School-Based Health Centers – Proven Success Strategies

Strategies for Building a Foundation for Improvement, Long-Term Success, and Sustainability

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Continuing Education Credits

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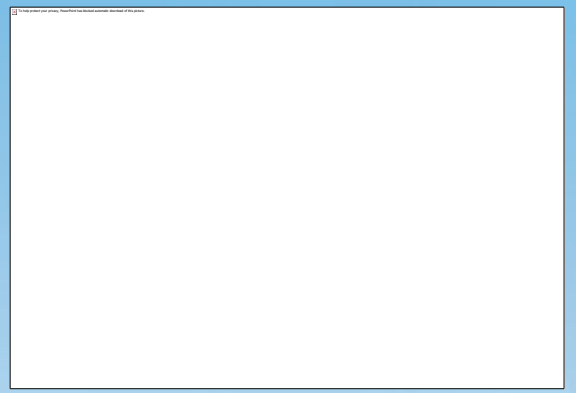

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Please complete the survey and claim your post-session certificate on the Weitzman Education Platform after today's session. **Please note:** Pharmacists must claim credits within two week's following today's session or we will not be able to award ACPE credits.

Disclosures

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MEET THE PRESENTERS

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OBJECTIVES

- Legacy School Based Health (SBH) Overview
- Understand the "why" and "how" the change occurred in Legacy School Based Health Program
- Understand how to navigate change in staffing and productivity expectations
- Review outcomes as a result of changes
- Challenges and future of School Based Health

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POLL QUESTION

Do you currently support or manage a school-based health program?

- **Yes**
- **No**

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POLL QUESTION

In your opinion, which of these is the most significant challenge in healthcare today?

Select top three answers.

- Limited access to care
- Rising healthcare costs
- Workforce shortages and burnout
- Poor care coordination
- Growing mental and behavioral health needs
- Technology and data integration challenges
- Heavy regulatory and administrative burden

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WHY LEGACY COMMUNITY HEALTH SCHOOL BASED HEALTH CENTER (SBHC)

Legacy SBHC, the largest health center in Texas, experienced significant changes in:

Staffing

Telemedicine care delivery

Productivity expectations

Why: To reduce negative fiscal impact for long-term success and sustainability

Result: Changes noted above require a shift in staff support, clinic operations, and increased accountability

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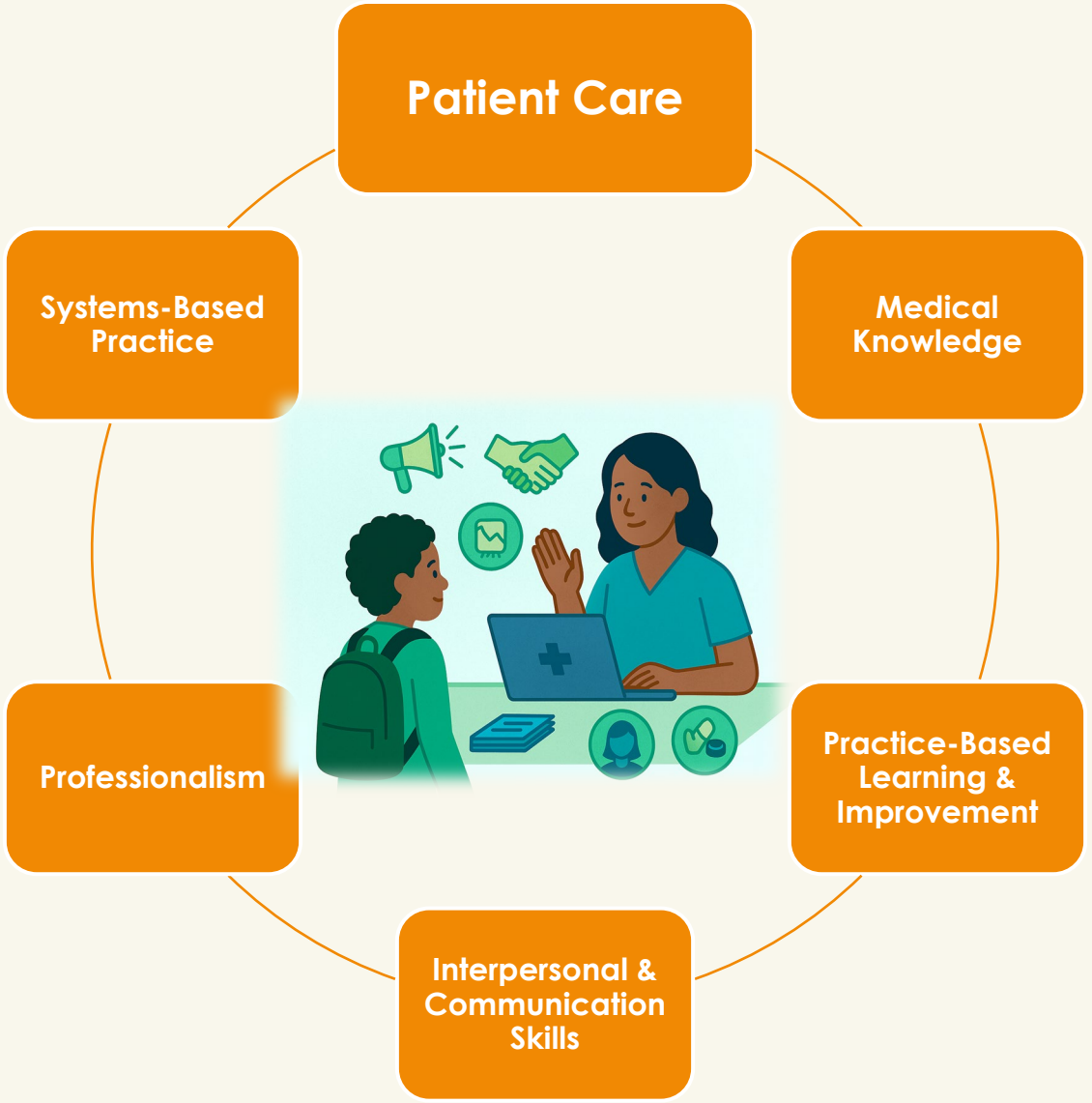
Model aligned with ACGMA Core Competencies



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LEGACY SBHC OVERVIEW

- LEGACY TIMELINE
- WHO WE SERVE
- EXPANSION
- PARTNERSHIP

LEGACY SCHOOL BASED HEALTH TIMELINE

2012	**Legacy establishes its foundational school-based health partnership with KIPP Academy, initially providing behavioral health services and primary care across their eight campuses in Harris County**
2015	**The program expands** to YES Prep schools, bringing the same comprehensive services to the student communities there
2020	**Legacy formalizes a partnership** with Galena Park Independent School District, marking an expansion to traditional public-school students throughout the district Legacy announces four new school-based clinics at YES Prep campuses, bringing the total to 27 clinics
2024	**Restructures and implements adjusted nurse practitioner staffing model** from 37 to 17 and increases daily visit goal from 8 to 12 One of four cities to participate in National School-Based Health Alliance Care Coordinator Initiative (Houston, Miami, Chicago, Atlanta) to **address students in need of resources** (food, housing, clothing, etc.) Brighter Bites/University of Texas Health Science Center Food Shortage Grant
2025	**Opened two additional YES Prep clinics**, increasing total from 37 to 39 school-based health locations
2027	Approved **to open 40th** location in August 2027

WHO WE SERVE

KIPP

- 88% of students are eligible for federal FRPL
- 94% graduate from high school
- 82% start college, compared to low-income average 46% (62% national average)

YES Prep

- 93% of students economically disadvantaged
- 90% high school graduation rates
- 90% first generation college students
- 100% admission into a 4-year college

Galena Park ISD

- 88% of students are socioeconomically disadvantaged
- 93% average graduates at NSHS
- 100% graduation rate for Early College Program (90% of those were economically disadvantaged)

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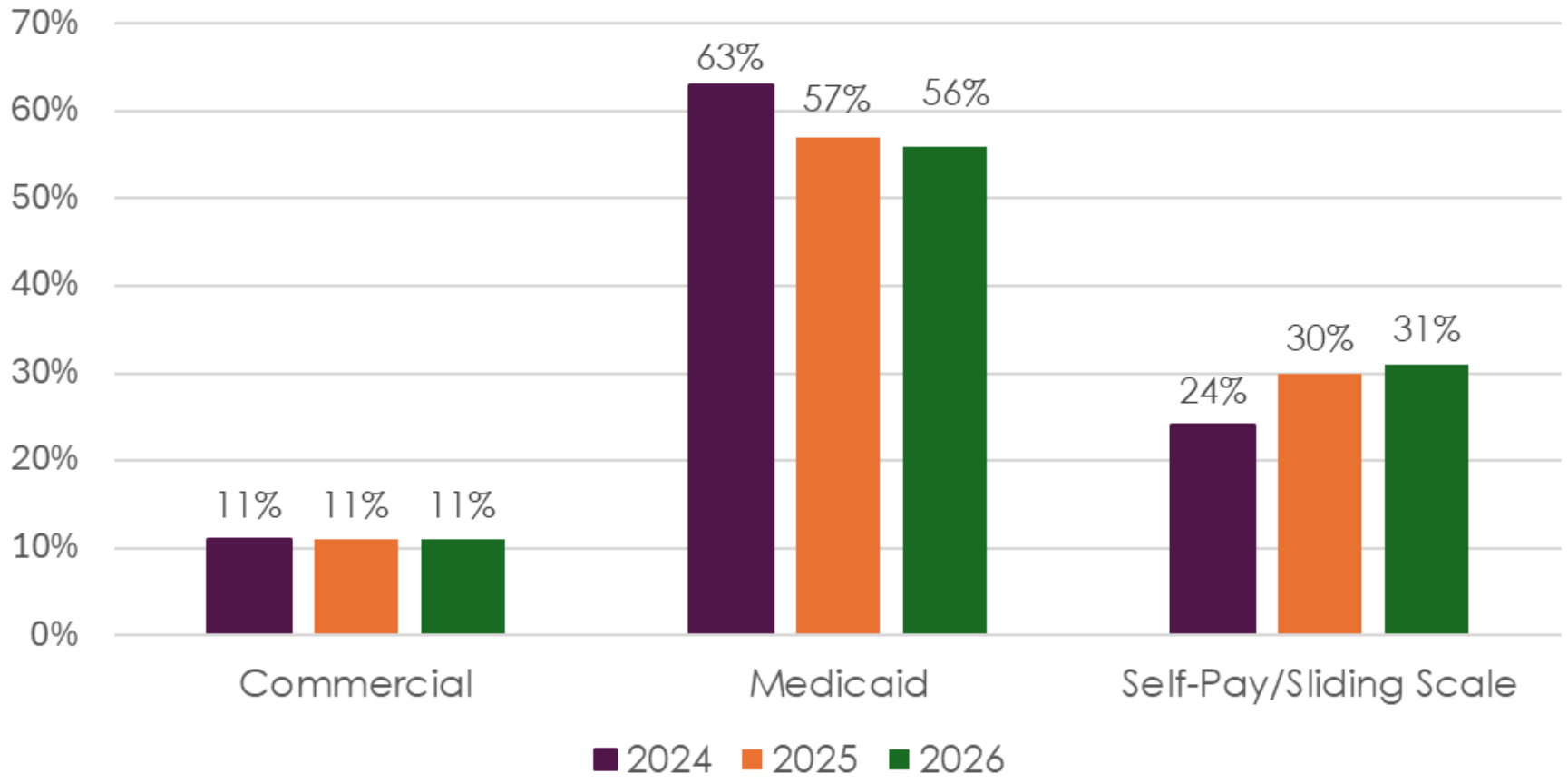
PAYER MIX



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SBHC "THE CHANGE"

- SBHC "THE CHANGE & WHY"
- ACCOUNTABILITY METHODS

POLL QUESTION

What determines success for your organization?

Select all that apply.

- Meet clinical quality and outcome goals
- Achieve financial margin and revenue goals
- Maintain high patient satisfaction and access
- Reach staff retention and engagement goals
- Expand service reach and community impact

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WHY THE CHANGE?

- Nurse clinician monthly productivity year-over-year ranged from 69% to 79% and completing on average 4-6 visits/day
- Behavioral health therapist productivity year-over-year ranged from 76% - 80% completing on average 5 visits/day with minimal group therapy
- No established process for accountability

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WHAT CHANGED

- "Right Size" Staffing Level
- Daily Performance Goal
- System of Accountability

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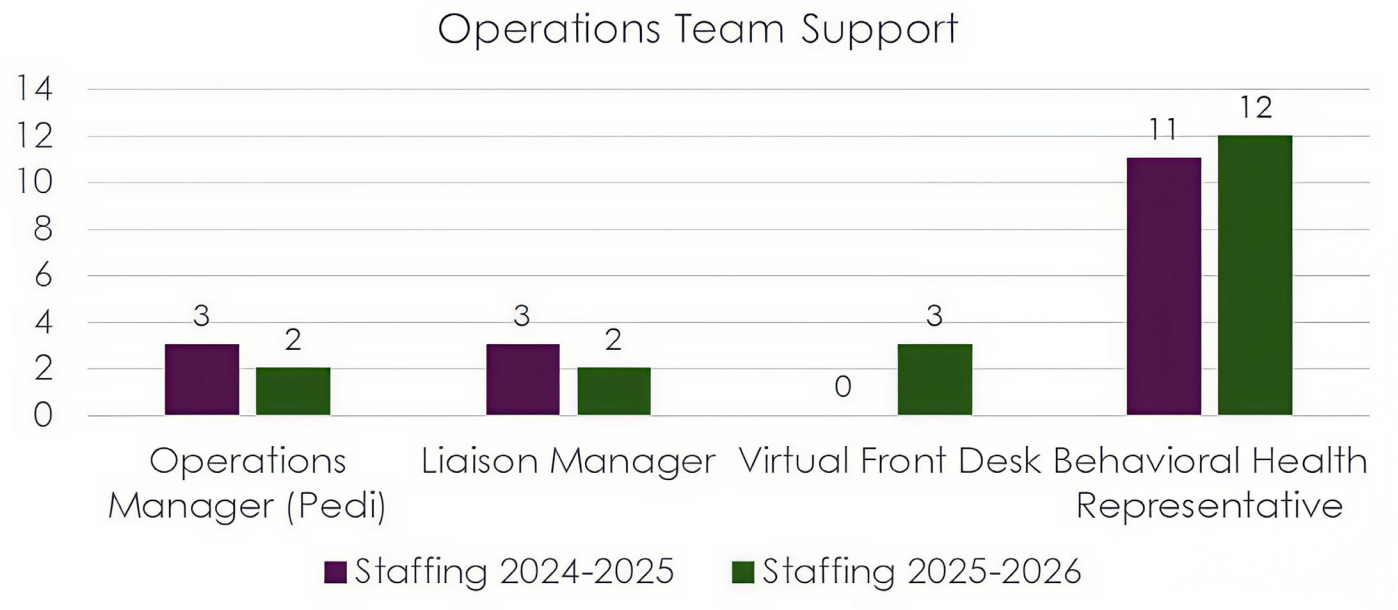
WHAT CHANGED – OPERATIONS

- Surveyed clinic team on what support was need to succeed
- Through attrition reclassed positions to increase support for clinic team



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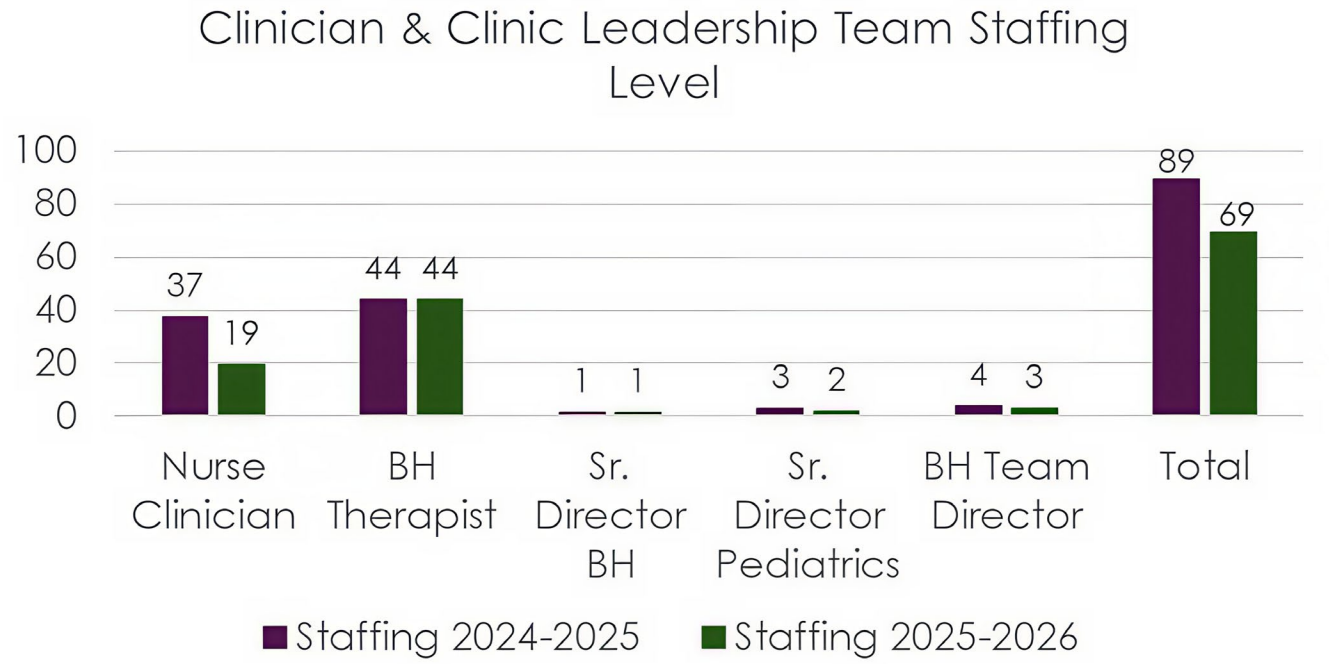
WHAT CHANGED –

- Pediatric nurse clinician/school ration from 1:1 to 1:2 or 1:3
- Behavioral health therapist/school ratio 1:1 or 1:2 based on demand
- Daily Volume Goal for Pediatric Nurse Clinicians from 8 patients per day to 12 patients per day
- System of Accountability



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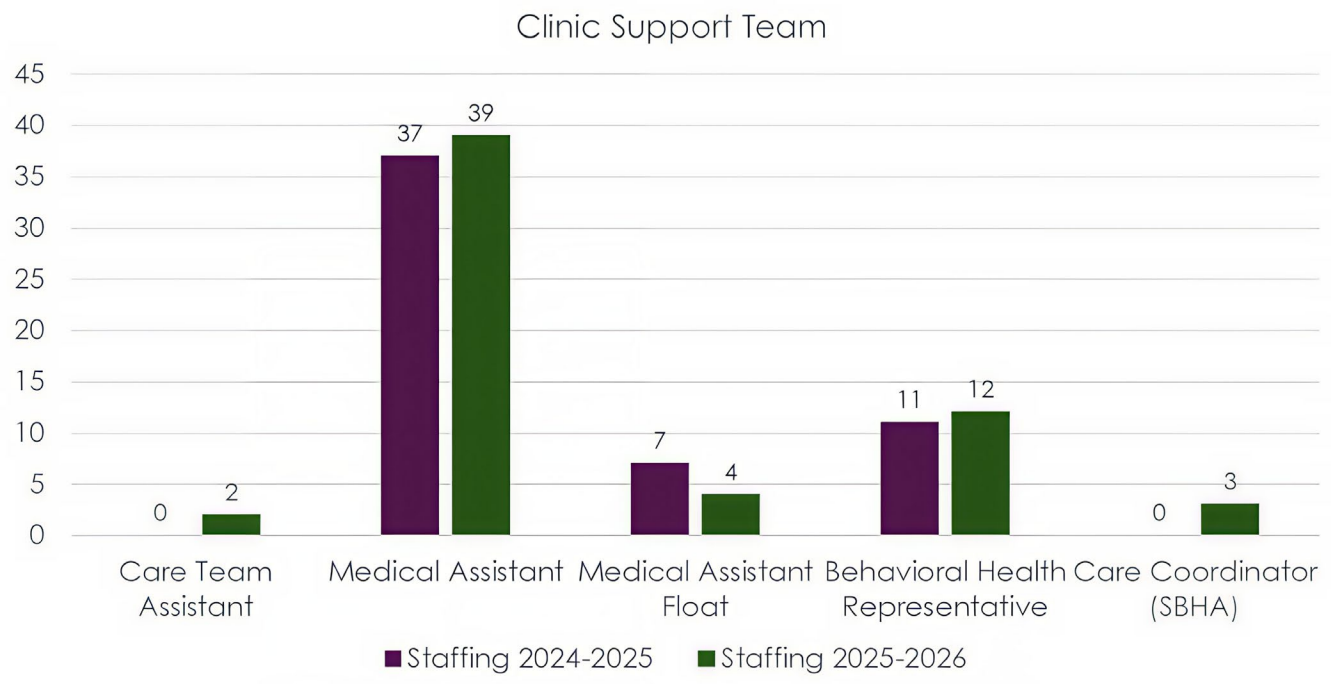
WHAT CHANGED – CLINIC SUPPORT

- Decreased medical assistant float pool
- Added care team assistant
- Increased behavioral health representative
- Added care coordinator through SBHA initiative and partnership



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CLINICIAN PERFORMANCE EXPECTATION CHANGES & ACCOUNTABILITY

- Pediatric clinicians' daily goal from 8 to12 visits per day
- Weekly productivity goal of ≥85%
- Weekly productivity report to monitor weekly, monthly and quarterly outcome
- Behavioral health therapists not meeting goal placed on Patient Access Initiative (PAI) plan to identify challenges and remove designated private slots to improve access for students on a waiting list
- Pediatric clinicians not meeting goal meet 1:1 with direct supervisor to identify challenges and document performance improvement plans in Patient Encounter and Campus Engagement (PEACE) form

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CLINIC STAFF ACCOUNTABILITY

- Track scheduling and outreach productivity for medical assistants
- Track scheduled and completed telemedicine visits
- Review appointment request & missing registration item work queue
- Track incoming call management volume
- Report monthly eligibility appointments schedule
- Report monthly co-pay collection
- Review template utilization report

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KNOWLEDGE CHECK POLL QUESTION

Which tools can be used for accountability of productivity?

Select all that apply

- Weekly report
- Monthly report
- Patient Encounter and Campus Engagement Form
- Patient Access Initiative Form

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SBHC "THE HOW"

- THINGS TO CONSIDER TO DETERMINE STAFFING MODEL
- NAVIGATING CHANGE

POLL QUESTION

Ideas for changing expectations?

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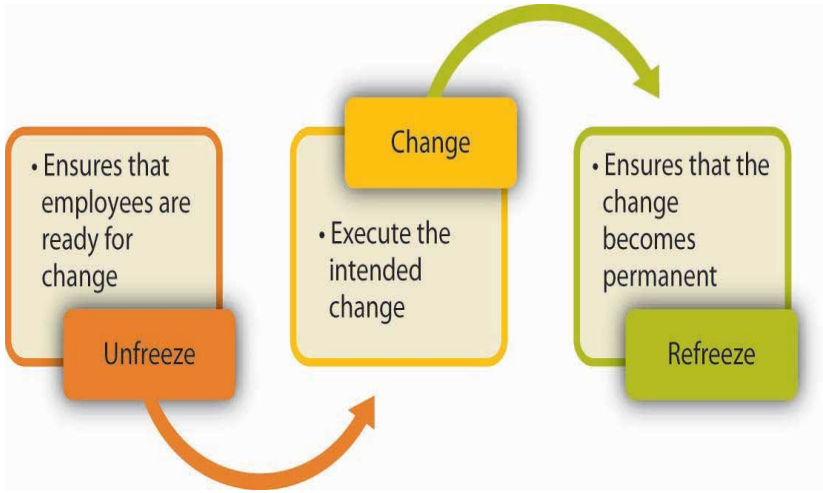
NAVIGATING CHANGE - CULTURE

- Create theme of "Pivot to Change" orientation to shift mind set from "what was" to "what is"
- Built trust to open lines of communication across SBH to identify challenges, potential solutions, and ensure support is being provided
- Invested in specialized training for BH
- Created environment of flexibility for nurse clinicians who do not earn Paid Time Off during school year
- Created "TEAMS" channel to ask questions, celebrate wins/birthdays, encourage each other, reminder of trainings, note any changes, and summarize daily huddle topics, etc.
- Consistent "check in" from clinic leaders to direct reports
- Empowered operations leadership to increase accountability, make decisions and create change to improve overall workflow



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NAVIGATING CHANGE - OPERATIONS

- Determined number of unique patients x number of visits to determine enrollment volume for staffing level ratio; minimum of 2000 (individual or combined)
- Pediatric clinicians can be credentialed at up to four locations
- Pediatric clinicians work 45-hour weeks and earn paid time taken in June and July
- Therapist can take paid time off (PTO) during the school year and PTO for years of service are accounted for and discounted in budged visit goals
- Redefined role and responsibilities and improved workflow by operations and clinic support team to improve clinical efficiency

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NAVIGATING CHANGE – PEDIATRICS SERVICE DELIVERY

- Use of firefly otoscope and camera for pediatric patients
- Medical assistant performs sick visit exam while nurse clinician at secondary site
- Medical assistant and/or front desk team perform outreach to schedule appointments for well child, vaccine, care gap
- BH incorporated Group Therapy
- Approval to obtain verbal consent obtained for care followed by documented consent

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NAVIGATING CHANGE – FAMILY ENGAGEMENT

Staff Accountability Tracker to Document # of families encountered, consents received and scheduled appointments

Back to school bash, orientation, meet the teacher

Athletic Night

Senior Night

Family Literacy Night

Fall Festival

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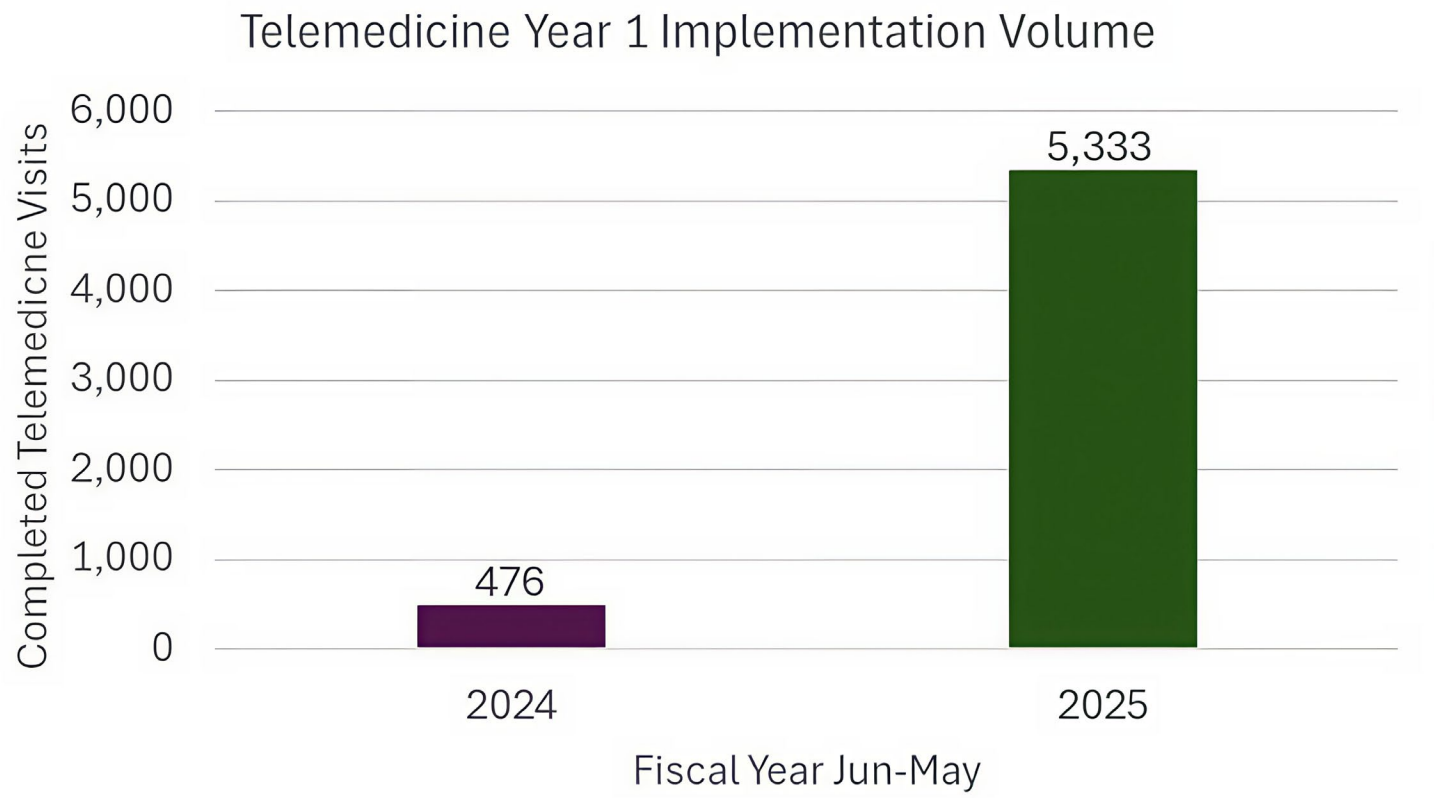
SBHC SERVICE "THE OUTCOME"

- TELEMEDICINE COMPARISON
- ENCOUNTER COMPARISON
- GROUP THERAPY COMPARISON
- PATIENT OUTREACH

YEAR 1 TELEMEDICINE- IMPLEMENTATION VOLUME



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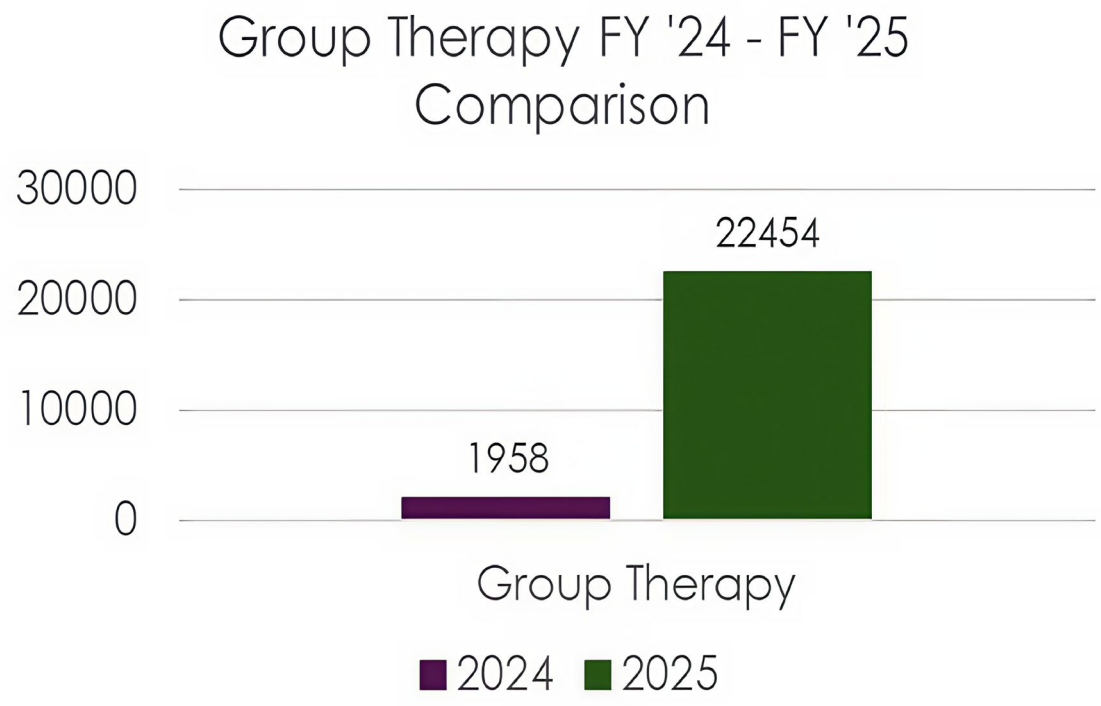
YEAR 1CHANGE IN GROUP THERAPY – BEHAVIORAL HEALTH



Group therapy benefits:

- Reduce self-doubt
- Improve social and communication skills
- Engagement with other students
- Self-esteem
- Confidence

FY ‘26 Volume not yet available

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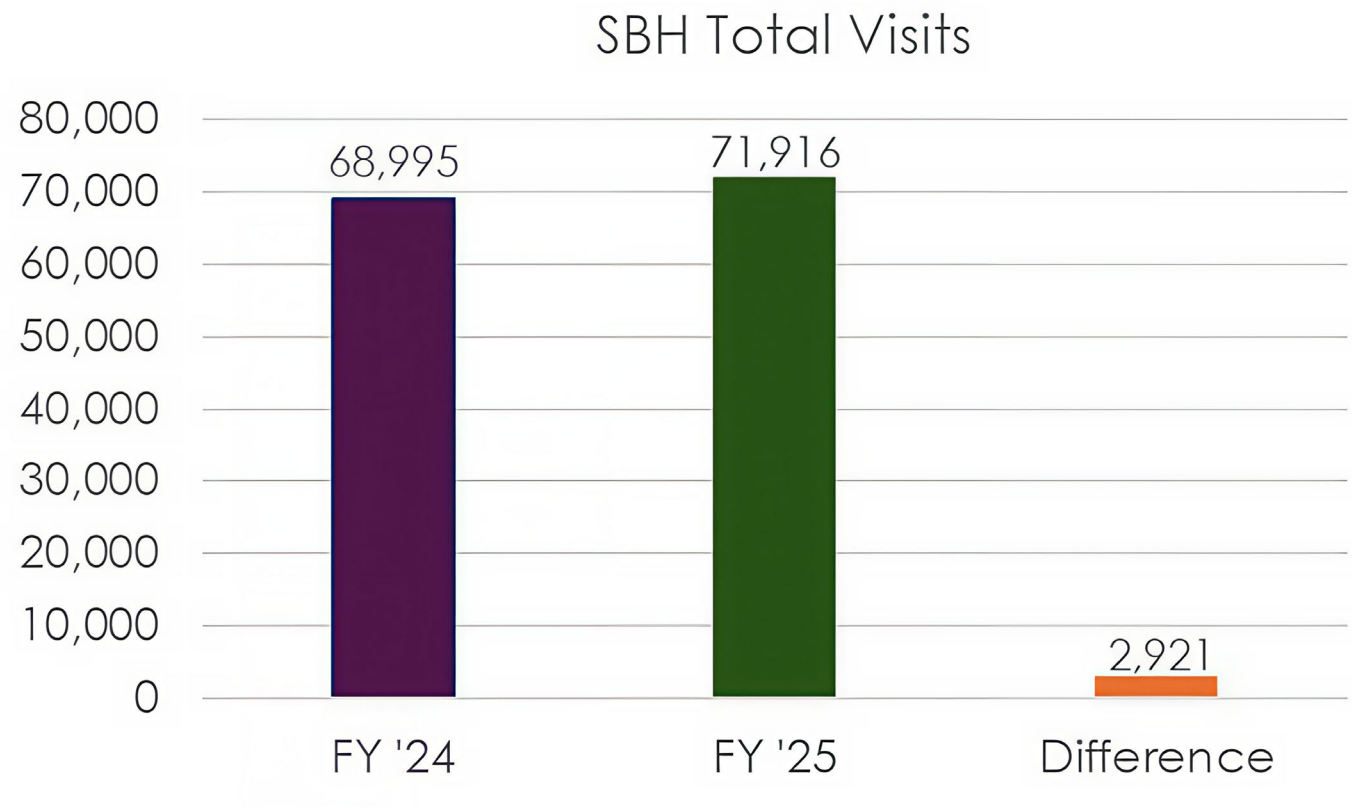
YEAR 1CHANGE IN COMPLETED VISITS



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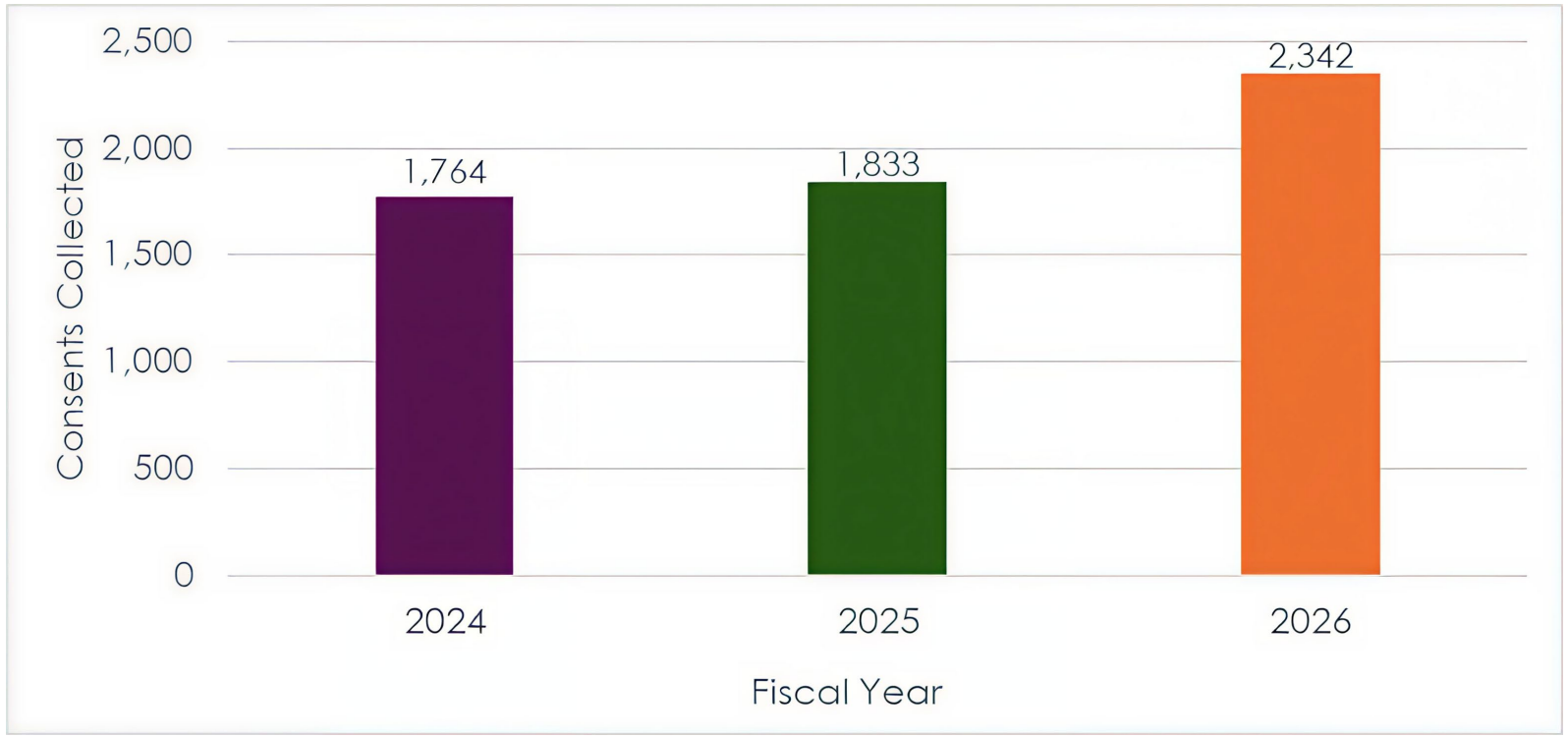
ENGAGEMENT TRACKER TREND



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SBHC "THE BUSINESS" OUTCOME

- REVENUE PROJECTION MODEL
- REVENUE & EXPENSE TREND
- THINGS TO CONSIDER

POLL QUESTION

Which of these choices will most significantly impact revenue?

- Payer Mix
- Service Offerings
- Seasonality
- Hours of Operation

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REVENUE PROJECTION MODEL

Operating days

- Behavioral health follows Legacy standard operating days
- Pediatric clinicians follow school operating days
- Pediatric clinicians work 45 hours per week to earn time off in summer

Seasonality

- Behavioral health follows Legacy standard seasonality
- Pediatric clinicians adjusted to exclude June/July and months with major holidays (Thanksgiving, Christmas, Spring Break)

Productivity – Sources for productivity standards

- Texas Association of Community Health Centers
- National Association of Community Health Centers
- Other state and national benchmarks from consulting firms

Based on practice setting, similar sized organizations, patient demographics, and organizational goals

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REVENUE PROJECTION MODEL (CONTINUED)

Encounter goals

- "Rainbow Sheet" – Sheets are the basis for fee-for-service revenue and encounters in the upcoming fiscal year
- Fee-for-service is based on payer mix and can pose a challenge if there is a shift from Medicaid to self-pay, private, etc.

Clinical full-time equivalency (FTE) × productivity standard × ramp up

- Productivity standards by service line and provider type
- Calculates years of tenure to adjust productivity dependent on paid time off accrual

Revenue calculation

- Payer mix × encounters = revenue

Ramp up

- New site and provider, slower ramp-up

SBH Rainbow Sheet Model Enter school site, provider name, volume of payer mix based on previous year; also look at 2-year trend

CY2025 Actuals

Code	Site	EPIC ID	Provider	Medicaid -100	Medicare-150	Private Ins-200	Self-Pay/Sliding Scale-300	Grants-400	Sliding-550	Total

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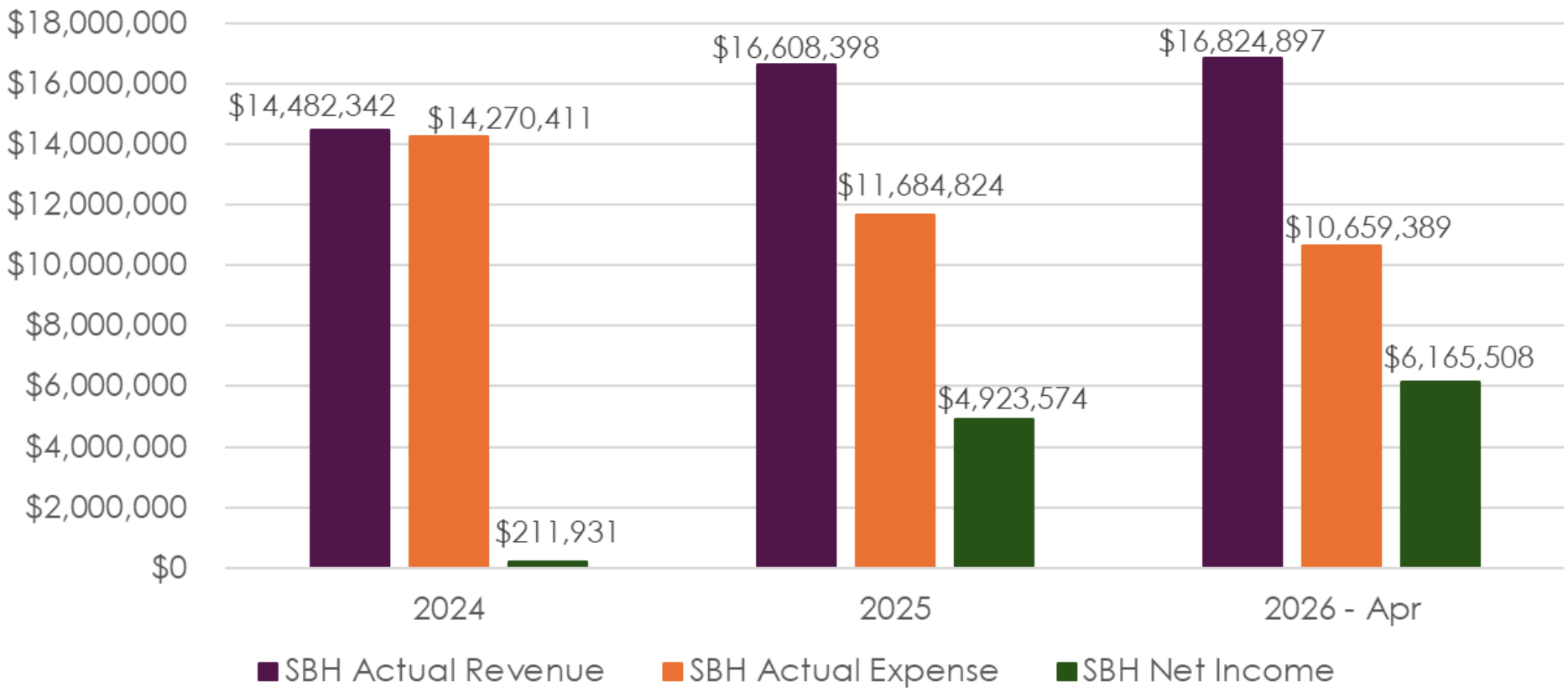
FINANCIAL PERFORMANCE



Financial performance based on SBH Actual Revenue & Expense and does not reflect budgeted vs actual

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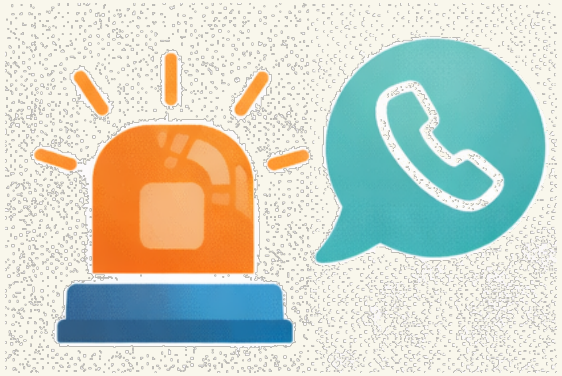
SBHC “THE FUTURE”

THINGS TO NOTE

Technology Challenges

Literacy

Wi-Fi strength



Integrated emergency communication

Emergency Management Planning

- Coordinate with leadership, local agencies, and school partners to monitor weather events
- Prepare for weather events by printing schedules of patients in advance
- Determine timing of transfer of immunizations to other clinic locations
- Convert "in person" to telemedicine appointment

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THE FUTURE OF SCHOOL BASED HEALTH

- Must be able to connect with community and "meet patient where they are"
- Shift in payer mix can impact overall financial performance
- Support for school-based health centers is critical to student health and wellness, access to care coordination, and resources
- Support and expands school-based care in a strategic manner
- Think creatively when providing services in rural areas
- Continue to evolve and feed into community clinic for organization - i.e., senior check out and transition of care for graduating student workflow, complex pediatric care transition to pediatric service line, etc.

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AVAILABLE RESOURCES

- Memorandum of Understanding Example
- Revenue Projection Workbook Example
- Productivity Report Example
- Patient Access Initiative Form
- Patient Encounter & Campus Engagement Form
- Staff Role & Responsibilities
- Patient Engagement Tracker

Contact for resources:

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REFERENCES

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POLL QUESTION

What is your biggest takeaway from this presentation?

- Please type your answer in chat

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