



**SCHOOL-BASED
HEALTH ALLIANCE**
The National Voice for School-Based Health Care



**School-Based Health
Care Coordination
INITIATIVE**

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B5: School-Based Health Care Coordination Initiative in Action: Voices from the Field (Part Two)

Wednesday, June 24, 2026

12:30-1:45pm EDT

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SBHA Care Coordination Team



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Ngone Diop, BSN, RN, PMP®
Senior Manager



Theresa Dominguez, MPH
Director



Micayla Rivin, BA, PMP®
Associate



Kristen Smith, MPH
Associate



Eliana Sullivan, BS
Manager



Jacquelyn Christensen, PhD
Senior Vice President



Paula Fields, MSN, RN
Executive Vice President



John Kennedy, MA, M.Div
Vice President



Seleena E. Moore, MPH
Vice President



Zach Scott
Vice President



Shelly Worstell, MPH
Senior Director

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Agenda

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- **Welcome and Framing**
- **Model Recap and Session Orientation**
- **Site Spotlights (6)**
- **Guided Discussion and Audience Q&A**
- **Reflections and Closing**



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SBHCC Overview / Recap



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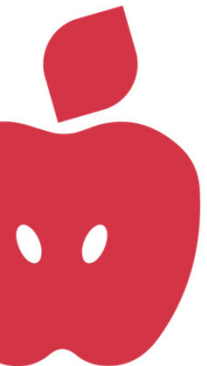


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Why school-based health care coordination?

Care coordination is already happening...
but the work is often fragmented



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*



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School-Based Health Care Coordination: Infrastructure

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

Policy



Resources



Technology



Staffing



Relationships



School-Based Health Care Coordination at SBHA

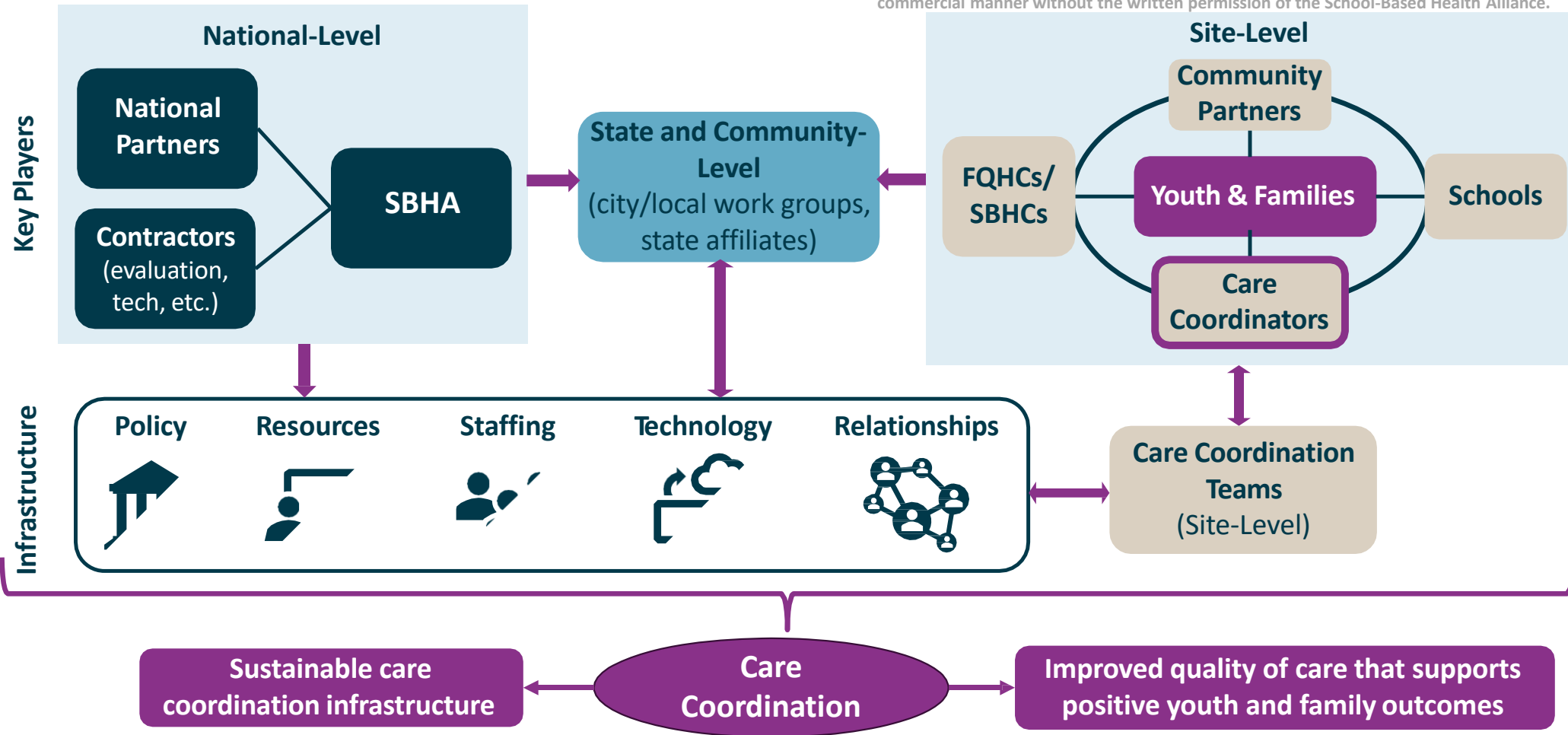


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Dedicated Care Coordinators in School-Based Health Centers



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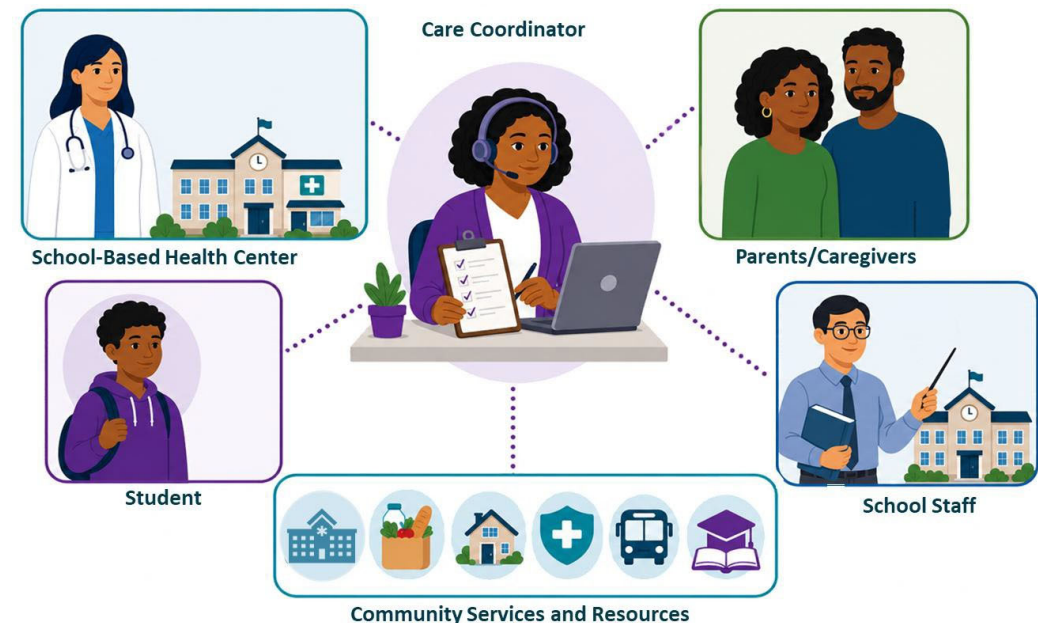


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Care Coordinators:

- 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.





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Site Spotlights: Voices From the Field



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Federally Qualified Health Center Partners



Atlanta, GA

Doraville United
Elementary

KIPP Woodson Park
Academy

Ronald E. McNair
Discovery Learning
Academy



Houston, TX

Green Valley
Elementary School

Galena Park Middle
School

KIPP Sharpstown
College Prep

KIPP Southwest



Chicago, IL

Nathan S. Davis
Elementary School

John B. Drake Middle
School

Englewood STEM High
School

National Teachers
Academy (PreK-8)



Miami, FL

Carrie P. Meek/Westview K-8
Center

Miami Carol City Senior
High School

Brentwood Elementary School
Benjamin Franklin K-8 Center

Miami Northwestern
Senior High School

Brownsville Middle School



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Federally Qualified Health Center Partners



West Virginia



New Mexico

Poca Elementary

Poca Middle School

Poca High School

Rock Branch Elementary

Bernalillo High School

Site Spotlight Focus Areas

- Brief site overview (setting, population, roles)
- What care coordination looks like in their context
- One real example (de-identified)
- One highlight or goal for the program overall



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Jessie Trice Community Health System



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Jessie Trice Community Health System

Who We Are

Jessie Trice School-Based Health Services

Miami, Florida

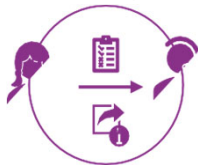
60 schools serviced within the district, 6 schools covered by 3 care coordinators

Population(s) served: Students within Miami-Dade County Public Schools

Some services and health teaching/counseling are provided to the faculty, staff, and parents/guardians.



What Care Coordination Looks Like at Jessie Trice Community Health System SBHCs



How students enter care coordination

- Referrals from school, clinic staff, admin, students, parents
- Integrated dialogue: cross-team dialogue & planning
- Outreach: attending after-school events, contacting parents to explain services
- Receiving consents: Parents acknowledge our ongoing support of their student

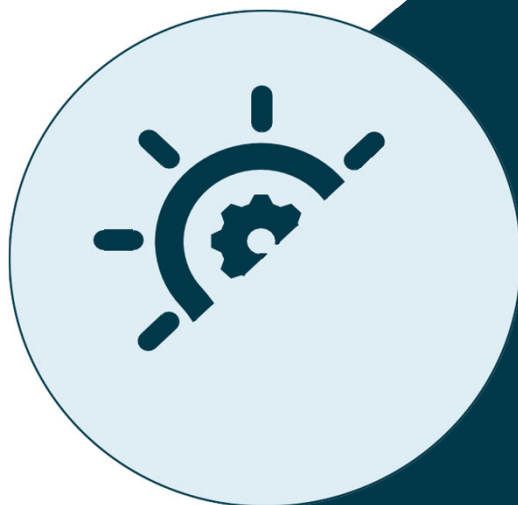
What happens next (at a high level)

- Documenting every interaction that occurs in our SBHCs
- Continuity of care: supporting the process to connect referrals
- Scheduling clinical needs: physicals, annual cleanings, immunizations
- Collaboration: support the needs of students

What this looks like in a typical week or day

- Follow-ups: contacting parent &/or referral source to ensure a successful handoff
- Meetings: Faculty/Administration staff, SBHA, Jessie Trice staff
- Lateral Service: connecting family to resources while keeping everyone informed
- Positive Energy: showing up daily to support students and families

Unique Aspects to Our Model



- The care coordination experience gives students the autonomy to actively engage in and manage their own needs.
- Each CC is placed at a school where their skills are most effective, considering the language, age, and needs of the students/families.
- We work collaboratively across all schools to share resources, provide support, and ensure every location receives consistent and effective care coordination.
- Since we're part of a community health system, we can connect students to services beyond the school setting when they need additional care or specialty support.





What's On the Horizon

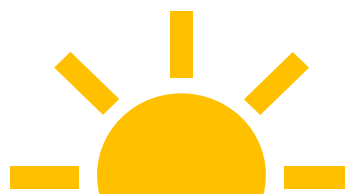


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Our schools will host summer school this year, offering opportunities to increase consents and involvement in care coordination. Care Coordinators will connect, support, and find solutions that meet each student's needs and preferences.

We'll prepare for the upcoming school year by planning outreach activities, including back-to-school events, summer fairs, orientations, and faculty meetings. CCs will collaborate with school staff and align across all systems to ensure a smooth and successful transition for students, families, and staff.





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MedCura Health

MedCura Health

Who We Are

MedCura Health School-Based Health Centers

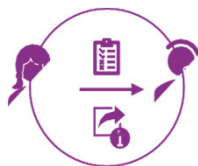
Georgia: Atlanta, Decatur, Doraville

3 SBHCs, 2 care coordinators (1 open position)

Population(s) served: Students and siblings at the SBHC schools and from affiliated schools in the DeKalb and Fulton County area.



What Care Coordination Looks Like at MedCura Health SBHCs



How students enter care coordination

- Referred by SBHC PCP
- SBHC Consent obtained
- Parent/Student Walk-in
- Referred by School Staff



What happens next at a high level?

- Health Screening
- SDOH Screening
- Coordinate Care Plan
- Follow-up



What this looks like in a typical week or day

- School Engagement
- Parent Communication
- Education Services
- SBHC Staff Interactions

A Real Care Coordination Example

Case Story

Need(s)

Action(s) Taken

Who was Involved

Impact for Student/Family

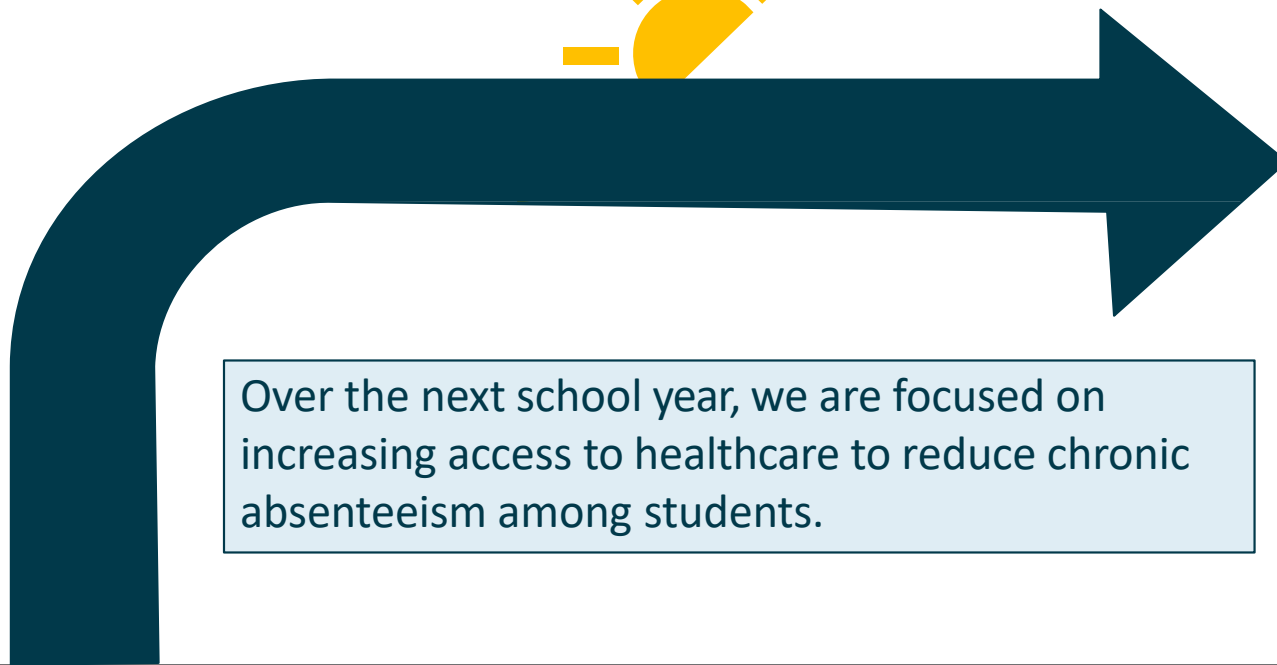
- A student referred by a teacher for Behavioral Health
- Addressed the need for Behavioral Health services for ADHD and inactive Health Insurance.
- Referred patient to our Enabling Team* to assist the parent with reapplying for Medicaid
- SBHC BH & PCP provider, Teacher, MedCura Enabling Service Dept., and Care Coordinator
- Parent grateful, and placed student on follow-up list.



*Outreach and enrollment specialist assist with marketing, insurance enrollment, and outreach.



What's On the Horizon



Over the next school year, we are focused on increasing access to healthcare to reduce chronic absenteeism among students.





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UI Health Mile Square

University of Illinois (UI) Mile Square

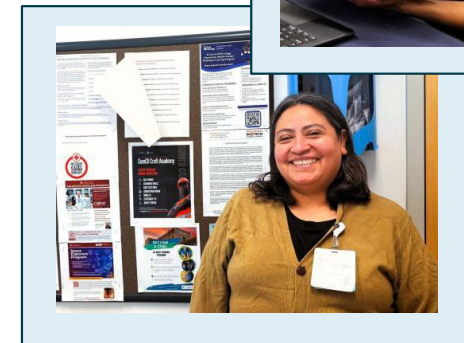
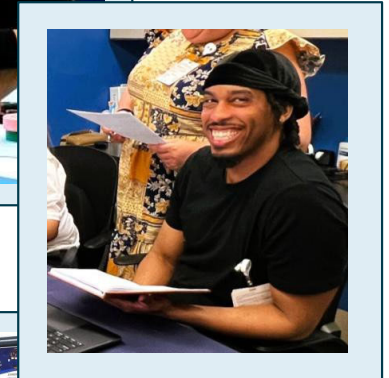
Who We Are

School-Based Mile Square Health and Wellness Centers

Location: Chicago, Illinois

SBHCs with Care Coordinators: 3 of 4

Population(s) Served: Students, families, and community



What Care Coordination Looks Like at UI Mile Square SBHCs



How do students enter care coordination?

- Medical compliance review for school physicals or immunizations
- Referrals from school staff, behavioral health (BH) teams, nurses, providers, or families
- Chart reviews, screenings, school events, and/or outreach calls
- Identified through BH concerns, SDOH needs, specialty care, or chronic condition follow-up

What happens next? (care plans, follow-up, etc.)

- Care coordinators (CCs) do outreach, needs assessment & care planning in MyCareCircle
- Connect students & families to medical, BH, transportation, insurance, & community resources
- Follow-ups via phone, scheduling, referral tracking & school collab.
- Monitor medical compliance for school, specialty referrals & continuity of care

What this looks like in a typical week or day

- Chart reviews, non-compliance tracking & family outreach calls
- Coordinate with school staff, BH providers & community partners
- Appt. scheduling, managing referrals & MCC + Epic documentation
- Participating in school events, advisory boards, student groups & community activities



A Real Care Coordination Example

Case Story

A student diagnosed with Autism Spectrum Disorder needed support enrolling in school + obtaining proper educational accommodations. The student's mother was overwhelmed and unsure where to begin navigating the school system, special education process, and available district resources.

Needs

An IEP, school-based accommodations, evaluations for SECA support & educational resources, and assistance accessing services within a school close to home.

Actions Taken

1. Contacted the Office for Students with Disabilities to schedule consultation and evaluations.
2. Coordinated communication between family and school support services.
3. Aided the parent with understanding eligibility requirements and next steps.

Who was Involved

Nurse Practitioner, Care Coordination Supervisor, Student's Mother, Dir. of Assessment & Assignment, School Entry Support Specialist

Impact for Student/Family

The student successfully enrolled in school, an IEP was established, SECA support and educational services were implemented. The student was placed in a school located near the family's home, and the family gained a clearer understanding of community and educational resources

What's On the Horizon



Over the summer and into the new school year, we are focused on keeping our mission to improve medical adherence for school physicals and immunizations to help students stay healthy. We aim to expand student-led wellness campaigns and coordinate health education for students.





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Legacy Community Health

Legacy Community Health

Who We Are

Legacy School-Based Health Care

Location: Houston, Texas

SBHCs with Care Coordinators: 4 of 39 SBHCs

Populations Served: Pediatric students, siblings, and children of school staff at KIPP, YES Prep, or Galena Park I.S.D schools.

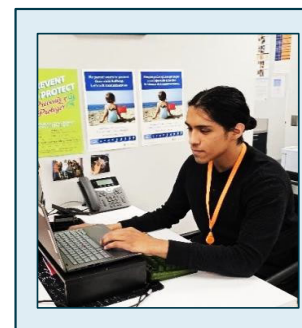
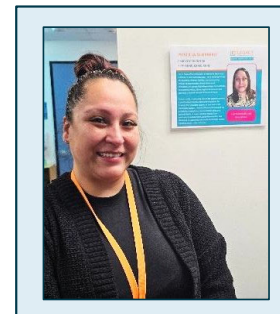


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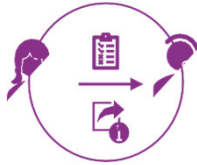


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What Care Coordination Looks Like at Legacy Community Health SBHCs



How students enter care coordination

- Patient screened in visit
- Referral sent in EHR
- Self-referrals/walk-ins
- School staff referrals
- Identified by coordinator
- Outreach courtesy calls
- Parent referral
- Word of mouth



What happens next? (care plans, follow-up, etc.)

- Intake Engagement assessment
- Set care plan with parent
- Research referrals
- Warm handoffs to resources
- Technology and application guidance



What this looks like in a typical week or day

- Reviewing the provider's schedule
- Completing assessments in the office or via phone
- Follow-ups with families
- Connecting with students and staff in the care team



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Unique Aspect to Our Model: Student/Family Engagement Strategies



- Participating in campus and district events to promote school-based health
 - SHAC, Open House, Literacy Night, Career Day, Parent Meetings, Health Fairs, etc.
- Promoting health literacy.
- Made possible by connections with school staff and visibility.





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Unique Aspect to Our Model: Provider Referrals to Care Coordination via EMR



- Providers screen for family needs during well-child visits.
 - Sends to CC referral pool.
- This process allows our CCs to have chart access and referrals in real time.
- Referrals are similar to what providers already do for other needs.



What's On the Horizon



Next school year, we are focused on reestablishing connections and awareness on our campus/district because visibility generates patient referrals.





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El Pueblo Health Services



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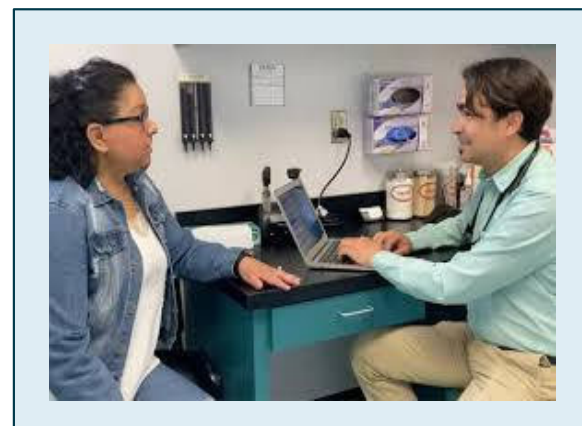
El Pueblo Health Services

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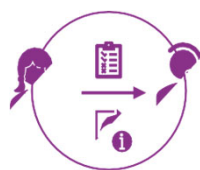
Bernalillo, New Mexico

1 SBHC, 1 care coordinator

Populations Served: Students, siblings, and children of school staff at the high school



What Resource Coordination Looks Like at El Pueblo's Spartan School-Based Health Center



How students enter resource coordination

- Warm handoffs and/or EHR referral from SBHC Providers/Staff
- Referred by School Staff
- Student Walk-in
- Resource Coordinator Open Office Hours
- Parent referral
- All Welcome



What happens next? (care plans, follow-up, etc.)

- Parent +/- Student Consent
- Health/SDOH Screening
- Develop/Execute Care Plan
- Parent Engagement
- Follow-up
- Network/Resource Access Development ongoing



What this looks like in a typical week or day

- SBHC team daily huddles
- School staff/teachers rounding
- School Engagement (meetings, groups, leadership)
- Outreach with Community Organizations (events)

A Unique Aspect to Our Model



- Minority-majority school with under-resourced school staff wearing many "hats"
- Successes are through 1:1 relationships-consistent rounding vs scheduled meetings are more effective
- Having a Resource Coordinator & showing up





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What's On the Horizon



Over the summer & next school year, we are focused on improving parent engagement and awareness of our SBHC and available resources, as this is a significant barrier to our school's success in health and education outcomes.





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FamilyCare Health Centers



Family Care Health Centers

Who We Are

Family Care Mobile Unit – Putnam County

Scott Depot, WV

4 SBHCs, 1 care coordinator

Population(s) served: Students and their siblings who attend Rock Branch, Poca Elementary, Middle and High Schools and school staff.

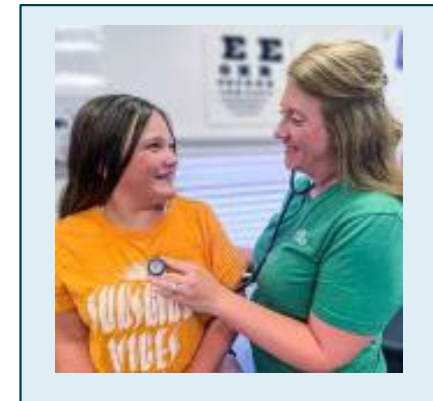


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What Care Coordination Looks Like at FamilyCare PMU SBHCs



How students enter care coordination

- Internal Referrals (providers, screenings)
- External Referrals (school staff)
- Parent Referrals
- Student (Self)



What happens next? (care plans, follow-up, etc.)

- Appointments scheduled
- Meeting with Health and BH Providers, if needed.
- Discuss care plans with students/family
- Routine Follow-Ups



What this looks like in a typical week or day

- Morning Meetings/ Huddles with school staff
- Phone Calls to Parents/Guardians
- Check-ins with Providers
- Face-to-face meetings with students

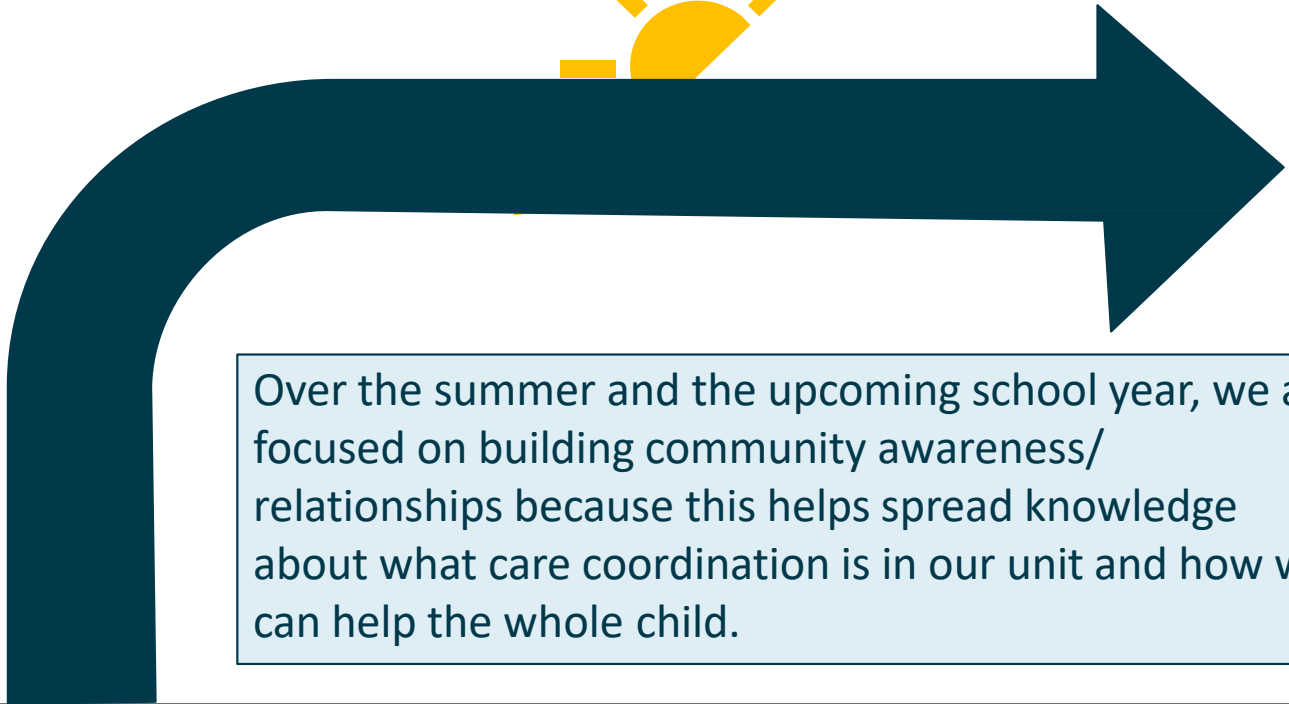
A Unique Aspect to Our Model



- We are a mobile unit serving 4 schools in our district.
- We are a staff of 4 on an RV Mobile unit.
- Our support from our community: local resources, churches, and city officials.



What's On the Horizon



Over the summer and the upcoming school year, we are focused on building community awareness/relationships because this helps spread knowledge about what care coordination is in our unit and how we can help the whole child.



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Discussion and Q&A



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For Care Coordinators

- How do you introduce yourself, describe your role, and the process of care coordination?
- Can you describe a moment when care coordination made a clear difference for a student or family?
- What has been most challenging in your day-to-day work, and how have you approached it?





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For Supervisors/FQHC Leads

- How would you describe the value of having a dedicated staff member
- What structures or supports were necessary to make care coordination a reality within your SBHCs?
- What challenges remain, particularly related to sustainability or integration?





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Thank you!

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www.sbh4all.org/school-based-health-care-coordination-initiative/



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