**School Based Health Center**

***Baseline* Sustainability Self-Assessment Tool**

Name of SBHC Site:       School Name(s):       School District:

Name       Title       Email:       Date:

**Instructions:** *The director, coordinator or administrator should complete this self-assessment tool, answering questions about the status of the SBHC.* **Please complete these questions for the 2014-15 school year.**

What month and year did this SBHC first provide services?      /

1. **Rate the current status of each of the following items related to SBHC practices.**

| **SBHC Practices** | 1 = not in place/have not considered2 = in planning process3 = partially implemented4 = fully implemented |
| --- | --- |
| Has written job descriptions for all staff or involved in SBHC operations | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| Conducts outreach activities to enroll students and encourage SBHC use | [ ]  1 [ ]  2 [ ]  3 [ ]  4 |
| Has a plan for continuous quality improvement. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| At least 2 clinical or practice management measures per year are monitored and evaluated for improvement. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| Has a data collection systems and capacity to collect data in place to track student health and academic outcomes. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |

1. **Choose the statement that best describes the level of engagement your SBHC receives from stakeholders.**

| **Engagement with SBHC** | Little to no awareness, not engaged at all | Aware, but not engaged or active  | Takes small, “easy” actions to be engaged  | Takes larger, more difficult actions to be engaged | Independently *initiates* action  |
| --- | --- | --- | --- | --- | --- |
| Students | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Parents | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Teachers | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other school staff | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| School administration | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| School district/ school board | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. **Rate the current status of each of the following items related to integration with the school.**

| **Partnerships** | 1 = not in place/have not considered2 = in planning process3 = partially implemented4 = fully implemented |
| --- | --- |
| SBHC staff gives in-services to school staff or serves as consultants to teachers on health-related issues. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| SBHC has written policy delineating about roles and responsibilities of SBHC and the school nurse. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| Strong communication and coordination exists between SBHC staff and school/district health staff. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| SBHC staff are active members of any school-wide committee that meets at least monthly. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| Solicits involvement of youth through membership on the advisory council, a youth advisory committee, and/or another formalized mechanism for youth involvement input. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |

1. **Rate the current status of the following items related to funding and marketing/outreach.**

| **Business Model** | 1 = not in place/have not considered2 = in planning process3 = partially implemented4 = fully implemented |
| --- | --- |
| Prior to implementation, new SBHC develops a business plan. Periodically updates business plan/strategic plan. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| SBHC collects financial data and are capable of reporting revenues and expenses by commonly accepted line items.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| Has written billing policies for SBHCs (processes for recording, charging, billing, and collecting for services rendered). | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| Has a written marketing plan. | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| Uses a variety of marking and outreach strategies (e.g., open houses, advertising that engages, and peer-to-peer outreach).  | [ ]  1 [ ]  2 [ ]  3 [ ]  4  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Provision** | **# 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]](#footnote-1)** |
| Projected utilization |        |        |        |        %  |
| Actual users/visits in past year  |        |        |        |        %  |

1. **Provide your revenue and expense information for the most recent full school year.**

|  |  |
| --- | --- |
| **Revenue and Expenses** | **Amount** |
| **Non-patient revenue** (federal, state, city/county government, private foundation/donors, sponsor/partner agency in-kind contributions, etc.) | **$** |
| **Patient revenue** (Medicaid, other government sources, private insurance, patient self-pay, etc.) | **$** |
| **Total expenses** (program costs, salaries/benefits, administrative costs, etc.) | **$** |

1. **Please describe your mix of patient insurance types.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient Revenue** | **Medicaid** | **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% |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sustainability Factor** | **Needs vast improvement****1** | **Needs some improvement 2** | **Average Performance****3** | **Area of strength****4** | **Area of great strength****5** |
| High Quality Practice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Strong Partnerships | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Sound Business Model | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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

|  |
| --- |
| **Additional Comments** |

1. **In terms of sustainability, what are the challenges confronting your SBHC(s) and how do you think they could be addressed?**
2. **What are the current facilitators, processes or supports in place that will enhance the sustainability of your SBHC(s)?**
3. **What do you feel is needed to assure the long-term sustainability of your School Based Health Center?**
1. Utilization rate = # of users with at least one annual visit divided by # of students in the school [↑](#footnote-ref-1)