vice President of School Based Health Clinics, **Stephanie Ramirez** is responsible for providing operational leadership in 39 School Based Health Clinics (SBHC), the largest SBH Program in Texas and holds a Master Degree in Healthcare Administration from the University of Houston Clear Lake

Lorena Mottu is a bilingual family nurse practitioner with 12 years of pediatric health experience and with special interest in school-based health, environmental health and research and holds a Doctor of Nursing Practice from the University of Texas Medical Branch Galveston



Vivian Echevarria Guzman is a bilingual Licensed Professional Counselor Supervisor with over a decade of experience providing outpatient therapy services and holds a Masters of Science in Counseling from University of Phoenix, Southern Arizona and currently serves as Senior Director of School-Based Therapy

Background

Timeline:

- 2012 Initial partnership with KIPP Schools
- 2015 Expanded services to YES Prep Charter Schools
- 2020 Partnership with Galena Park Independent School District
- September 2025 Expanded from 37 to 39 schools

Key Changes and Objectives

> It is not the strongest or the most intelligent that will survive but those that can best manage change.
>
> Charles Darwin

Change:

- August 2024 Legacy School Based Health (SBH) program experienced a significant shift in staffing model from 37 nurse clinicians to 17
- Increase in nurse clinician pediatric daily goal from 8 patients per day to 12 patients per day
- BH daily goal remained steady at 9 with an increase in transparency and accountability

Why: Increase transparency, accountability and achieve long term success and sustainability

Objective: The objective of this presentation is to provide insight into the approach taken to implement changes in Legacy School Based Health Clinics to support long-term sustainability

Legacy School Based Health: The Change

Established Method To Determine SBH Staffing Support

- ❖ Minimum 2000 enrollment size
- ❖ Minimum of 50-60% consented patients at clinic site

Productivity

- ❖ Pediatric ramp up goal to 12 visits per day
- ❖ Nurse clinician ratio of 1:2 or 1:3 assignment based on historical productivity trend and enrollment size

Service Delivery Modifications

- ❖ Use of integrative telemedicine technology. Introduced the Firefly, a plug and play otoscope/camera device for assessment of eyes, ears, nose, throat and skin and provide for patients regardless of nurse clinician location
- ❖ Telemedicine guideline updates & OTC medication approved medications with nurse practitioner order

Legacy SBH Approach to Change

- Foster A Positive Culture
- Identify Nonclinical Tasks & Responsibilities
- Determine Staffing Mix
- Optimize Resources
- Plan for change and growth

Legacy School Based Health Navigating Change - How

Fostering a positive work culture

- ❖Transparency from leadership
- ❖Intentional listening followed by action
- ❖Built infrastructure to support clinic team and patients
- ❖Proactively identify signs of “burn out” and providing options to ensure work/life balance
- ❖Get to know the team i.e., how they like to be recognized, what they like for recognition, etc.

Legacy School Based Health Navigating Change - How

Collaboration & Communication

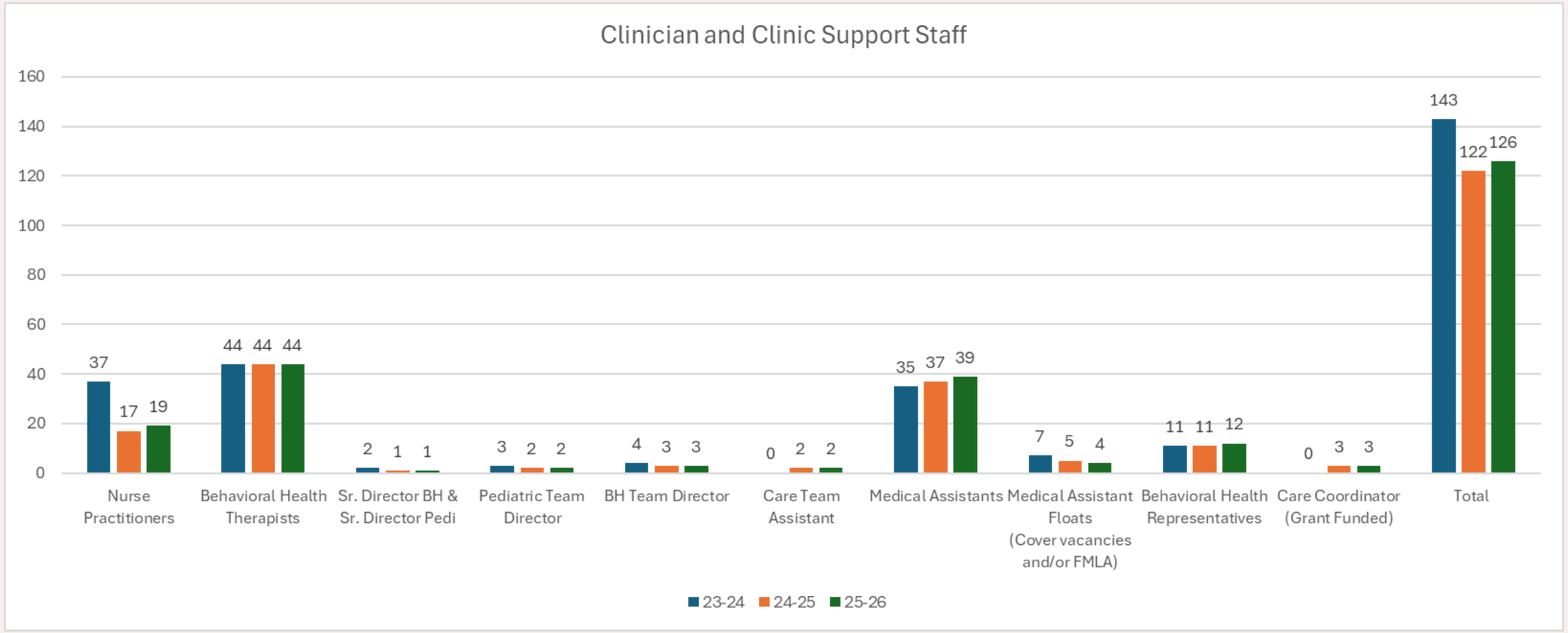
- Identified strengths to enable leaders to work to their full potential and carry out set expectations
- Built trust with operations leaders and support team that allow them to know that they will be supported/guided in decision-making process
- Conduct daily huddles
- Created a TEAMS chat for cross communication amongst teams
- Communicated and demonstrated change in service delivery (telemedicine) to school leadership and Pediatric/BH partners

Legacy School Based Health Navigating Change - How

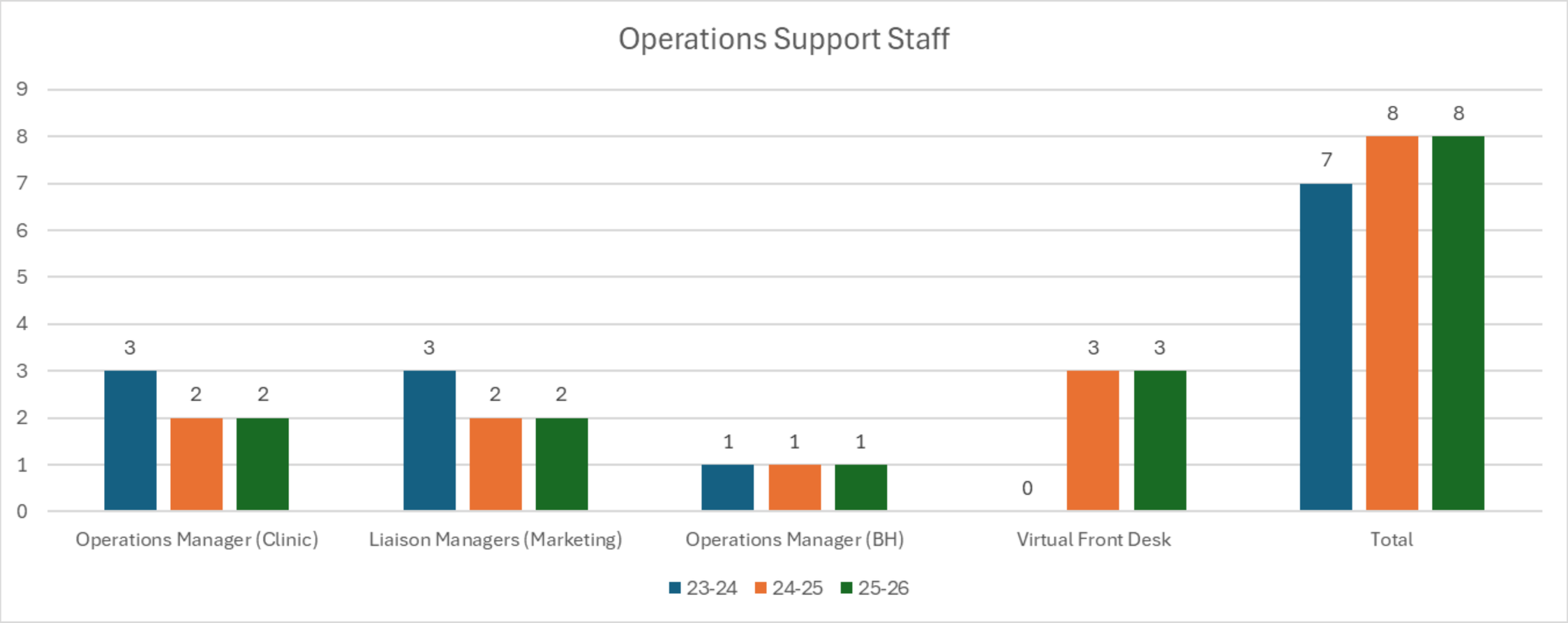
Setting Expectations and Strategies for Success

- ❖Begin each school year with an all-team orientation
- ❖Apply a theme for success at all-team orientation i.e. pivot to succeed, sunrise to success, etc.
- ❖Created tracker to identify needs for success from team
- ❖Team and 1:1 check-ins

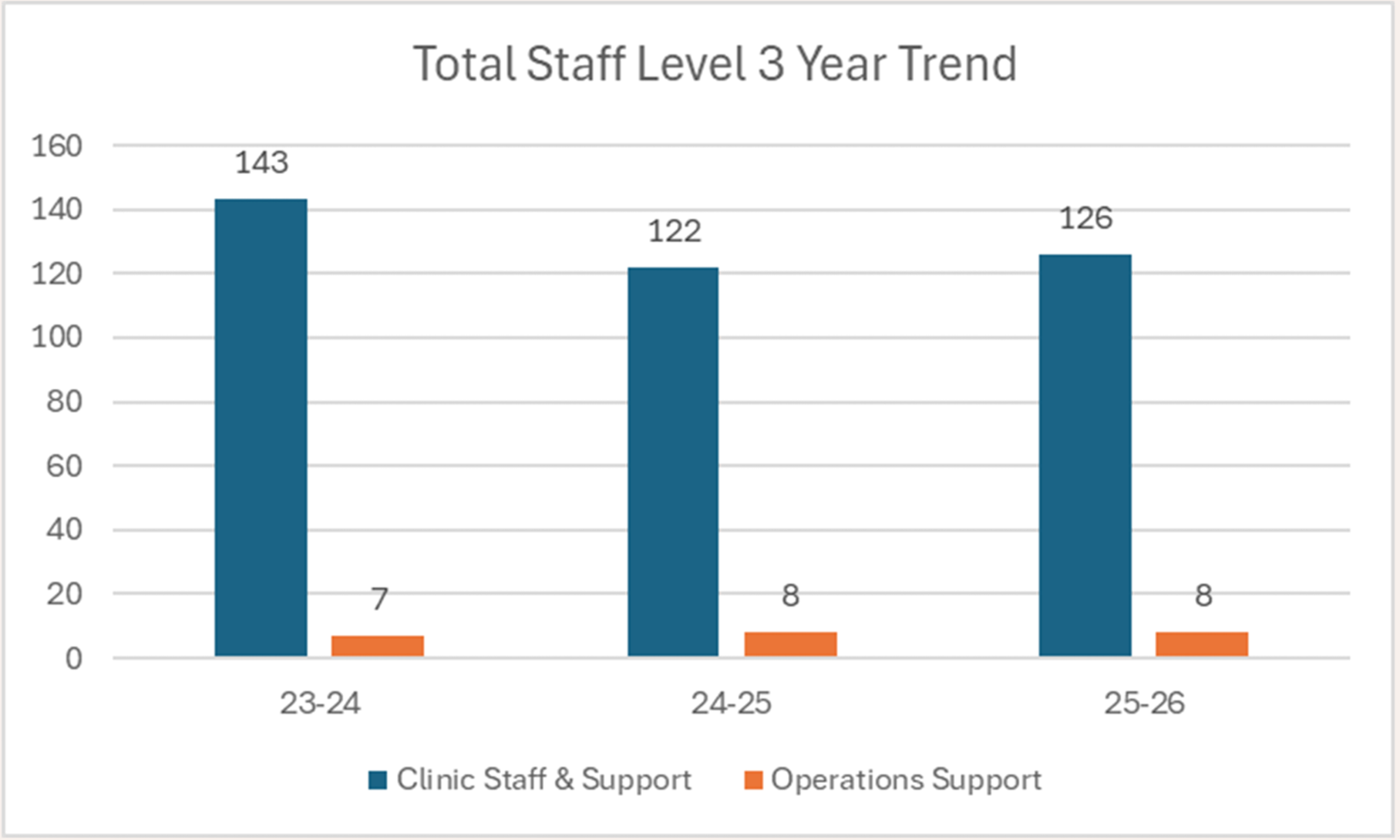
SBH Staffing Model Past & Present



SBH Staffing Model Past & Present



SBH Staffing Model Past & Present



Transition of Tasks for Improved Efficiencies

Task	From	To
Answer incoming calls, manage faxes, schedule appointments	Medical Assistant	Virtual Front Desk
Vaccine Management	Nurse Practitioner	Medical Assistant & Operations Manager
Contact patient for lab results (normal and abnormal) Referral Status Follow Up Manage prescription refill requests Complete prior authorization for imaging and prescriptions	Nurse Practitioner	Care Team Assistant
Patient Registration & Consent	Medical Assistant	Virtual Front Desk
Co-Pay Collection		Virtual Front Desk
Medical Assistant Supervision	Nurse Practitioner	Operations Manager (Clinical)
Behavioral Health Consent, ROI, Scheduling	BH Therapist	BH Representative

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SCHOOL-BASED HEALTH CARE

Pediatrics
Change Management

Pediatric Change Management

Accountability & Flexibility:

- Multisite credentialing
- Provided flexibility and ownership in work schedule
- Clearly documented expectation for telemedicine volume for medical assistants in absence of nurse clinician and reviewed by Ops Manager
- Directors and Ops review weekly productivity report
- Clinicians not meeting productivity goal of ≥85% meet 1:1 with director to identify challenges and opportunities for improvement

Pediatric Change Management

Accountability & Expectations:

- Reinforced Time & Attendance Policy: Monitor and address tardies (verbal/written)
- Documented expectations for staff attending registration events
  - Must document number of consents collected
  - Must document number of appointments scheduled

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Behavioral Health Change Management

Behavioral Health Change Management

Increase in 2-way communication to identify daily challenges staff, school, etc.

<u>Clear Expectations and Consistent Accountability</u>

- Behavioral Health Representatives float among schools for increased support of therapists and partnership with campus. (consents, ROIs, consulting, scheduling)
- Productivity - Goal ≥85%
  - **Monthly Patient Encounters and Clinic Engagement (**PEACE) form is used as a team effort to address any gaps in services, referrals, suppor**t**
  - **Quarterly Performance Action Initiative**(PAI) replacing documentation slots for appointment slots until goals are met
  - **Time & Attendance**: address tardies and no shows on patients and providers

Behavioral Health Change Management

Increase in 2-way communication to identify daily challenges staff, school, etc.

<u>Support Providers and Prevent Burnout:</u>

- **Group Therapy** needs are assessed in efforts to increased patient access to care
- **Private Slots** and **Extra hours** are available when provide exceeds 100% productivity
- **Incentive bonus** implemented for clinicians exceeding 100% productivity

Behavioral Health Change Management

Increase in 2-way communication to identify daily challenges staff, school, etc.

<u>Team Growth and Retention:</u>

- Facilitate evidence-based trainings that meets our SBH demographic needs:

  DBT-A, EMDR, Play Therapy and Nature Informed Therapy

- *Provide **Campus Collaborating hours** to manage crisis, case consult and train staff*

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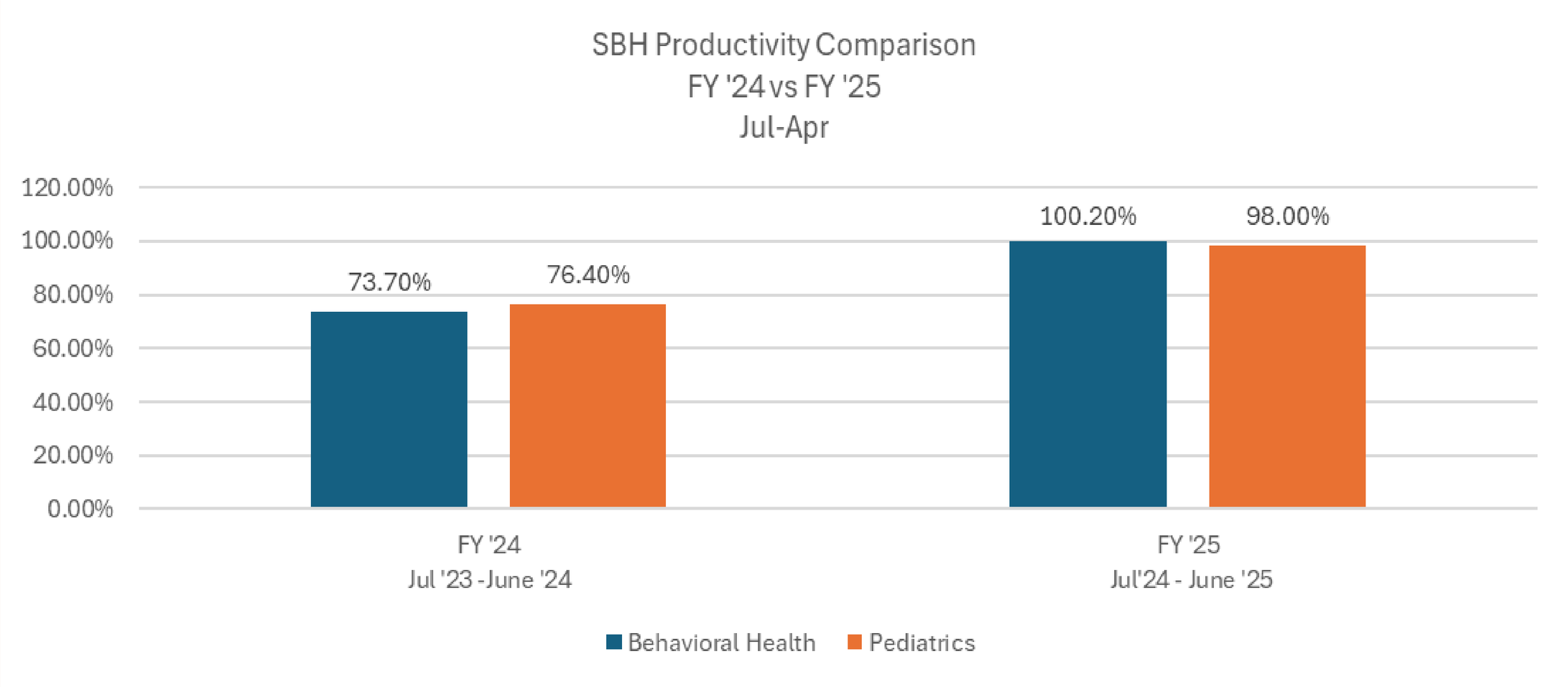
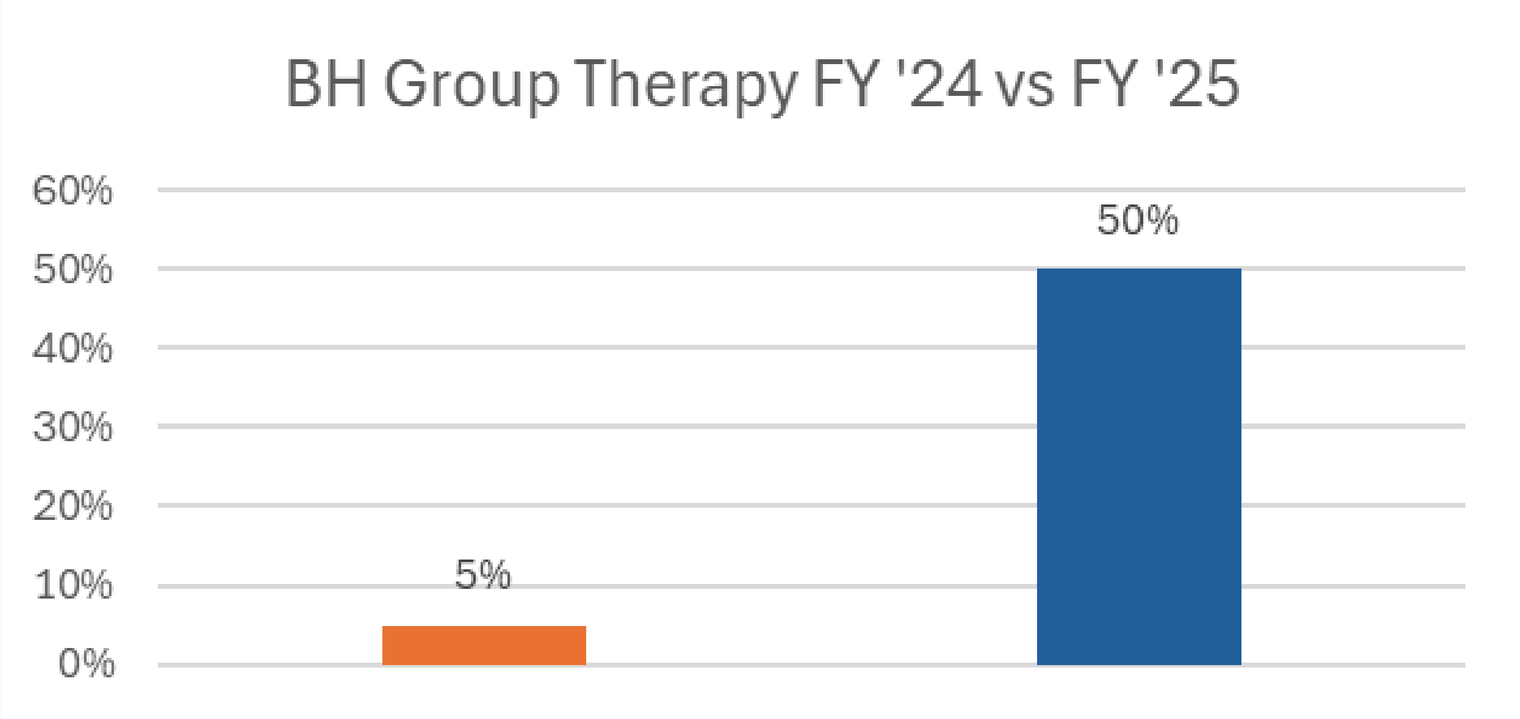
Outcomes & Strategies for Growth

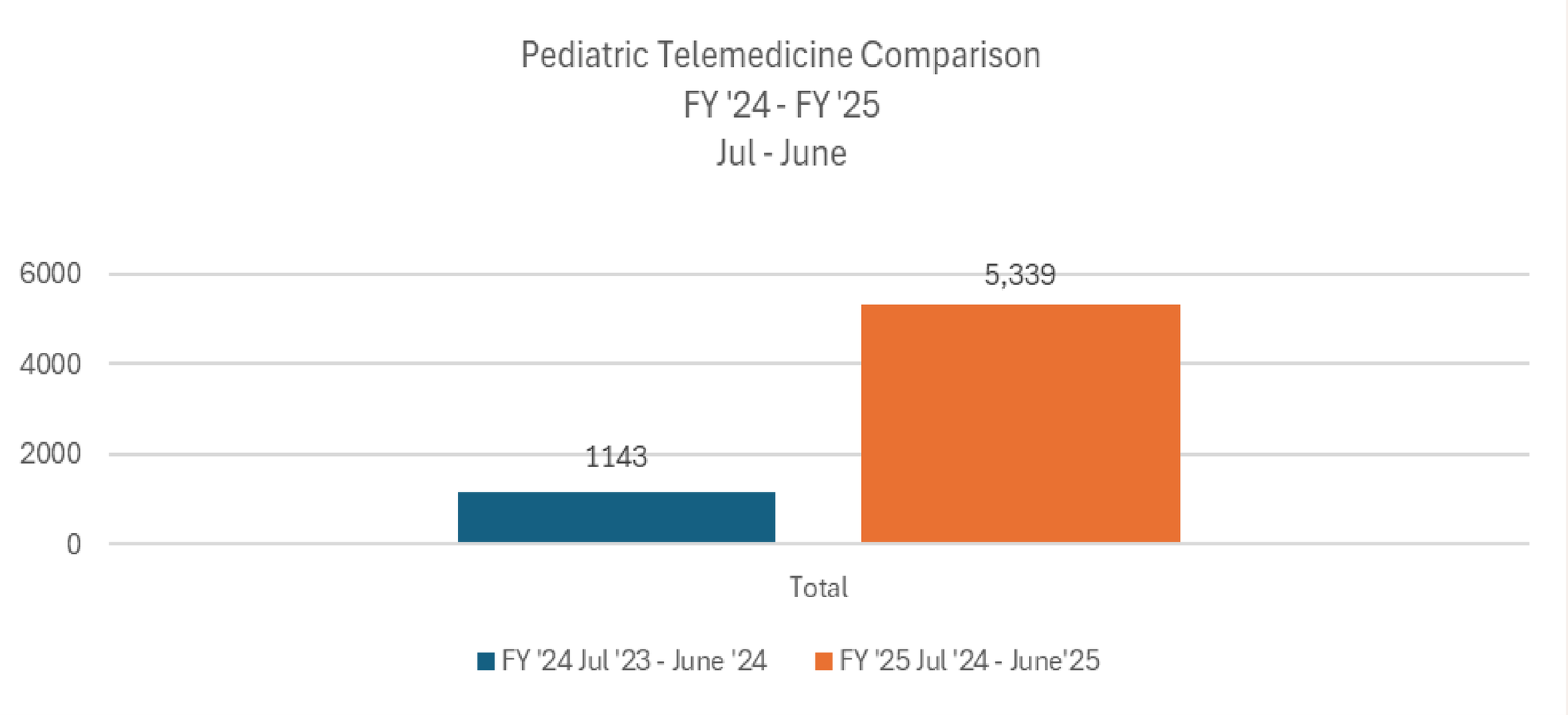
FY ’24 – ‘25 Productivity Trend



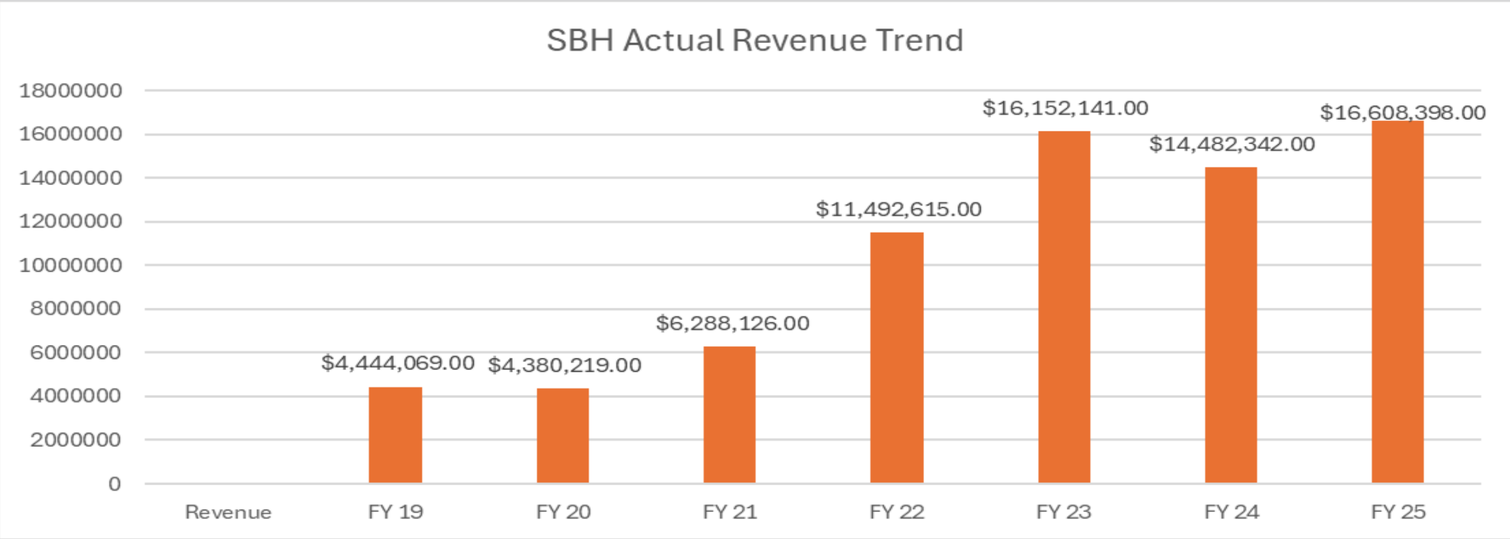
FY ’24 – ‘25 Group Therapy Productivity Impact

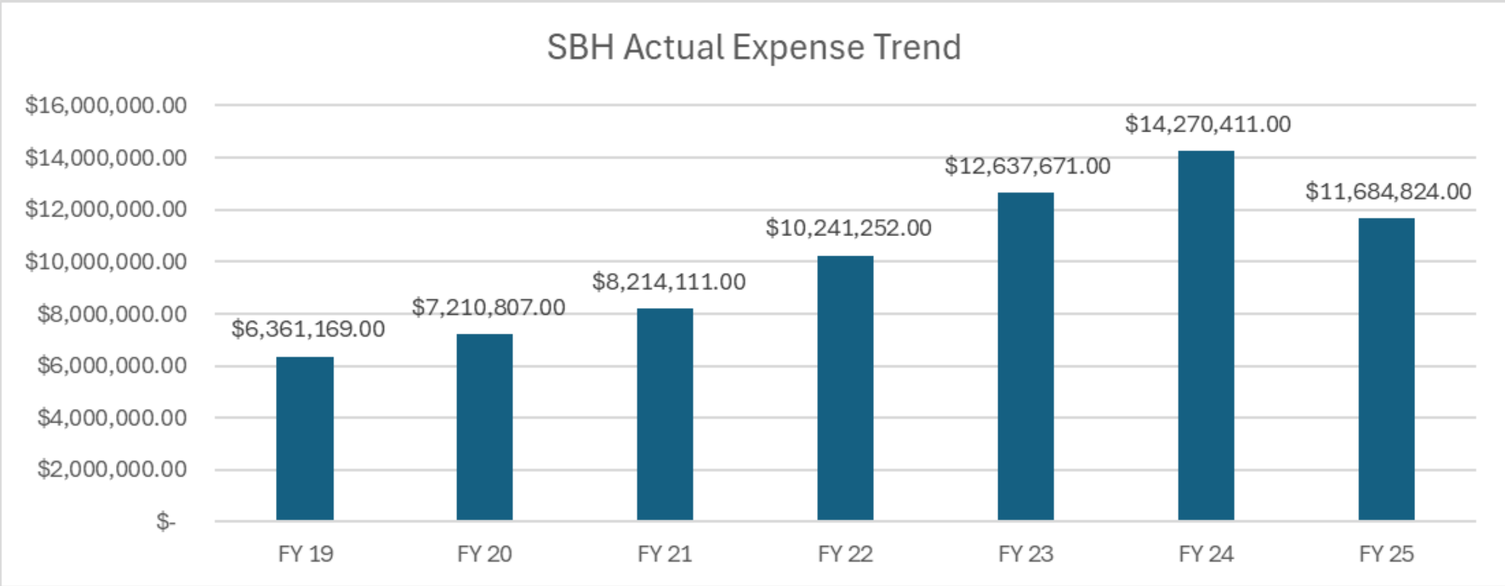


FY ’24 – ‘25 Productivity Telemedicine Impact



Legacy School Based Health Revenue & Expense Trends





Revenue:

❖Fee for Service projection

❖FY ‘24 EMR implementation impacted billing workflow and reduction in nurse and behavioral health clinician template

Expense:

+6% variance attributed to vacancies and improved management of purchasing expense

FY ‘26 Revenue Enhancement & Expense Management Initiative

FY ‘26
Revenue Enhancement

Assess denial report for gaps in:
- Incomplete registration information
- Incomplete or incorrect insurance documentation
- Coding (BH and/or Pedi) missed opportunities/errors
- Re-educated, and reset expectation for collection of co-pay
- Monitor progress for engagement and accountability

FY ‘26
Expense Management

Inventory end of year medication, store and redistribute in new school year

Collaborate with Pharmacy to convert medication ordering from bulk to unit dosing.

Enhance approval workflow for office and clinic supply order:
- Communicate need with Ops and/or clinic peer. If supply on hand Ops will coordinate for delivery
- Order must be reviewed and approved by Ops
- Identify overstock and re-distribute.

Monitor and manage overtime

Challenges

Sustainable financial models
- impact from uninsured and underinsured

Consistent parent and community engagement

Consistent outreach, education and connection to eligibility resources

Long-term resource retention and financial support to address social determinants of health

Facilitating communication with teacher, attendance front office, and counselors

Opportunities

Consistent outreach, education and connection to eligibility resources

Connect with directors of family and engagement for school/charter and create an outreach communication plan

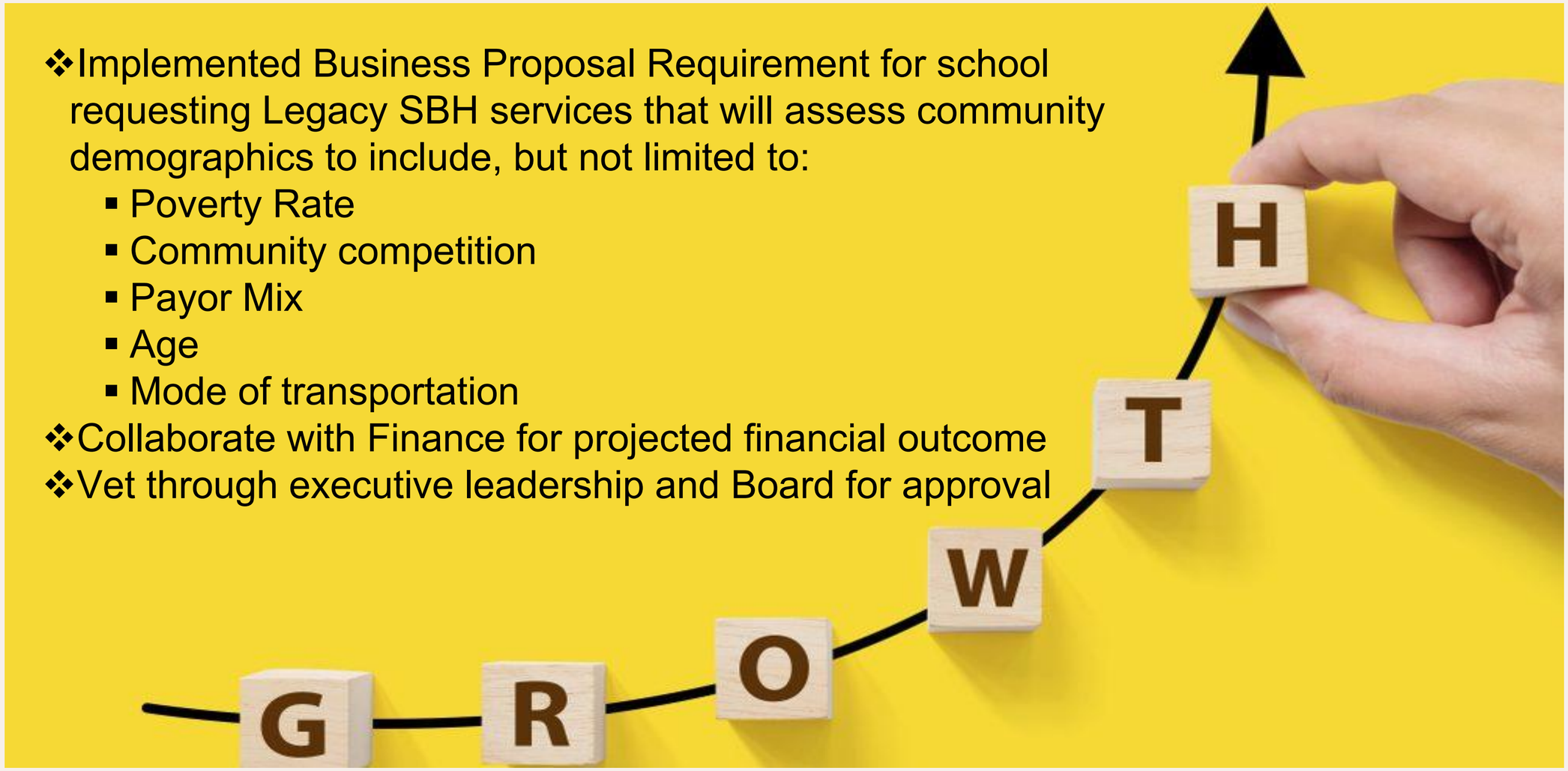
Continue to identify external funding resources/justification for internal operation funding support

Mandatory bi-weekly meeting expectation for nurse clinician and BH Therapist

Consistently attend registration events, PTA, and additional school events

Strategy for Future Growth

- Implemented Business Proposal Requirement for school requesting Legacy SBH services that will assess community demographics to include, but not limited to:
  - Poverty Rate
  - Community competition
  - Payor Mix
  - Age
  - Mode of transportation
- Collaborate with Finance for projected financial outcome
- Vet through executive leadership and Board for approval



Thank you