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A5

School-Based Health Care Coordination: Implementation Overview, Sustainability, and Voices from the Field

School-Based Health Alliance

Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

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Disclosures

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- The views expressed in this presentation are those of the speakers and may not reflect official policy of Moses/Weitzman Health System.
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SBHA Care Coordination Team

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Objectives

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By the end of the workshop, participants will be able to:

- Briefly describe the foundational components, policy strategies, and sustainability considerations of the School-Based Health Alliance's national model for school-based health care coordination implemented in partnership with health centers and their school-based health centers.

- Identify practical strategies, common barriers, and promising practices for school-based care coordination as shared by school-based health center implementation teams.

SBHA's School-Based Health Care Coordination Locations

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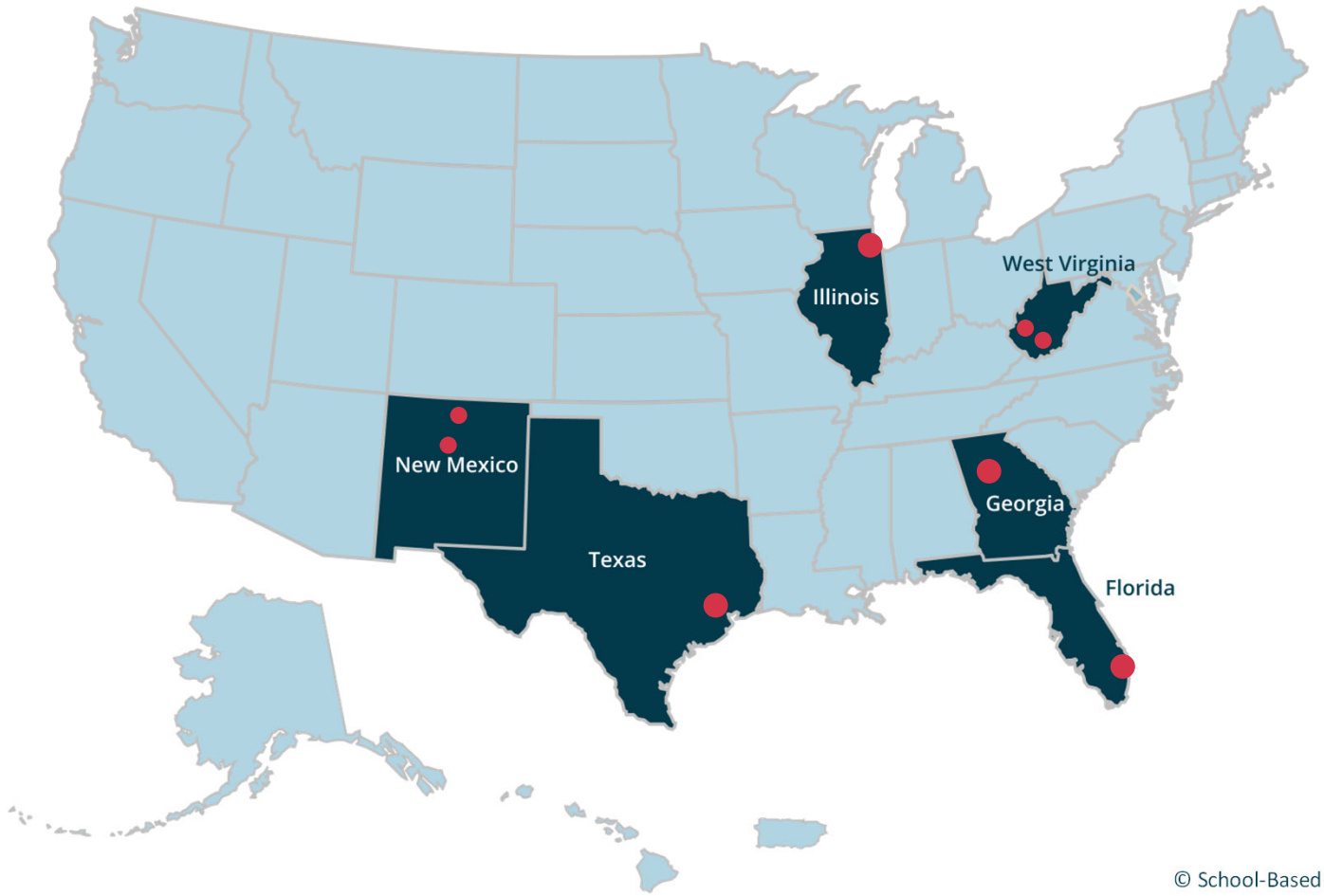

Timeline

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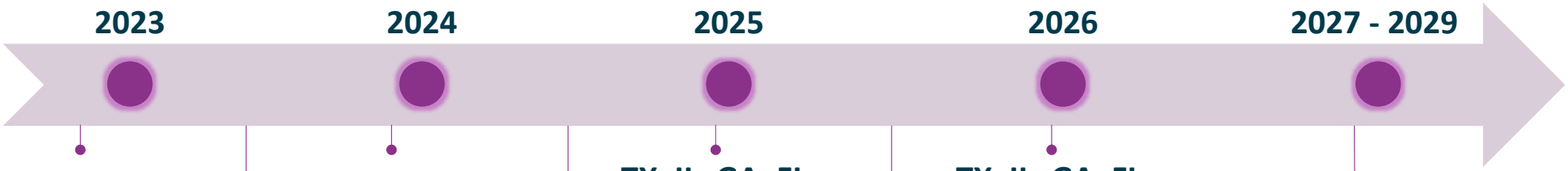

2023

TX, IL, GA, FL

Planning Grant

(Nov ‘22 – May ‘23)

(School-Based Health Care Coordination Initiative)

NM & WV

Apply for rural expansion funding

(Office of Minority Health)

2024

TX, IL, GA, FL

(Nov ‘23-Oct ‘24)

Infrastructure Building

NM & WV

(Sep ‘24 – Aug ‘25)

Implementation preparation

2025

TX, IL, GA, FL

(Nov ‘24 – Oct ‘25)

Implementation launch

NM & WV

(Sep ‘25 – Aug ‘26)

Implementation launch & refinement

2026

TX, IL, GA, FL

(Nov ‘25 – Oct ‘26)

Implementation refinement

2027 - 2029

TX, IL, GA, FL

(Through Oct ‘29)

NM & WV

(Through Aug ‘28)

Sustainability & Expansion

(more care coordinators and sites)

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Model Overview

Why school-based health care coordination?

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Care coordination is already happening…

but the work is often fragmented

Informal processes

Inconsistent follow-up

Dependent on individual capacity

What is school-based health care coordination?

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The deliberate organization of comprehensive health care activities, including those that address social determinants of health, to advance equitable health outcomes.

Entails sharing information and maintaining communication among all those concerned with a student's health needs and care. This includes:

- *Students*
- *Parents/Guardians*
- *School-based Staff: Nurses, Social Workers, School Counselors, School Psychologists, and Educators*
- *Primary, Mental, Vision, and Oral Health Care Providers*
- *Community-based Health Care Professionals*

School-Based Health Care Coordination: Infrastructure

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We aim to advance equitable health outcomes through school-based health care coordination.

Premise: We are facilitating an infrastructure to make care coordination activities possible, sustainable, replicable, and scalable.

Infrastructure

School-Based Health Care Coordination at SBHA

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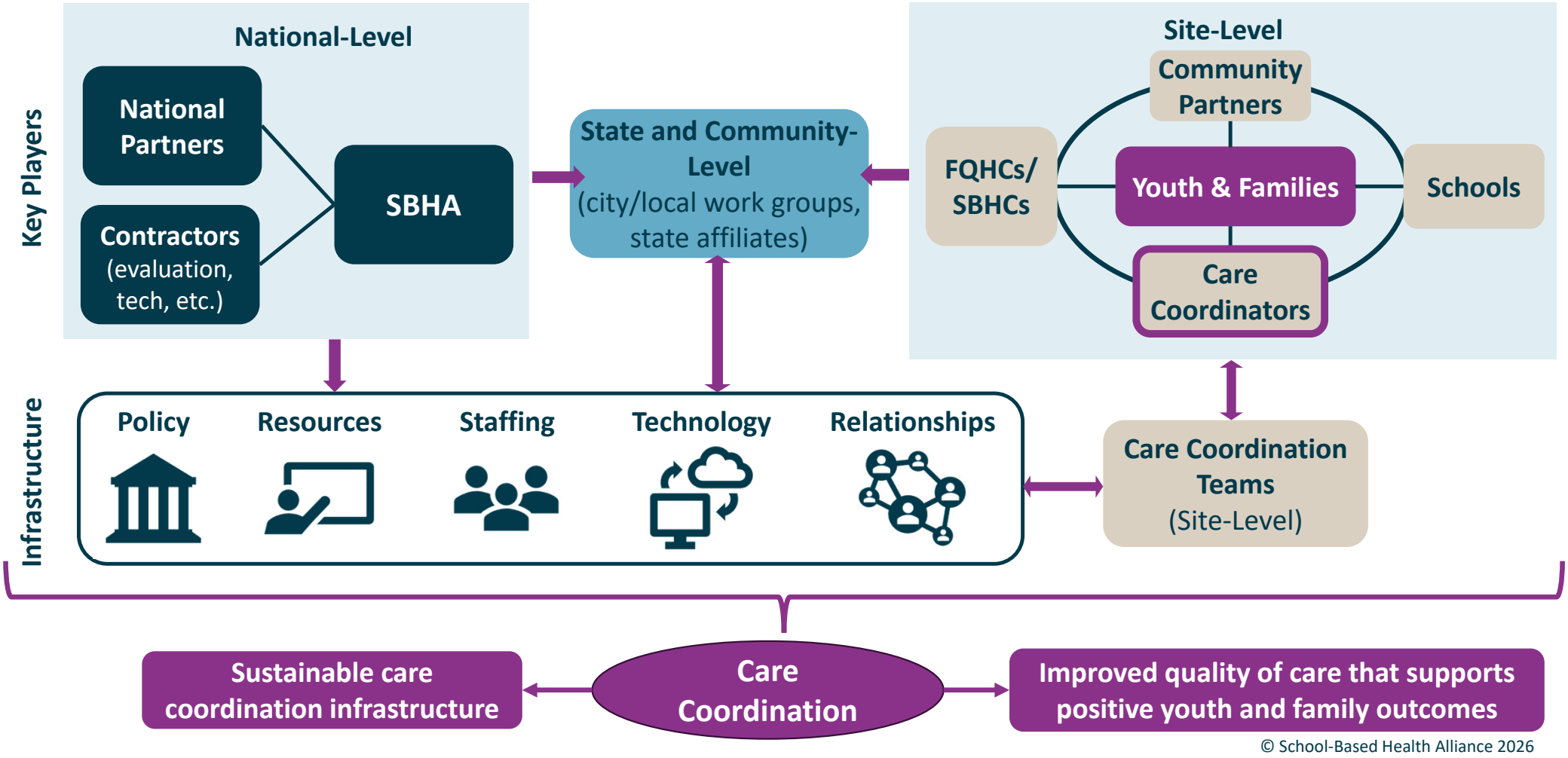

School-Based Health Care Coordination: Implementation Pathway

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1 Join the Initiative

Sites begin by confirming fit, capacity, and commitment through relationship building, readiness review, and shared expectations.

2 Onboard FQHC/SBHC

After agreements are in place, onboarding organizes technology, financial, staffing, and community-level planning through a 30-60-90 structure.

3 Launch and Support

After care coordinators and supervisors are in place, training, the learning collaborative, and ongoing check-ins help implementation become routine practice.

Infrastructure works across every phase: relationships, staffing, resources, technology, and policy.

Relationships | Staffing | Resources | Technology | Policy

Step One: Relationship Building and Readiness

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Readiness =
Fit + Capacity + Commitment

This stage helps determine whether the health center, SBHC, and school partners are positioned to support consistent, school-based care coordination.

Infrastructure	Teams review leadership support, supervision capacity, staff roles, space, and basic operational conditions needed for care coordination.
Programs	Partners discuss student and family engagement, community resources, referral pathways, and how care coordination will fit into existing SBHC practice.
Data and Technology	Sites consider documentation systems, data access, privacy requirements, and readiness to track care coordination activities and outcomes.

Why this matters: early alignment reduces confusion later and protects quality, trust, and sustainability.

Step Two: Onboarding and Hiring

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A 30-60-90 structure turns readiness into a concrete launch and implementation plan

0–30

Relationship Building and Startup Readiness

- Confirm roles and expectations; complete agreements
- Identify key partners within and across FQHC's network
- Begin operational planning, project logistics, virtual kick-off

31-60

Technology Onboarding and Hiring

- Put technology and reporting structures in place
- Clarify financial and administrative processes
- Develop hiring plan for care coordinators (and supervisors if needed)

61-90

Training, Go-Live and Early Implementation

- Finalize local implementation supports
- Coordinate in-person kick-off with community partners
- Care coordinators and supervisors begin training
- Care coordinators begin building relationships

Months 4–6: Stabilization and Quality Improvement | Months 7–12: Scale, Deepen, and Sustain

Step Three: Training, Resources, and Implementation Support

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Care Coordinator Training

40 hours of live and asynchronous content for care coordinators, supervisors, and key SBHC, school, and community partners.

Covers public health, health care, and education foundations, plus workflow and MyCareCircle documentation practice.

Learning Collaborative

Provides targeted continuing education and deeper discussion of selected training topics.

Care coordinator-led case presentations and goal setting help connect content to individual and team practice.

Ongoing Implementation Support

Ongoing check-ins, office hours, group conversations, and technical assistance help teams troubleshoot and refine implementation.

Support strengthens fidelity while allowing teams to adapt care coordination to their SBHC and school context.

Refine care coordination into routine practice in SBHCs with dedicated staffing.

Technology Integrations for Care Coordination

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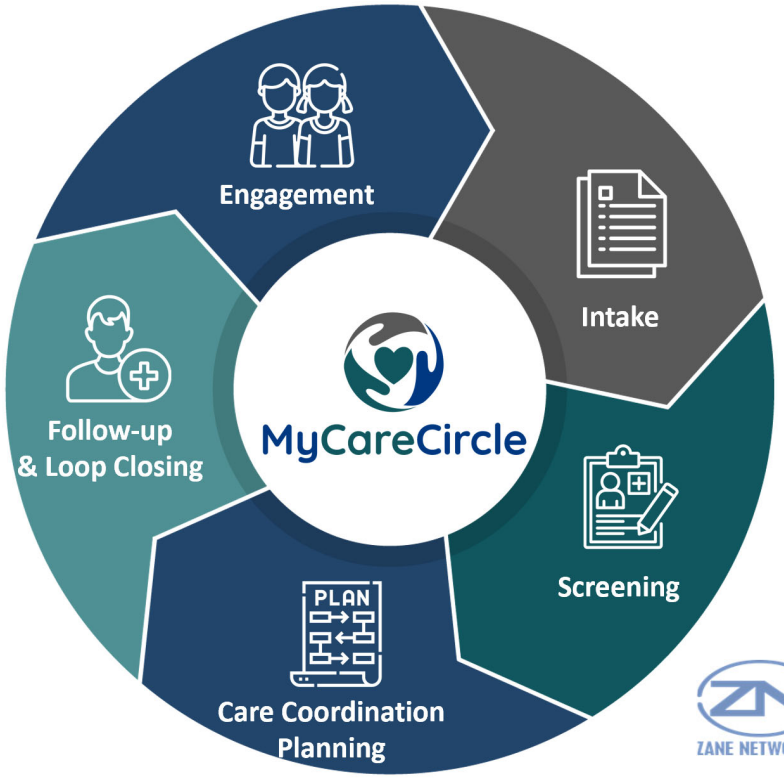
MyCareCircle is a shared care coordination platform that helps teams to:

- Standardize screening for needs
- Create and manage care plans
- Track referrals and closed-loop follow-up
- Coordinate across health, behavioral, and social services



ZANE NETWORKS

How MyCareCircle Supports Day-to-Day Care Coordination Work

Care coordinators use MyCareCircle to ensure students receive continuous, supportive care:

Standardized Screening: Connect with students/families and identify needs.

Care Plan: Create a plan and team to address needs

Resources: Identify and connect students to resources and services.

Manage Progress: Track tasks and progress of the care plan.

Closed-Loop Feedback: Confirm needs are addressed

Care Coordination Teams

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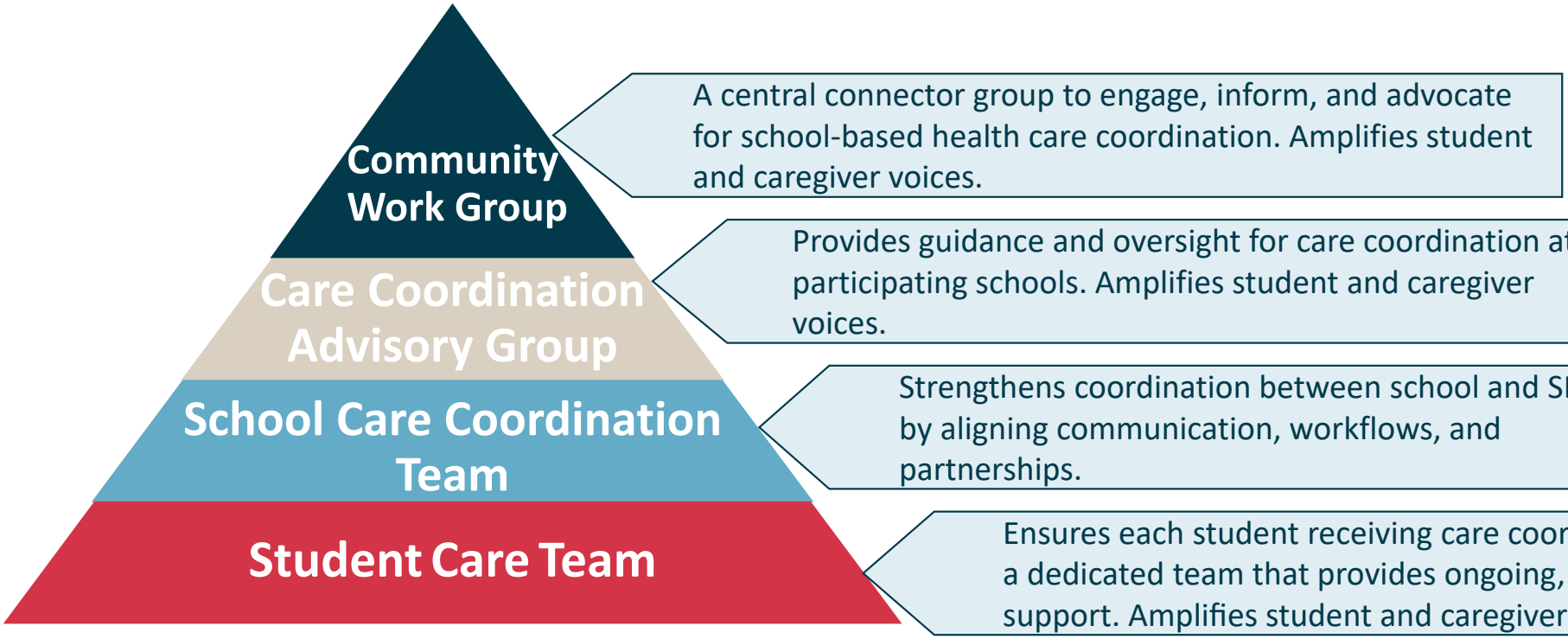

A central connector group to engage, inform, and advocate for school-based health care coordination. Amplifies student and caregiver voices.

Provides guidance and oversight for care coordination at participating schools. Amplifies student and caregiver voices.

Strengthens coordination between school and SBHC by aligning communication, workflows, and partnerships.

Ensures each student receiving care coordination has a dedicated team that provides ongoing, personalized support. Amplifies student and caregiver voices.

Care Coordinator Role

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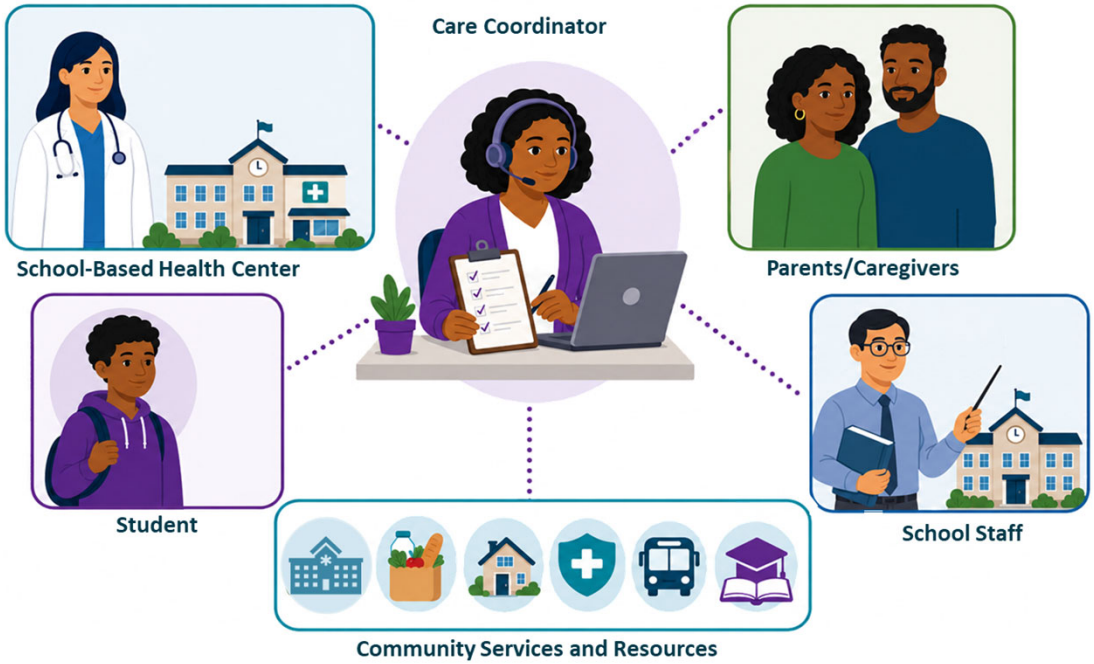
Care coordinators:

- Partner with students, families, schools, and the community.
- Help connect systems and services.
- Follow up to ensure needs are met.
- Play a key role in advancing equity and access.
- Navigate and connect students to health, social, and educational resources within the school, SBHC, and the community.



With School-Based Health Care Coordination in Place…

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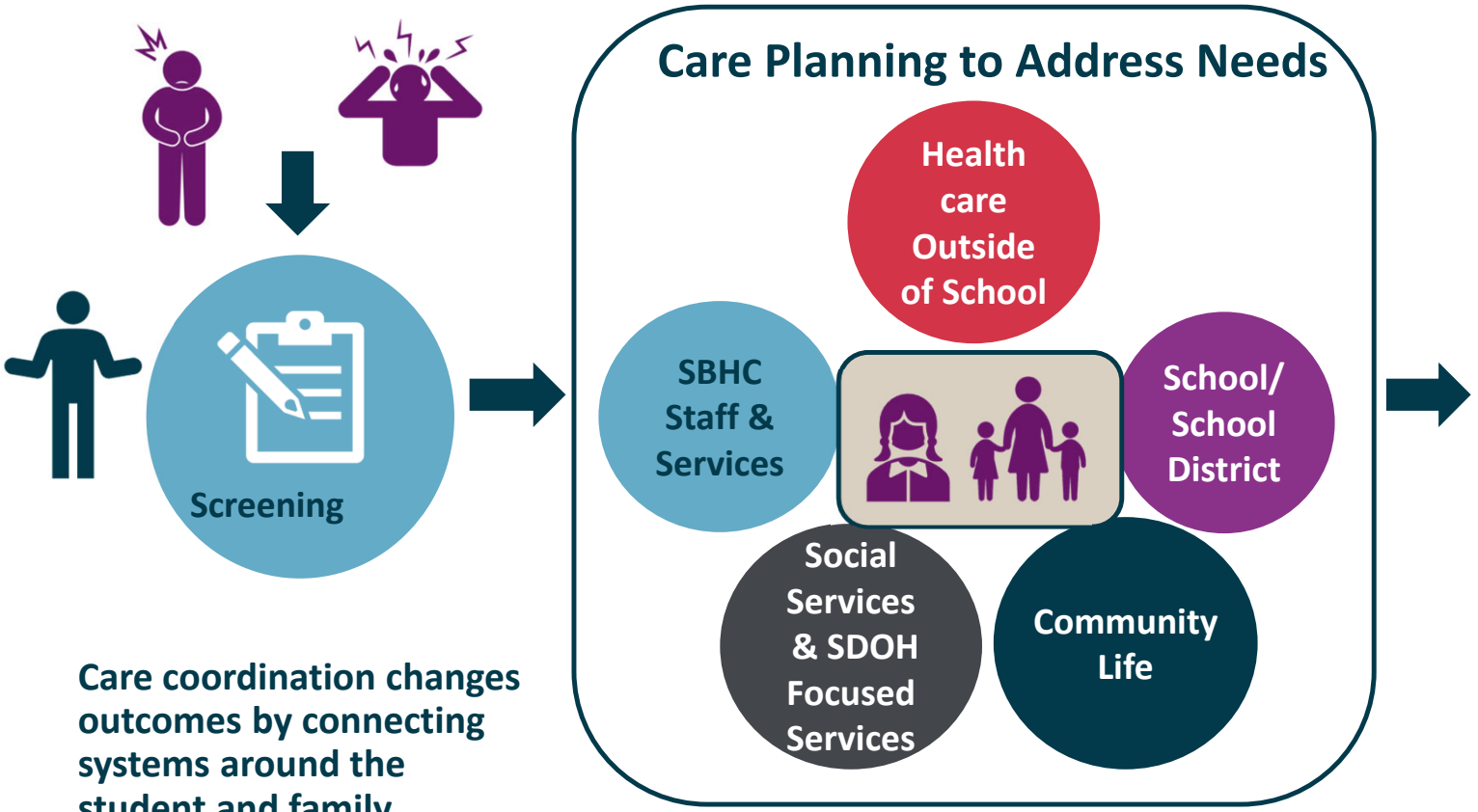

- Shared understanding of needs
- Clear plan and follow-up
- Closed-loop referrals
- Improved health, stability, and school engagement

Care coordination changes outcomes by connecting systems around the student and family.

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Evaluation and Data

Key Outcomes of School-Based Health Care Coordination

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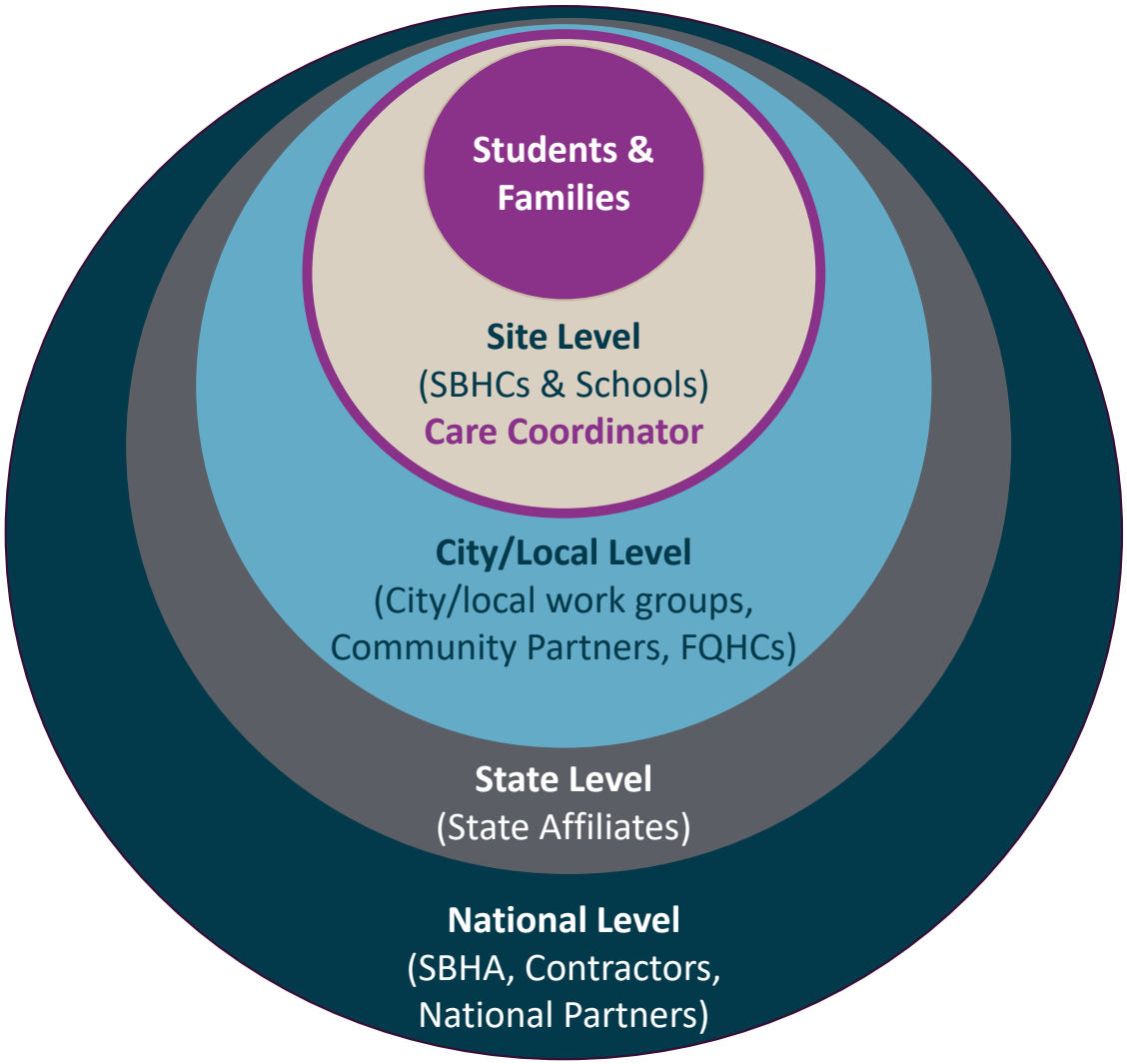
What difference do we make?

- Increased care coordinator and key collaborator **skills and/or knowledge** related to school-based care coordination**.**
- Increased **access to resource information and care services** for students and parents/caregivers**.**
- **Improved progress on mandated care delivery (e.g., quality measures)** – *including depression screening and follow-up, and food insecurity screening.*
- Increased school-based **care coordination infrastructure** for operational, technical, and fiscal sustainability**.**
- Increased **involvement of students and parents/caregivers in collaborative care**.
- Improved **student academic outcomes.**



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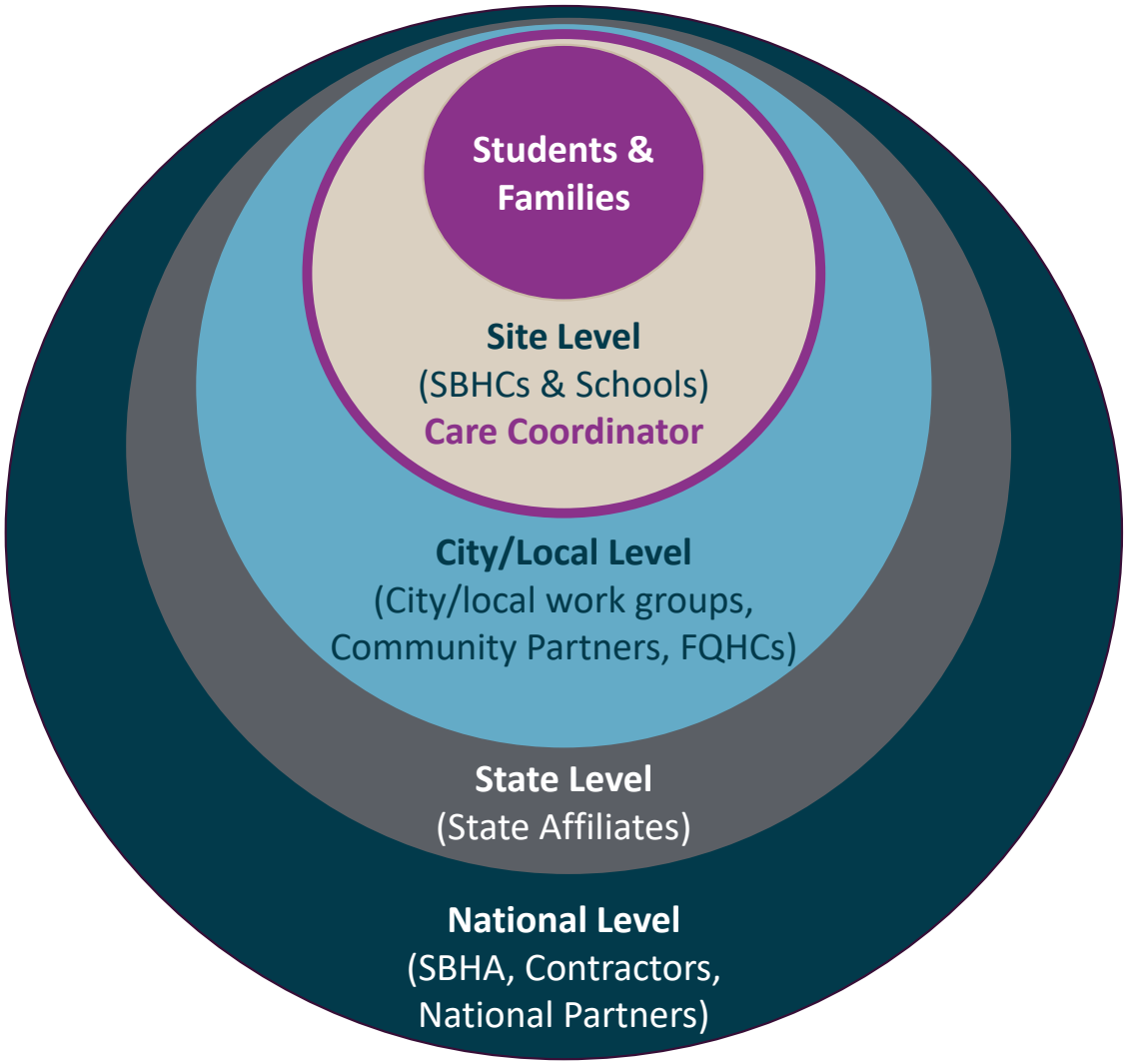
How are we measuring success?

Student and Family Level

- Health care quality & SDOH outcomes
- Academic outcomes
- Student and caregiver experience of care coordination

Site Level

- System efficiencies (care teams, care planning workflow, communication, documentation, closed-loop linkages)
- Staff training and knowledge change



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How are we measuring success?

City/Local Level ●

- City/local work group feedback and participation

State Level ●

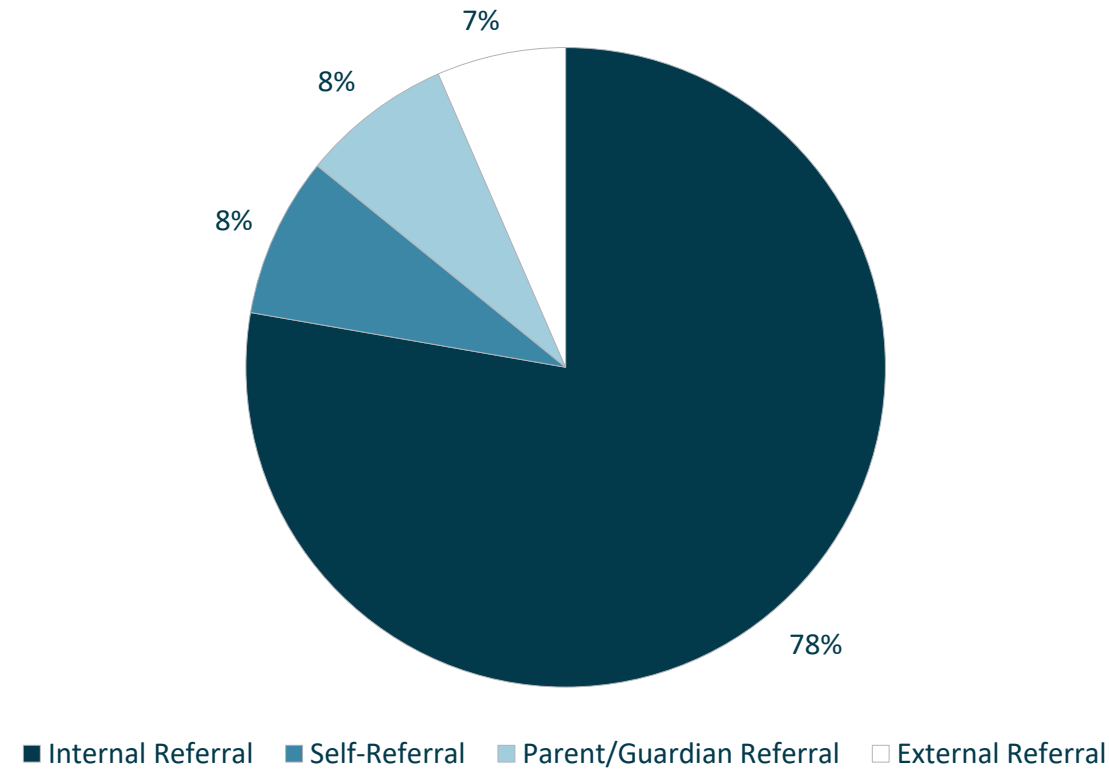
- State work group feedback
- Student, parent, & other key player involvement

Initiative Level ●

- Technology infrastructure
- Evaluation reporting
- Blueprint (what is replicable)

Diving into the Data: Pre-engagement

- **Over 1500 students referred to care coordination services**



**All data represents July 2025 – May 2026

Diving into the Data: Screening

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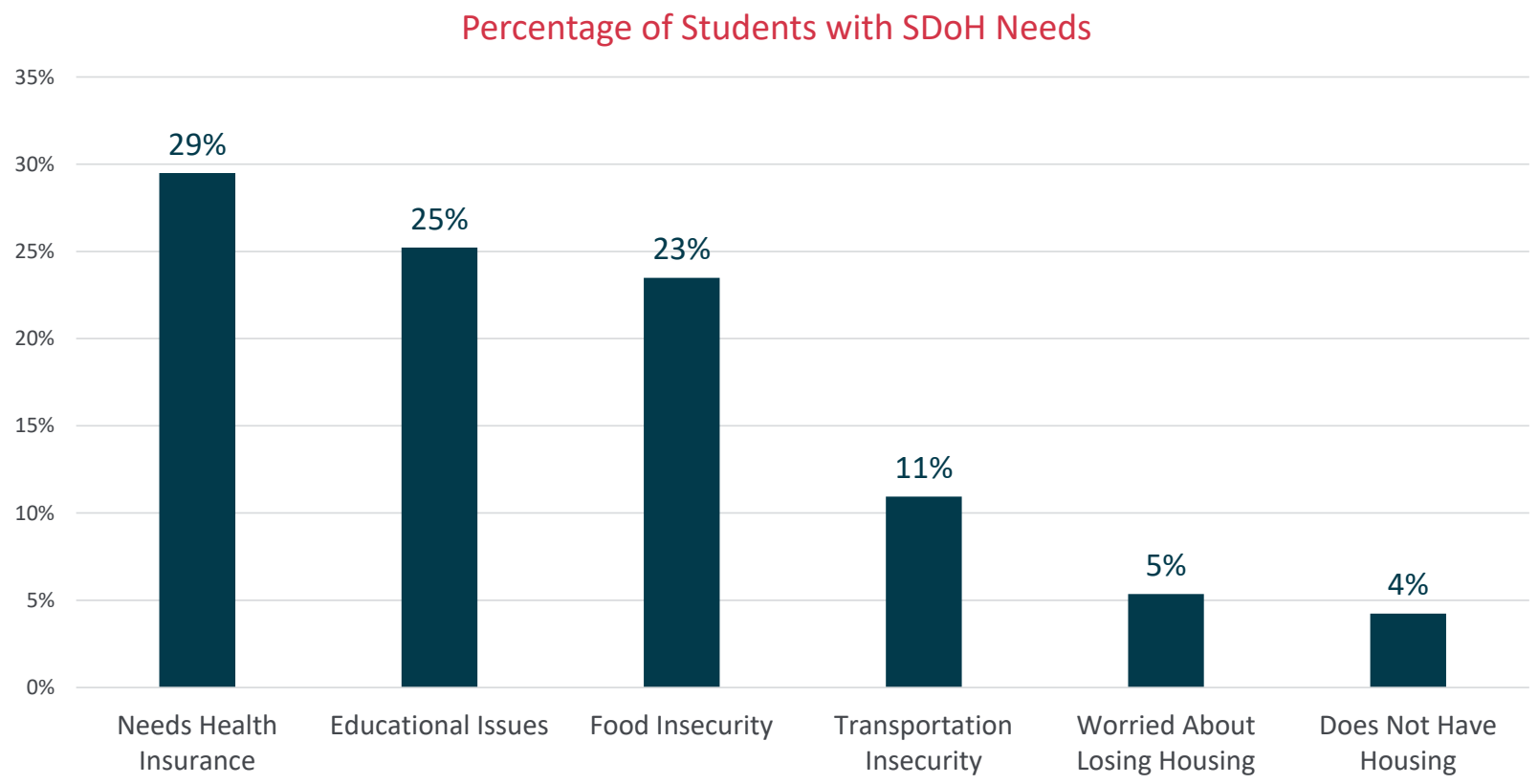

**All data represents July 2025 – May 2026

Diving into the Data: Screening

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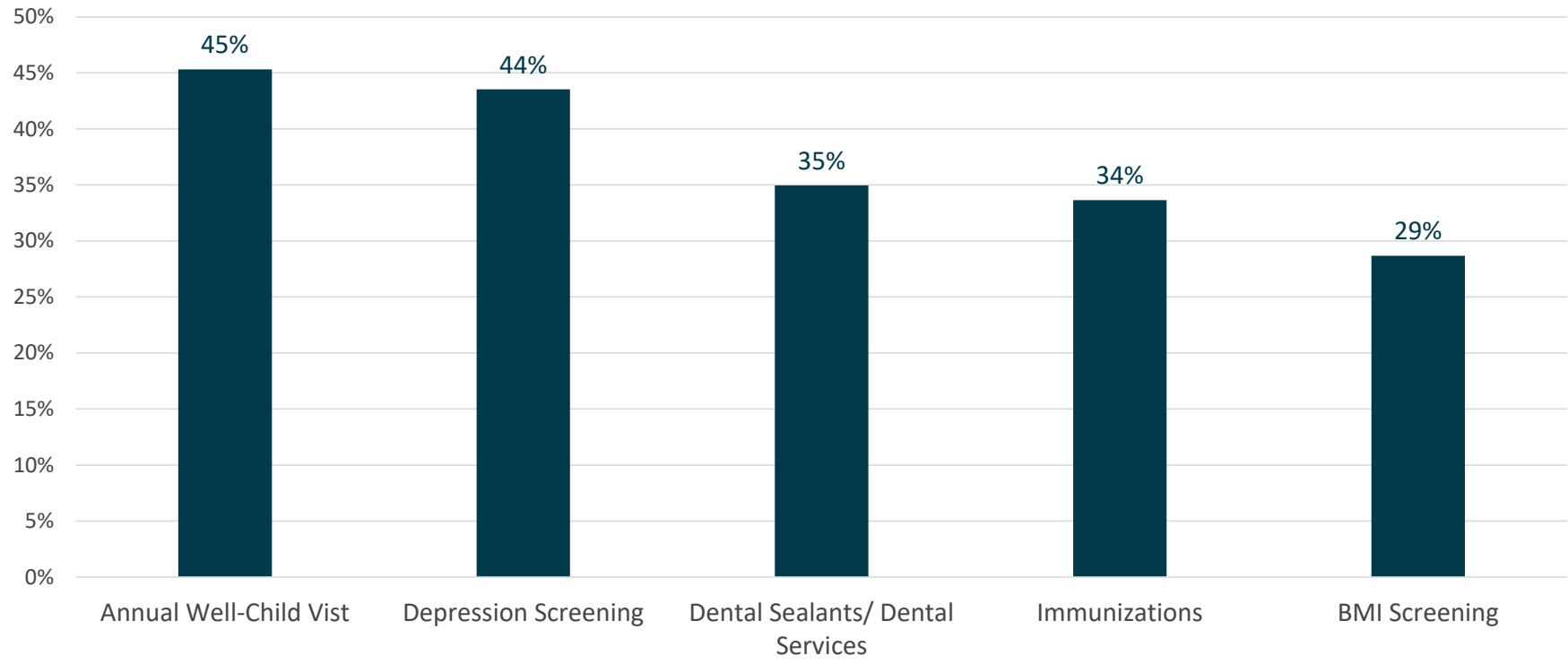
Percentage of Students with Clinical Needs
(as missing items in chart review)



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Diving into the Data: Care Planning Goals Met

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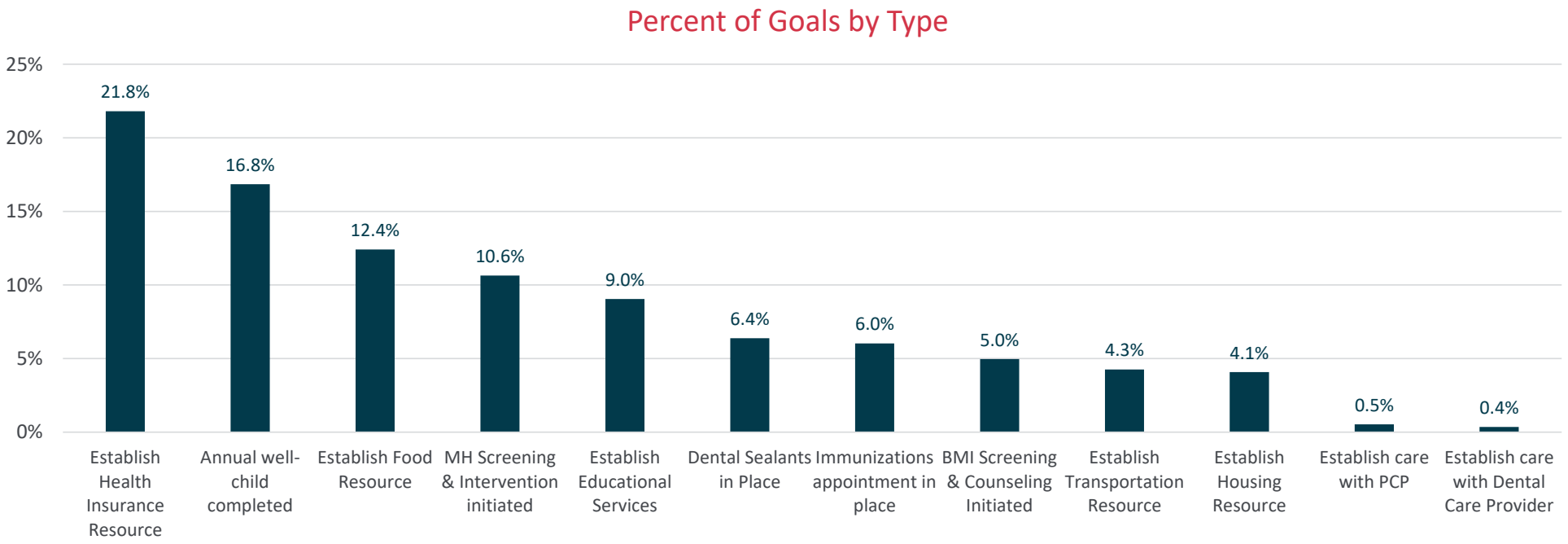

**All data represents July 2025 – May 2026

Diving into the Data: Provider Feedback

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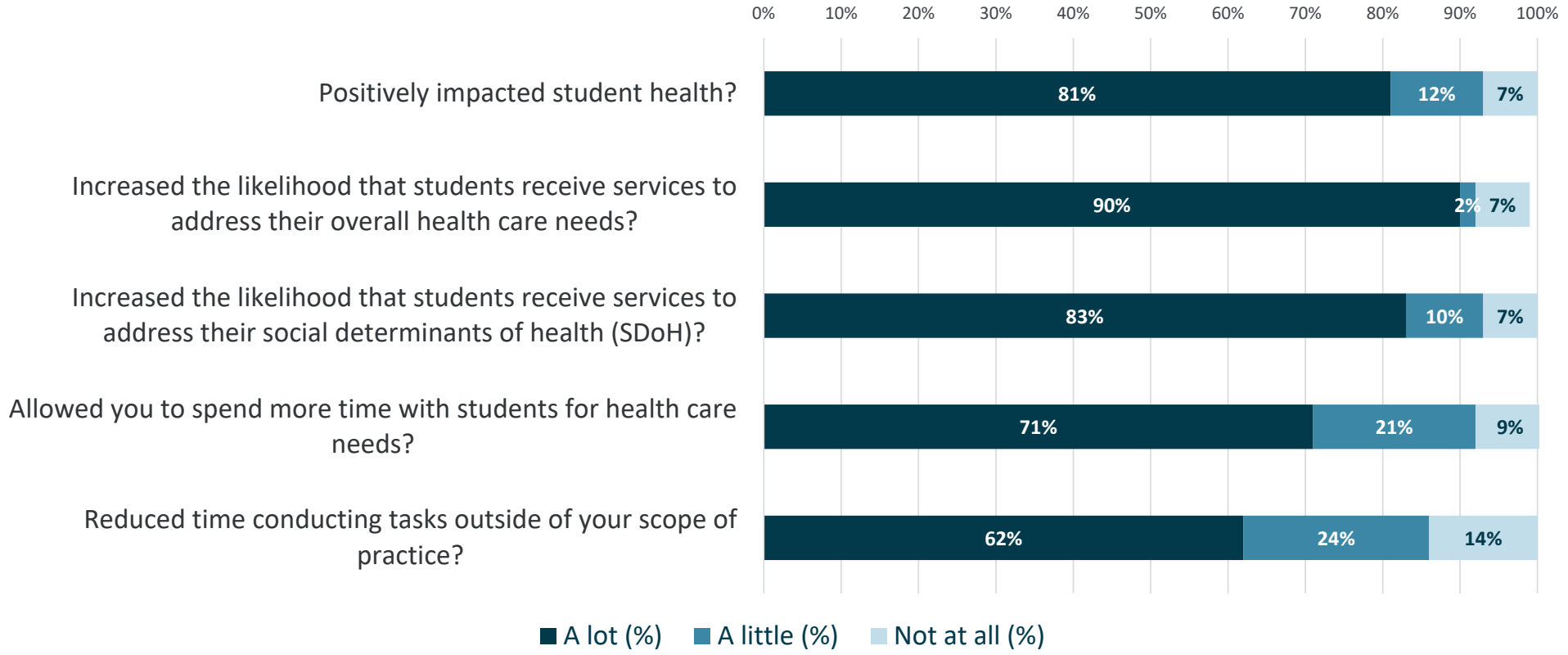
To what extent has school-based care coordination…



Provider surveys collected April-May 2026; **n=42

Diving into the Data: Caregiver Experience

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At the SBHC, the care team…	Always
Values my voice as a partner in addressing my child's needs	100%
Supports me in getting services or resources that my child needs	100%

At the SBHC, the care team…	Strongly Agree or Agree
Helps my child with their physical health	100%
Helps my child with mental health	95%
Less likely to miss work to care for child's health	93%
Less likely that my child will miss school	96%

Caregiver surveys collected Jan-May 2026; **n=27

Voices from the Field

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"Our attendance has improved, our parents are more likely to get the students medical attention, and our students has access to resources that they would have not known about."
– Provider, April 2026

"The care team at my child's SBHC has helped a lot by providing quick and convenient care at school. It saves time and makes it easier for my child to get the help they need without missing school."
– Caregiver, spring 2026

"My numbers have improved, compliance with well-child visits, follow-ups, immunizations, asthma, and referrals to specialist[s] have improved in addition to follow-up visits."
– Provider, April 2026

"I think she is doing a good job on helping out my child with what is needed and just the fact that she follows up with her weekly and provides what is needed."
– Caregiver, spring 2026

Diving into the Data

Next Steps

- Student feedback data
- Quality counts time series overview
- Academic data
- Qualitative deep dive

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Lessons Learned

SBHCC Lessons Learned

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Relationships

- Strong partnerships are essential.
- Trust with sites and partners strengthened communication, problem-solving, and engagement.
- Cultural nuances and community values underlie trust-building.
- One-on-one care coordinator touchpoints helped surface needs and support real-time challenges.
- Clear points of contact and role clarity improved collaboration across SBHA, sites, and contractors.

Resources

- Resources worked best when they supported both model fidelity and day-to-day practice.
- Materials need to stay consistent while adapting to implementation realities.
- Tools are strongest when paired with coaching, guided practice, and applied support.

SBHCC Lessons Learned

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Staffing

- Readiness depends on aligned hiring, onboarding, supervisor involvement, and training.
- Supervisors and key SBHC or school staff should be engaged early – buy-in drives success.
- Clearer role expectations and structured supervisor touchpoints support consistency and accountability.
- Staff in smaller or rural SBHCs often wear many hats and have competing responsibilities; Cross-training is essential.

SBHCC Lessons Learned

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Technology

- Frequent feedback loops helped technology better reflect site-level needs.
- Dashboards and activity tracking increased visibility into implementation progress.
- Misaligned workflows, documentation expectations, and double documentation reduced confidence in the system.

Policy

- Policy support remains important for sustainability and implementation alignment.
- Policy expertise should be connected to site-facing guidance and long-term planning.
- Implementation data can strengthen sustainability and future funding conversations.

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Policy and Sustainability

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Medicaid reimbursement for care coordination = SUSTAINABILITY

Shifting Federal Landscape

The 119th Congress is changing health policy at a breakneck pace. What's changed:

- Reconciliation 1.0 introduced substantive changes to Medicaid that begin in 2027
  - Workforce requirements
  - Biannual eligibility redeterminations
  - Reduced retroactive coverage
  - Eligibility changes for certain immigrant populations
  - Creation of the Rural Health Transformation Fund
- Drastic reductions in force at healthcare agencies

These shifts have a significant impact on states' ability to pass care coordination policies

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Engaging at a National Level

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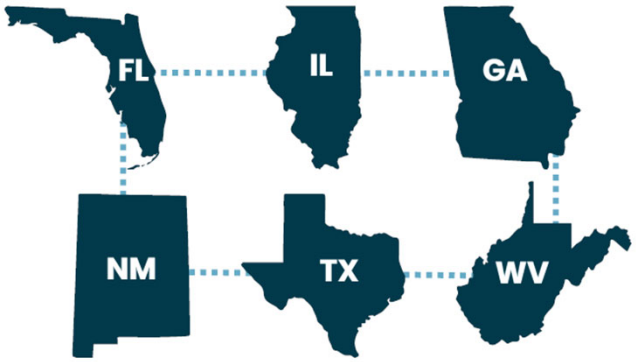
Building support school-based care coordination policies at national agencies

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) rule at the Centers for Medicare and Medicaid Services (CMS)
- Accelerating State Pediatric Innovation Readiness and Effectiveness (ASPIRE) Grants

State-level advocacy

Support at the national level bolsters state work



Across 32 schools, served by 22 school-based health centers and operated by eight health centers in six states

- Collaboration with SBHA's Office of Minority Health care coordination work
- Lighten the lift – utilizing existing pathways for reimbursement
- Process – government agency or legislative?

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Q&A

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