



School-based health care support toolkit: Sample assessment surveys of process effectiveness



Ohio | Governor's Office of
Health Transformation

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PARENT SATISFACTION SURVEY SAMPLE #1

Dear Parent/Guardian,
Date _____

The _____ School Health Center is conducting an evaluation of our services to your son or daughter. We are interested in your opinions about our services.

Your participation in this survey is voluntary. All your answers will remain private and no one other than the administration of the health center will see your survey.

Thank you for your participation. We appreciate you sharing your thoughts about your child's health care.

<u>If your child has been to the Wellness Center, please answer the following questions.</u>					
1. What services did your child receive at the Center? (Check all that apply)					
<input type="checkbox"/> Illness (flu, cold, stomach ache or something more serious)	<input type="checkbox"/> Counseling for personal or emotional problems.				
<input type="checkbox"/> Chronic health problem (asthma, depression, headaches)	<input type="checkbox"/> Yearly physical or sports physical				
<input type="checkbox"/> Vision or hearing exam	<input type="checkbox"/> Treatment of injury or accident				
<input type="checkbox"/> Immunizations (vaccines)	<input type="checkbox"/> Care for girls with menstrual problems				
<input type="checkbox"/> Dental exam	<input type="checkbox"/> Pregnancy test				
<input type="checkbox"/> Acne or skin problem	<input type="checkbox"/> Services for pregnant teens				
<input type="checkbox"/> Nutrition counseling	<input type="checkbox"/> Information for parents about your child or health care in general				
<input type="checkbox"/> Drug/alcohol prevention	<input type="checkbox"/> Other, please tell us _____				
<input type="checkbox"/> Counseling for substance abuse (tobacco, alcohol, drugs)					
2. How much do you think your student was helped by the Center? <input type="checkbox"/> A great deal <input type="checkbox"/> Somewhat <input type="checkbox"/> Very little <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know					
3. Did you feel that the staff was courteous to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know, I never met the staff					
4. Did the staff at the Center explain your child's medicine or treatment clearly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My child did not receive medicine or treatment					
5. Did the staff at the Center refer you to other services not provided by the Wellness Center? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
6. How would you rate the following aspects of the Center?	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
Communication with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance of the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours that it is open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child *has* been to the Wellness Center, please answer the following questions.

Quality of medical care received	<input type="checkbox"/>				
7. Do you agree or disagree with the following?		<u>Agree</u>	<u>No opinion</u>	<u>Disagree</u>	
a. The Center encourages students to be more responsible for their health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Students miss less school because of the Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. The care at the Center is confidential (private).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. The Center has saved you a trip to the doctor, the school or the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The Center is a valuable service to the school community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are there any services that you would like the Center to provide?					
<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes, If yes, please describe _____					
THANK YOU					

PARENT SATISFACTION SURVEY SAMPLE #2

This survey is being used to gather your opinions about the school-based health/wellness center (SBHC) in your child's school. We would like your input even if you or your child has not visited the SBHC. The information you provide will be used to improve services offered at the SBHC. Your answers will be kept confidential. If you have more than one child who attends this school, we ask that **you complete and return a survey for each child**. You are not required to answer these questions, and if you choose not to do so, it will not affect your ability or your child's ability to use health services at the SBHC. Thank you for sharing your thoughts with us!

Please have your child return the completed survey to the SBHC by:

Date: _____ School: _____

1. Are you this child's: *(Please mark one)*

<input type="checkbox"/> a. Mother	<input type="checkbox"/> d. Foster parent
<input type="checkbox"/> b. Father	<input type="checkbox"/> e. Grandparent
<input type="checkbox"/> c. Step-parent	<input type="checkbox"/> f. Other, please describe _____

2. What grade is your child currently in? *(Please mark one)*

6th 7th 8th 9th 10th 11th 12th Other

3. What type of health insurance does your child have? *(Mark all that apply)*

<input type="checkbox"/> a. None	<input type="checkbox"/> d. Medicaid HMO
<input type="checkbox"/> b. CHIPRA	<input type="checkbox"/> e. Private
<input type="checkbox"/> c. Medicaid	<input type="checkbox"/> f. Private HMO
	<input type="checkbox"/> g. Other _____

4. Have you or a family member ever used the SBHC?

Yes No

5. If your child has used the SBHC, what types of providers has your child seen? *(Mark all that apply)*

<input type="checkbox"/> a. Nurse	<input type="checkbox"/> d. Dentist
<input type="checkbox"/> b. Behavioral Health Counselor	<input type="checkbox"/> e. Health Educator
<input type="checkbox"/> c. Medical Provider	<input type="checkbox"/> f. Nutritionist

6. Is your child using the SBHC to manage any of the following chronic illnesses? *(Mark all that apply)*

<input type="checkbox"/> a. Asthma	<input type="checkbox"/> e. Physical disability
<input type="checkbox"/> b. Heart problems	<input type="checkbox"/> f. Developmental disability
<input type="checkbox"/> c. Seizures or epilepsy	<input type="checkbox"/> g. Attention deficit disorder (ADD)
<input type="checkbox"/> d. Diabetes	<input type="checkbox"/> h. Other health problems _____

7. During the past year, where has your child gone **the most** for his/her medical care (example: shots, check-ups, physicals, sickness, colds)? *(Please mark one)*

<input type="checkbox"/> a. My school's SBHC
<input type="checkbox"/> b. The emergency room

<input type="checkbox"/>	c. A medical clinic or private doctor's office
<input type="checkbox"/>	d. Some other place
<input type="checkbox"/>	e. There is no one particular place where my child usually goes.

8. Where does your child go **most often** for behavioral health services? *(Please mark one)*

<input type="checkbox"/>	a. My school's SBHC
<input type="checkbox"/>	b. A medical clinic or private doctor's office
<input type="checkbox"/>	c. Some other place
<input type="checkbox"/>	d. There is no one particular place where my child usually goes.
<input type="checkbox"/>	e. I have never sought behavioral health services for my child.

9. What services has your child received at the SBHC? *(Mark all that apply)*

<input type="checkbox"/>	a. Care when they were sick	<input type="checkbox"/>	e. Counseling for emotional issues
<input type="checkbox"/>	b. Care for serious health problems	<input type="checkbox"/>	f. Care for injuries received at school
<input type="checkbox"/>	c. Head-to-toe physical exam	<input type="checkbox"/>	g. Care for injuries not received at school
<input type="checkbox"/>	d. Sports exam	<input type="checkbox"/>	h. Dental services
		<input type="checkbox"/>	i. Other_____

10. Thinking about the services your child has received at the SBHC, how would you rate the following?

a. The people there are good with children.	<input type="checkbox"/> Not so Good	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
c. The appointments are convenient.	<input type="checkbox"/> Not so Good	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
e. I did not have to leave work.	<input type="checkbox"/> Not so Good	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
g. The staff talk to me about my child's illness.	<input type="checkbox"/> Not so Good	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
i. My child did not miss much school.	<input type="checkbox"/> Not so Good	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

11. If health care services were **not available** at the SBHC, would you be able to get health care for your child? *(Mark all that apply)*

<input type="checkbox"/>	a. Yes, it would be easy to get other care.
<input type="checkbox"/>	b. Yes, my child would get care, but it would be harder to get.
<input type="checkbox"/>	c. Yes, but I would have to take my child to an emergency room.
<input type="checkbox"/>	d. No, I don't think I could get the care this child needs.
<input type="checkbox"/>	e. No, I would have trouble getting time off work.
<input type="checkbox"/>	f. No, I could not afford to get the care my child would need.
<input type="checkbox"/>	g. No, I would have trouble with transportation.
<input type="checkbox"/>	h. No, my child does not have a regular doctor.
<input type="checkbox"/>	i. No, it is hard for me to get an appointment with my child's regular doctor.
<input type="checkbox"/>	j. I don't know.

12. What services would you like to see your SBHC provide **more** of? (Mark **all** that apply)

<input type="checkbox"/> Counseling	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Drug and Alcohol Counseling
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Health Education	<input type="checkbox"/> Other, Specify: _____

Please make any additional comments that you like: _____

***Please return this form to the SBHC as soon as possible.
THANK YOU for completing our survey!***

STUDENT SATISFACTION SURVEY SAMPLE #1 (HIGH SCHOOL)

Grade level _____ Male Female **Date** _____

Is this your first visit to the health center this year? YES NO

If no, how many times have you visited the health center? 0-1 2-5 >5

It is very important to us to know how you feel about the services you received today. Your answers to the following questions help us know how we are doing and how to improve our services.

During my visit.....

1. The clinic staff was courteous and friendly to me.

Yes No Don't Know

Comments _____

2. The health care provider answered all of my questions.

Yes No Don't Know

Comments _____

3. My privacy was respected.

Yes No Don't Know

Comments _____

4. I waited too long to be seen by the health care provider.

Yes No Don't Know

Comments _____

5. Did you receive medication or a prescription?

Yes No Don't Know

If yes please answer #6.

6. The health care provider explained to me why I needed the medicine and how to take it, using words I understood.

Yes No Don't Know

Comments _____

7. Would you recommend the health center to your friends?

Yes No Don't Know

Comments _____

8. Could you have gone somewhere else in your community to receive the same type of service provided here at the school health center?

Yes No Don't Know

9. Why do you like to come to the health center at your school? (Check all that apply)

I like its location I don't have insurance I don't want people to know about my medical care

Its free (no cost to me) I trust the staff Other _____

10. What other information or services would you like available in the health center?

Thank you for completing the questionnaire.

STUDENT SATISFACTION SURVEY SAMPLE #2 (MIDDLE SCHOOL)

Grade level _____ **Male** **Female** **Date** _____

Is this your first visit to the health center this year? YES NO

If no, how many times have you visited the health center? 0-1 2-5 >5

It is very important to us to know how you feel about the services you received today. Your answers to the following questions help us know how we are doing and how to improve our services.

During my visit.....

1. I waited too long to be seen by the health care provider.

Yes No Don't Know

Comments _____

2. The health center staff was friendly to me.

Yes No Don't Know

Comments _____

3. The health care provider answered all of my questions.

Yes No Don't Know

Comments _____

4. My privacy was respected.

Yes No Don't Know

Comments _____

5. I received the services I wanted today.

Yes No Don't Know

Comments _____

6. Would you recommend the health center to your friends

Yes No Don't Know

Comments _____

7. Were you satisfied with the health center?

Yes No Don't Know

Comments _____

8. Please tell us about any improvements you would like to see, or things you do not like.

Thanks.....You're Awesome!!

STUDENT SATISFACTION SURVEY SAMPLE #3

Thank you for filling out this survey about your school-based health center (SBHC)! Your honest opinion will help us to improve the services offered here. Please **do not** include your name as all answers are confidential. You're not required to answer these questions, and if you don't, it won't affect your ability to use your SBHC. If you need help filling this out, please ask the SBHC staff for assistance. Thanks for sharing your thoughts with us!

1. Date: _____

2. School: _____

3. Age: _____

4. Gender: Female Male

5. Ethnicity:

<input type="checkbox"/> a. Caucasian	<input type="checkbox"/> c. Hispanic/Latino
<input type="checkbox"/> b. African American	<input type="checkbox"/> d. Other, specify: _____

6. Where do you go *most often* for health care? (Please mark **only one**.)

<input type="checkbox"/> a. School-based health center	<input type="checkbox"/> d. Some other place
<input type="checkbox"/> b. Emergency room	<input type="checkbox"/> e. There is no one place that I usually go
<input type="checkbox"/> c. Medical clinic or private doctor's office	

7. When you visited your SBHC today, who did you go to for care? (Please mark **all that apply**.)

<input type="checkbox"/> a. Nurse	<input type="checkbox"/> d. Dental Provider
<input type="checkbox"/> b. Behavioral Health Counselor	<input type="checkbox"/> e. Health Educator
<input type="checkbox"/> c. Medical Provider – nurse practitioner, physician's assistant or physician	<input type="checkbox"/> f. Nutritionist

8. Did you have an appointment today?

Yes No

9. Thinking about your visit *today*, what do you think about. (Please mark **one** response for **each** question.)

	Excellent	Good	Fair	Bad
a. the length of time you had to wait?				
b. the staff's attention to your questions/concerns?				
c. the quality of the care you received?				

10. When you visited your SBHC *today*, what were the *main* services you received? (Please mark **all that apply**.)

<input type="checkbox"/> a. First Aid/Injury Treatment	<input type="checkbox"/> h. Vision Services
<input type="checkbox"/> b. General Health Care – (sore throat, colds/flu, headaches, menstrual cramps, stomach ache, rash, medications)	<input type="checkbox"/> i. Just needed to talk with someone
	<input type="checkbox"/> j. Support Group
<input type="checkbox"/> c. Counseling	<input type="checkbox"/> k. Referral to a provider some place else

<input type="checkbox"/>	d. Health Education (for health questions and information)	<input type="checkbox"/>	l. Referral to another Wellness Center provider
<input type="checkbox"/>	e. Physical Exam	<input type="checkbox"/>	m. Something else: _____
<input type="checkbox"/>	f. Sports Physical		_____
<input type="checkbox"/>	g. Dental Services		

(Mark **one** box for each statement below to show how much you agree.)

		Strongly Agree	Agree	Disagree	Strongly disagree
11.	Having a Health Center at my school . . .				
	a. I get health care I wouldn't otherwise get.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. I get health care <u>sooner</u> than I would otherwise get it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. I don't have to miss school because of a health problem....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. helps me get answers to my health questions...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The health center staff have helped me to learn how to take better care of myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	My health has improved as a result of having a Health Center at my school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I feel comfortable talking about my health issues and problems with . . .				
	a. Nurse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Provider – Nurse Practitioner, Physician's Assistant or Physician...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	My teachers like it that I use the Health Center at my school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I recommend the Health Center to my friends at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What services would you like to see your SBHC provide *more* of? (Please mark **all** that apply.)

<input type="checkbox"/> Counseling	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Drug and Alcohol Counseling
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Health Education	<input type="checkbox"/> Other, Specify: _____

Additional Comments: _____

If you have any questions or concerns about this survey, please let the receptionist know.

THANK YOU again for completing our survey!

STUDENT SATISFACTION SURVEY SAMPLE #4

Please give us a grade on the care we gave you today. Your answers are private and will not affect your care in any way.

DO NOT PUT YOUR NAME ON THIS SURVEY

1. Is this your FIRST visit to the School-clinic?

Yes No

2. Reason for today's visit: *(Please check all that apply)*

<input type="checkbox"/> Sick or injured, check-up/physical	<input type="checkbox"/> Needed to get lab results
<input type="checkbox"/> Stressed out, sad, angry, nervous, etc	<input type="checkbox"/> Needed shots/immunizations?
<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Need treatment
<input type="checkbox"/> Toothache or tooth check up	<input type="checkbox"/> Other _____
<input type="checkbox"/> Needed to take medication	

How did we do today on: (PLEASE CHECK ONE ANSWER FOR EACH STATEMENT BELOW)

	A	B	C	D	F	
	GREAT	VERY GOOD	OKAY	NOT VERY GOOD	AWFUL	DOESN'T APPLY
3. Seeing you as soon as you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Listening to your problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Explaining what was making you feel bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Explaining what you needed to do to get better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Being friendly and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Treating you with respect and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Privacy during today's visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Give us a grade for today's visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Circle total time spent in the center today	<input type="checkbox"/> 5-25 minutes <input type="checkbox"/> 26-40 minutes <input type="checkbox"/> 41-60 minutes <input type="checkbox"/> More than 60 minutes					

13. Do you have any other needs that were not taken care of today?

Yes(Please Describe) _____

No

14. The best thing about today's visit was:

15. The worst thing about today's visit was: _____

16. I would like it if the center had other services, such as:

17. Would you use this School-Based Health Center again if you were feeling sick, injured or needed a physical?

Yes

No (Why not?) _____

STAFF SATISFACTION SURVEY SAMPLE #1

Date _____

We are evaluating our role at your school in providing health care services to the students. We are very aware of your commitment to the students and how hard you work at your school and are concerned about your perception regarding the availability of our services, which include the physical health and mental health of the students. We want to communicate more effectively with you, so that services are not duplicated and we can better serve the students.

Please take a moment to fill out this questionnaire and return it to the health clinic or put it in the school nurse's mailbox.

1. Have you ever referred a student to the School Health Center?

- Yes No Didn't know about service

Comments:

2. If yes, did you receive any feedback stating the student was seen?

- Yes No

Comments:

3. Do you know that providers are available to discuss issues regarding students with you?

- Yes No

Comments:

4. Would you like the school health center staff to do a presentation in your class next year?

- Yes No,

If yes, name of teacher _____ Extension _____

5. Do you know the difference between the School Nurse and the School Health Center?

6. Do you have additional suggestions for us?

STAFF SATISFACTION SURVEY SAMPLE #2

This survey will allow us to better understand your opinions and perceptions of the school-based health/wellness center (SBHC) in your school. We would like your input even if you have not visited the SBHC. Information obtained in this evaluation will be used to ensure optimal delivery of health care services to the students in your school. **Your participation in this survey is voluntary.** However, your opinions are important to us, so we hope you will take the time to respond. All your answers will remain confidential, and no one other than the evaluation staff at Marshall University will see your survey. A summary of all survey results will be shared with the school staff and the general public. Thank you, in advance, for your cooperation. We appreciate your sharing your thoughts about your SBHC with us!

Please complete during your staff meeting and return to the designated staff member.

SECTION A

In this section, we would like to learn about your experiences with the SBHC.

1. During this current school year, how many students have you referred or sent to the SBHC?
 None 1 to 3 4 to 6 7 to 9 10 or more
2. For what services have you referred students to the SBHC? (*Please mark **all** that apply*)
 - a. Illness care (for flu, sore throat or something more serious)
 - b. Care for ongoing health problems (such as asthma, diabetes, heart problems, etc.)
 - c. Vision or hearing exam
 - d. Dental exam
 - e. Nutrition counseling or education
 - f. Substance abuse and prevention counseling (alcohol, tobacco, drugs)
 - g. Counseling for personal or emotional problems
 - h. Check up or sports physical
 - i. Treatment of injury/accidents
 - j. Immunizations
 - k. Information for parents about their child's health or health care
 - l. Other, please specify:

3. How much do you think the students were helped by the referral to the SBHC?
 A great deal Somewhat Very Little Not at all Don't know
4. How often do students ask to leave your class to visit the SBHC? (*Please mark **one**.*)

<input type="checkbox"/> Daily	<input type="checkbox"/> Rarely
<input type="checkbox"/> Weekly	<input type="checkbox"/> Never
<input type="checkbox"/> Monthly	<input type="checkbox"/> I do not teach class
5. How often do you feel it is disruptive to a class when a student leaves or returns from a visit to the SBHC? (*Please mark **one**.*)

<input type="checkbox"/> Often	<input type="checkbox"/> Students never leave my class to go
<input type="checkbox"/> Sometimes	<input type="checkbox"/> I do not teach class

SECTION A

In this section, we would like to learn about your experiences with the SBHC.

<input type="checkbox"/>	Rarely
6. Have you ever sought health care services for yourself at the SBHC? <input type="checkbox"/> Yes <input type="checkbox"/> No – If No, skip to question #8	
7. Were you satisfied with the services provided there? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify: _____	

SECTION B

In this section, we would like to know what you think of the SBHC.

8. How much influence do you think the SBHC has on the following (<i>Please mark one for each.</i>)					
	A great deal	Some	Very little	None at all	Don't know
a. Reducing absenteeism	<input type="checkbox"/>				
b. Improving school performance	<input type="checkbox"/>				
c. Reducing violent behavior	<input type="checkbox"/>				
d. Improving self-esteem/mental health	<input type="checkbox"/>				
e. Improving student/family relations	<input type="checkbox"/>				
f. Reducing substance use (tobacco, alcohol, drugs)	<input type="checkbox"/>				
g. Postponing sexual involvement/reducing unwanted pregnancies	<input type="checkbox"/>				
h. Increasing access to needed health care	<input type="checkbox"/>				
i. Improving health status	<input type="checkbox"/>				
j. Helping students understand the health care system	<input type="checkbox"/>				
	Excellent	Good	Fair	Poor	Don't Know
a. Communication of the SBHC staff with parents	<input type="checkbox"/>				
b. Communication of the SBHC staff with students	<input type="checkbox"/>				
c. Communication of the SBHC staff with school personnel	<input type="checkbox"/>				
d. Convenience of the location within the school	<input type="checkbox"/>				
9. Overall, how would you rate the SBHC? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Don't know					

SECTION B

In this section, we would like to know what you think of the SBHC.

10. If it were up to you, would you change anything about the SBHC?

- Don't know
- No
- Yes – If Yes, describe:

11. Are there additional services that you would like the SBHC to provide?

- Don't know
- No
- Yes – If Yes, describe:

SECTION C

These last questions will give us background information about the school staff participating in this survey.

This information *will not* be used to identify you.

12. What is your position at this school?

<input type="checkbox"/> Teacher	<input type="checkbox"/> Support Staff	<input type="checkbox"/> Security
<input type="checkbox"/> Counselor	<input type="checkbox"/> Instructional Assistant	<input type="checkbox"/> Administrator
<input type="checkbox"/> Physical plant/maintenance	<input type="checkbox"/> Other, Specify: _____	

13. How long have you been at your present school (including this year)?

- 1st year in this school
- 2 to 5 years
- 6 to 10 years
- Over 10 years

14. At which school do you work?

THANK YOU again for completing our survey!

Sample Self-Assessment #1

Name of SBHC Site:

School Name(s):

School District:

Name

Title

Phone Number:

Date:

INSTRUCTIONS: *The director, coordinator or administrator should complete this self-assessment tool, answering questions about the status of the School Based Health Center (SBHC).*

Please complete these questions for the 2010-11 school year and submit the completed survey one week prior to your scheduled site visit to Serina Reckling at sreckling@nasbhc.org.

What month and year did you first provide services? /

Staffing

1. Please rate the current status of each of the following items related to staffing.

Staffing	1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented
Has an organizational chart with clear lines of authority and supervision	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has written job descriptions for all staff or involved in SBHC operations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Conducts annual assessment of staff training needs and provision of training of staff as indicated	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has hiring strategies to meet the cultural and language needs of students	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Comments about staffing (optional)

Provision of Services

2. Please describe each of the following items related to service delivery and utilization.

Student Reach	# of students in the school(s) the SBHC serves	# of users with at least one annual visit	Total # of visits per year	Utilization rate ¹
Projected utilization				%
Actual users/visits in past year				%

3. Please rate the current status of each of the following items related to service delivery

Service Delivery	1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented
SBHC conducts comprehensive needs assessment of student health before SBHC implementation and at least every 3 years thereafter, which includes a description of student demographic makeup; insurance status; perceptions of health needs by students, parents, faculty, community members and provider agencies; an assessment of local resources and barriers to care; and, for existing SBHCs, a historical analysis of services provided	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
At a minimum, extends eligibility for all services to all students attending the school that hosts the SBHC. May choose to extend eligibility to other youth in the community and/or students attending other schools.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Conducts outreach activities to enroll students and encourage the use of the SBHC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Arranges for 24 hour, 7 days per week coverage for services needed by users of the SBHC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
In collaboration with staff from the schools served, the SBHC addresses potential barriers to student access including proximity, safety, transportation, and hours	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has inter-professional care management that includes coordination of care among all health care staff in the SBHC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Makes efforts made to ensure program and services are welcoming and respect the diverse culture of students and families served.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Follows clinical practice guidelines with formalized standards of care that address all aspects of program operation (e.g., FQHC guidelines)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Complies with federal and state regulations (e.g., ADA, HIPPA)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has an administrator for overall program management, quality of care, coordination with school and collaborating partner agency personnel.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

¹ Utilization rate = # of users with at least one annual visit divided by # of students in the school

Has a system for gathering student and parent feedback (satisfaction survey)	<input type="checkbox"/> 1 4	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>
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Comments about provision of services (optional)

Facility

4. Please rate the current status of each of the following items related to your facility.

SBHC Facility		1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented
SBHC occupies a dedicated space on school campus used exclusively for the purpose of providing SBHC services	<input type="checkbox"/> 1 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Physical space – Although some rooms/areas may serve more than one purpose in delivering SBHC services, the center includes at least the following functional elements:		
A designated waiting/reception area	<input type="checkbox"/> 1 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
One exam room	<input type="checkbox"/> 1 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
A counseling room/private area	<input type="checkbox"/> 1 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
The functional areas are designed to facilitate privacy; confidentiality; safety; and secure storage of records, supplies, and medications.	<input type="checkbox"/> 1 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Access to computers and telecommunications equipment	<input type="checkbox"/> 1 4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Comments about facility (optional)

School Integration

5. Please choose the statement that best describes the general current level of support your School Based Health Center receives from stakeholders.

Level of Support	Very Opposed	Somewhat Opposed	Neutral or Not Aware	Somewhat Supportive	Very Supportive
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Students	<input type="checkbox"/>				
Parents	<input type="checkbox"/>				
Local community	<input type="checkbox"/>				
Teachers	<input type="checkbox"/>				
Other school staff	<input type="checkbox"/>				
School administration	<input type="checkbox"/>				
School district/school board	<input type="checkbox"/>				

6. Please choose the statement that best describes the level of participation and engagement your School Based Health Center receives from your stakeholders.

Levels of Engagement	Little to no awareness of school health center, not engaged at all	Aware, but not involved or active in any way	Takes small, "easy" actions to be involved in school health centers efforts	Takes larger, more difficult actions to be involved in school health center efforts	Independently <i>initiates</i> action related to school health center efforts
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School district/school board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate the current status of each of the following items related to integration with the school.

SBHC – School Integration	
1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented	
SBHC staff gives in-services to school staff or serves as consultants to teachers on health-related issues.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
SBHC is a major partner in the school-wide programs (i.e., nutrition/health programs, school events, peer education/mediation).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
SBHC has written policy delineating about roles and responsibilities of SBHC and the school nurse.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Strong communication and coordination exists between SBHC staff and school/district health staff.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
SBHC advocates for school level health programs and policies, (i.e., school improvement plans, accreditation, school curriculum plans).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
SBHC is involved in decision-making regarding school level health programs and policies.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
SBHC advocates for district-wide health programs and policies (i.e., wellness policies).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
School/school districts seeks joint funding opportunities with the SBHC to obtain or expand resources/ programs for SBHC.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
SBHC staff are active members of any school-wide committee that meets at least monthly.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
SBHC gives consideration to co-locating its personnel with the school health staff, such as the school nurse.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Comments about school integration (optional)

Community Partnerships

8. Please rate the current status of each of the following items related to community partnerships

Community Partnerships	
1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented	
With appropriate signed release of information, SBHC communicates with the primary care provider to avoid duplication and to improve coordination of care.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

SBHC solicits participation from other key community stakeholders, including parents/guardians, school administration, school health providers, community health providers, and public health organizations, as well as appropriate specialty care providers and insurers.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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9. Please select the level of collaboration that best describes the relationship between your SBHC and your lead medical agency, other health providers at the school, and two other community health providers. (See full definitions of levels below)

Levels of Collaboration between the SBHC and . . .	Level 1: Minimal Collaboration	Level 2: Basic Collaboration at a Distance	Level 3: Basic Collaboration On-Site	Level 4: Close Collaboration in a Partly Integrated System	Level 5: Close Collaboration in a Fully Integrated System
Your lead medical agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health providers at the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School counselors/behavioral health staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other community partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other community partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Five Levels of Primary Care/Behavioral HealthCare Collaboration

Level 1: Minimal collaboration - Other providers and the SBHC work in separate facilities, have separate systems, and rarely communicate about cases

Level 2: Basic collaboration at a distance - Other providers and the SBHC have separate systems at separate sites, but engage in periodic communication about shared patients, mostly through telephone and letters. Specific patient issues drive all communication. They view each other as resources, but they operate in their own worlds, have little sharing of responsibility and little understanding of each other's cultures.

Level 3: Basic collaboration on-site - Other providers and the SBHC have separate systems but share the same facility. They engage in regular communication about shared patients, mostly through phone or letters, but occasionally meet face to face because of their close proximity. They appreciate the importance of each other's roles, but do not share a common language or in-depth understanding of each other's worlds.

Level 4: Close collaboration in a partly integrated system - Other and the SBHC share sites and some systems, such as scheduling or charting. There are regular face-to-face interactions about patients, mutual consultation, coordinated treatment plans for difficult cases, and a basic understanding and appreciation for each other's roles and cultures. However, team building meetings are only held occasionally, and there may be operational discrepancies such as co-pays for mental health but not for medical services.

Level 5: Close collaboration in a fully integrated system - Other providers and the SBHC share the same sites, the same vision, and the same systems in a seamless web of bio-psychosocial services. Both the providers and the patients have the same expectation of a team offering prevention and treatment. All professionals are committed to a bio-psychosocial/systems paradigm and have developed an in-depth understanding of each other's roles and cultures. Regular collaborative team meetings are held to discuss both patient issues and team collaboration issues. There are conscious efforts to balance power and influence among the professionals according to their roles and areas of expertise.

Comments about community partnerships (optional)

Management Practices

10. Please rate the current status of each of the following items related to management practices.

Management Practices	1 = not in place/have not considered			
	2 = in planning process			
	3 = partially implemented			
	4 = fully implemented			
Prior to implementation, new SBHC develops a business plan. Periodically updates business plan/strategic plan.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SBHC develops an annual budget that describes all sources and uses of funding, including the estimated value of in-kind support.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
SBHC collects financial data and are capable of reporting revenues and expenses by commonly accepted line items.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Provides evidence of ongoing involvement of the designated health care provider, as necessary, in clinical policies and procedures development, records review, and clinical oversight.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Management Practices	
1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented	
Optimally but not required, a single, integrated electronic health record facilitates the provision of care for the youth who use the SBHC.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a plan for continuous quality improvement.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has at least two clinical or practice management measures per year are monitored and evaluated for improvement.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a data collection systems and capacity to collect data in place to track student health and academic outcomes.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a written record of progress toward selected measures.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a written policy addressing exchange of information between the SBHC provider staff and school health staff in accordance with HIPAA and FERPA.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Obtains signed parent/guardian consent (or student permission as appropriate) to obtain school health services records or to share SBHC records.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Establishes or works with an existing community advisory council to assist in planning and implementation, insuring that the services meet the health needs of the youth to be served.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Solicits involvement of youth through membership on the advisory council, a youth advisory committee, and/or another formalized mechanism for youth involvement input.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Comments about management practices (optional)

Marketing and Outreach

11. Please rate the current status related to your marketing and outreach practices.

Marketing and Outreach	
1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented	
Has a written marketing plan.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has crafted messages on school health services for different audiences (e.g., students, parents, school staff, and the general public).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Uses data or research to promote school health services.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a clear strategy for addressing opposition from different audiences.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Uses a variety of marking and outreach strategies (e.g., open houses, advertising that engages, and peer-to-peer outreach).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Comments about marketing and outreach (optional)

Funding Strategies

12. Please rate the current status of each of the following items related to funding.

Funding Strategies	1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented
Has a sliding fee scale that facilitates care for users of SBHC regardless of ability of user to pay.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has written billing policies for SBHCs (processes for recording, charging, billing, and collecting for services rendered).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has an effective and efficient billing system.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Conducts outreach and application assistance to families with students eligible for Medicaid, and CHP+.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a process for getting the funds generated from Medicaid and third party billing returned to the operating budget of the SBHC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

13. Please describe your mix of patient insurance types.

Patient Revenue	Medicaid	CHP+	Other government program	Private insurance	Uninsured/ Self Pay	Unknown	Total
Projected mix of insurance	%	%	%	%	%	%	100%
Actual unduplicated users in past year							
Actual mix of insurance	%	%	%	%	%	%	100%

14. Do you have an on-site eligibility worker for Medicaid? Yes No

Your Self Assessment

15. You have now provided us with a wealth of information on each of the eight factors of sustainability. We would be interested in your view of which factors you feel are your strongest and which areas you believe needs improvement.

Sustainability Factor	Needs vast improvement 1	Needs some improvement 2	Average Performance 3	Area of strength 4	Area of great strength 5
Staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing and outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Describe any best practices or successful strategies that you would like to share with others:

Additional Comments

17. How has your School Based Health Center evolved during the past year, and what opportunities have you taken advantage of to enhance sustainability?

18. What are the challenges confronting your School Based Health Center and how do you think they could be addressed?

19. What do you feel is needed to assure the long-term sustainability of your School Based Health Center?

Item Source

Five Levels of Primary Care/Behavioral Healthcare Collaboration from *Family Systems Medicine*, 1995, 13, 283-298 (Item #16)

SBHC Financial Template. The Colorado Health Foundation. (October 2009)

Survey of School-Based Health Centers. Colorado Health Institute (CHI) and Colorado Association for School-Based Health Care (CASBHC).

Quality Standards for Colorado School-Based Health Centers: Self-Assessment Checklist. Colorado Department of Public Health and Environment (August 2010).

Sample Self-Assessment #2

Best Practice #1

Enhance access by bringing health care directly to where students and families are and conducting active school-based outreach to connect students with care.

1. There is someone in the health center (even if not a medical provider) every day that school is open.*
 - Not really happening
 - In process, sporadic, depends on funding
 - Well-established, consistent

2. Clinical services (medical, mental health, or dental) are provided at the SBHC at least 16 hours a week.*
 - Not really happening
 - In process, sporadic, depends on funding
 - Well-established, consistent

3. The SBHC does not wait for patients to walk through the door but rather reaches out proactively to students by conducting mass screenings, establishing a clear process for school staff to make referrals, or following up on referrals by calling students out of class or contacting their families (when appropriate).*
 - Not really happening
 - In process, sporadic, depends on funding
 - Well-established, consistent

4. The SBHC accepts drop-ins/walk-ins.*
 - Not really happening
 - In process, sporadic, depends on funding
 - Well-established, consistent

5. There are no physical barriers that prevent students from accessing the SBHC (e.g., locked gates) or school policies that limit access (e.g., refusing to release students from class).*
 - Not really happening
 - In process, sporadic, depends on funding
 - Well-established, consistent

6. If serving teens, the SBHC maintains a teen-friendly environment by ensuring confidentiality, having a separate entrance/waiting area, having teen-only hours, and hiring staff interested in working with teens and/or training staff to work effectively with teens.*

- Not really happening
- In process, sporadic, depends on funding
- Well-established, consistent
- Not applicable

7. If serving children and/or parents, the SBHC hires staff members that understand the culture of parents in the school community and can speak their language.*

- Not really happening
- In process, sporadic, depends on funding
- Well-established, consistent
- Not applicable

8. The SBHC conducts active outreach in the school or community to inform students and families about the services available (including, when relevant, services that minors can access without parent consent.)*

- Not really happening
- In process, sporadic, depends on funding
- Well-established, consistent

Comments

Best Practice #2

Strengthen prevention and population health by connecting clinical care with public health approaches such as group and classroom education, school wide screenings and prevention programs, creation of healthier environments, or efforts to address the social determinants of health.

9. The SBHC regularly runs group programs for students on health and mental health (e.g., nutrition education, trauma support groups, asthma education, fitness, health careers).*

- Not really happening
- In process, sporadic, depends on funding
- Well-established, consistent

10. The SBHC regularly delivers health education in the classroom, conducts schoolwide health campaigns or events, or has presentations or events to educate parents and family members.*

- Not really happening
- In process, sporadic, depends on funding
- Well-established, consistent

11. The SBHC participates in efforts to establish a healthier environment in the school or community (e.g., school food policies, water availability, space for physical activity)*

- Not really happening
- In process, sporadic, depends on funding
- Well-established, consistent

Comments

Best Practice #3

Offer intensive support for the highest need students by being present on a daily basis to manage chronic disease, address behavioral health issues, deal with crises, and help students and families access resources.

12. The SBHC provides medical case management for all students as needed, such as monitoring or follow up for chronic disease, hospitalizations, injuries, acute illnesses, or medication administration. (Note: this function may be performed through coordination with a school nurse.)*

- Not really happening
- In process, sporadic, depends on funding

Well-established, consistent

13. The SBHC provides enabling or collateral services to help students access services (e.g., meeting with teachers, setting up appointments, assisting with insurance enrollment, explaining medical issues or health benefits)*

Not really happening

In process, sporadic, depends on funding

Well-established, consistent

14. The SBHC offers behavioral health services and psychosocial case management for students with emotional, social, or mental health issues.*

Not really happening

In process, sporadic, depends on funding

Well-established, consistent

Comments

Best Practice #4

Share in the school's mission to improve academic achievement by working together to address absenteeism, school climate, and classroom behavior and performance.

15. SBHC staff and school administrators meet regularly to discuss policies and procedures.*

Not really happening

In process, sporadic, depends on funding

Well-established, consistent

16. The SBHC and school staff work together to address the needs of students who are struggling with attendance, behavior, or academic performance issues.*

Not really happening

In process, sporadic, depends on funding

Well-established, consistent

17. The SBHC helps students develop leadership skills and have opportunities for student career pathway development.*

Not really happening

In process, sporadic, depends on funding

Well-established, consistent

18. The SBHC and school staff work together on activities and programs that promote positive climate and school safety.*

Not really happening

In process, sporadic, depends on funding

Well-established, consistent

19. The SBHC supports teachers' health and wellness (e.g., support groups, stress management, workplace wellness)*

Not really happening

In process, sporadic, depends on funding

Well-established, consistent

Comments

Best Practice #5

Communicate and coordinate care with other providers, partners, and payers to function as an integrated health care system.

20. When serving patients who have an assigned primary care provider that is not the SBHC's sponsoring organization (for example patients of Kaiser or private doctors), the SBHC shares information about non-confidential services and coordinates care when needed.*

- Not really happening
- In process, sporadic, depends on funding
- Well-established, consistent

Comments

NEXT STEPS

Looking back over all of your answers, which of the questions you marked "not really happening" are you most interested in working on?