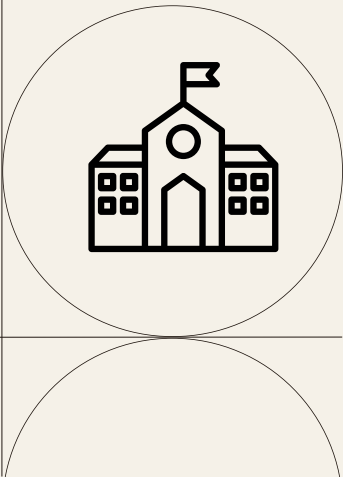


Implementation Model of a School-Based Health Center at a Community School in Vermont



Overview

This report describes the development of a School-Based Health Center (SBHC) at a rural Community School (CS) in Vermont that was partially funded through a Community Schools Grant. This was an innovative model that created a partnership between a rural School District and a Federally Qualified Community Health Center (FQHC) in the community. It aimed to provide healthcare to students during the school day by employing a Nurse Practitioner two days per week.

<i>Community Schools and School-based Health Centers</i>	<ul style="list-style-type: none">• SBHCs and CS align closely in their commitment to supporting the whole child through integrated student supports, collaborative leadership, and active family and community engagement.• Both models prioritize removing barriers to learning by addressing academic, health, and social needs in a coordinated manner.
<i>Program Goals & Objectives</i>	<ul style="list-style-type: none">• Improve Healthcare Access: Provide medical care to students without the need for them to leave school.• Partnership with local FQHC: Leverage external medical resources to support health services provided within the school system• Telehealth Integration: Introduce telehealth services to support students with timely access to healthcare professionals.

Key Components of the Program

<i>Community Schools</i>	<ul style="list-style-type: none"> Community schools act as the hub of a community and seek to support student success and well-being. The local school district sought to increase student access to medical care by employing a Nurse Practitioner (NP): The district employed a Nurse Practitioner two days per week, starting in November. The NP provided in-person healthcare services within the school, and the district compensated the NP directly.
<i>Partnership with FQHC</i>	<ul style="list-style-type: none"> Electronic Medical Records (EMR): FQHC provided an EMR system for patient documentation and data management. Billing: FQHC was responsible for billing patients for services rendered. Labwork/X-rays: In cases where further diagnostic testing is needed, students can receive lab work and X-rays through FQHC. Payment Structure: FQHC would pay the district \$60 per patient served. They were to receive the remainder of the compensation from the visit.
<i>Telehealth Equipment</i>	<ul style="list-style-type: none"> The district allocated funds from the Community Schools Grant to purchase telehealth equipment, which includes tools like otoscopes and stethoscopes. Annual Cost: \$14,000 per year for the telehealth equipment. Purpose: Telehealth equipment was meant to facilitate remote consultations with healthcare professionals. Challenges: While the equipment was in place, it was not utilized in the current year due to various challenges in program rollout.
<i>Program Structure</i>	<ul style="list-style-type: none"> Most referrals for visits came from school nurses - if a student needed care beyond their scope, they would refer them to the SBHC The program was available to all students in all schools The main aim of the program was for acute visits Mental health visits were included towards the end of the school year

Implementation Challenges

<i>FQHC Integration</i>	<i>Communication</i>	<i>Telehealth Program Rollout</i>	<i>Shared Vision</i>
The FQHC was not able to provide some support that was originally thought to be accessible, such as services to enter patient data into their EMR as well as patient recruitment.	There was relatively low participation in the program, which may have resulted from a lack of communication to families.	<p>Although the district invested in telehealth equipment, the program faced significant challenges in its rollout, resulting in limited use in the current year.</p> <p>School nurses received training in using telehealth equipment; however, logistical and technical barriers hindered its utilization.</p>	<p>There was limited integration between the SBHC and the Community Schools Coordinator at the school.</p> <p>There was also a lack of shared vision between school leaders, school nurses and FQHC.</p>

Financial Considerations

<i>Grant Funding</i>	The Community School Grant funded the telehealth equipment, start-up costs for the SBHC and the full time CS coordinator.
<i>Telehealth Costs</i>	The annual cost for telehealth equipment is \$14,000. While this investment is significant, it was expected to provide long-term savings by reducing student absences and improving overall health outcomes. However, there were challenges with implementation in the first year.
<i>Sustainability</i>	The FQHC encountered challenges with billing that resulted in them not being able to bill for services provided. This would need to be rectified in the future. In addition, the schedule for the NP should be maximized through a more robust partnership with the FQHC, such as expanding services for well child exams, immunizations and mental health.

Expected Outcomes of the Program

<i>Improved Access to Health Care</i>	Students have had easier access to medical consultations and consistent access to care given rural community context .
<i>Sustained Partnership with FQHC</i>	The ongoing partnership with the FQHC could continue to provide essential medical services to students, with billing handled externally to reduce district burden.
<i>Improved Academic Outcomes</i>	When children get medical care in school, it increases time in learning and improves academic outcomes
<i>Economic Impacts</i>	Caregivers can stay at work when they don't have to pick their children up to take them to medical appointments.

Future Steps and Recommendations

<i>Collaborative Leadership</i>	<ul style="list-style-type: none"> ● Shared Visioning and Goal Setting in start-up phases is crucial for establishing a unified direction, avoiding siloed work, and building collective ownership. This alignment allows for strategic deployment of resources and clear metrics for success. ● Consistent Communication Channels and Teaming Structures are foundational to sustaining collaboration. Regular cross-sector meetings, data sharing protocols, and joint planning teams ensure all stakeholders remain informed, responsive, and united in advancing student well-being and academic achievement.
<i>Communication between stakeholders</i>	<ul style="list-style-type: none"> ● A lack of shared vision created challenges for this program. ● CS and SBHC leadership needs alignment on goals and expected program outcomes ● Consider better family engagement and a comprehensive communication campaign.
<i>Expand NP Availability & Maximize NP Schedule</i>	<ul style="list-style-type: none"> ● Consider increasing the availability of the Nurse Practitioner to ensure students have adequate in-person care, especially as the demand for services grows ● Leverage support from the FQHC for patient recruitment. Train scheduling staff to consider if a patient could be seen at the school when parents call for appointments. Reach out to other area practices to increase awareness of the SBHC and collaborate on patient care.
<i>Increased Use of Telehealth</i>	<ul style="list-style-type: none"> ● Overcoming logistical hurdles should be a priority to ensure telehealth equipment is used effectively, increasing its utility for students ● Continue providing school nurses with training and troubleshooting support to ensure that telehealth systems are fully operational
<i>Sustainability</i>	<ul style="list-style-type: none"> ● Staff turnover—among nurses, SBHC providers, and school or FQHC administrators—has made it difficult to sustain the program due to recruitment challenges and loss of institutional memory.

Conclusion

This School-Based Health Center implementation model anchored within a Community school approach is an innovative initiative aimed at improving healthcare access for students through the integration of health services in school. While the program has faced some challenges, particularly in terms of a comprehensive shared vision, it made progress in providing essential healthcare services to students. It has been well received by parents and staff. Sustainability of this program is a challenge. There were billing problems that need to be rectified, and the NP schedule should be bet. Efforts to integrate the SBHC more fully into the Community Schools model could be an area of future growth. By continuing to work on a shared vision, refine the program's implementation and address existing challenges, the district and the FQHC could further enhance its healthcare offerings, ultimately benefiting students and the wider community.

When implemented as integrated, mutually reinforcing initiatives, School-Based Health Centers and Community Schools embody a cross-sector promise to holistically support rural school communities by addressing health, academic, and social needs through coordinated, place-based solutions.