[INSERT SBHC NAME HERE]

Business Plan\*

Date approved: **[insert date here]**

|  |
| --- |
| **Instructions**1. The items in brown text and are instructions and explanations for completing this Business Plan and should be deleted once this template has been personalized with your SBHC’s information.
2. Text in blue indicates the areas in this business plan template where you should insert your SBHC’s information.
 |

\*This SBHC business plan template was adapted from a business plan template developed by the New Mexico Alliance for School-Based Health Care.

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1. **Executive Summary**

|  |
| --- |
| Summarize your business plan in a few paragraphs, no longer than 1 page. Be sure to address what the SBHC does and for whom, SBHC history, financial requirements for operations, your short and long term financial outlook as well as what you plan to do to keep your SBHC financially healthy. Complete this section after the content in all the other sections of this document has been finalized. |

1. **Needs Statement**

|  |
| --- |
| Describe why your community needs a SBHC. Explain why the SBHC is the best option for addressing this need vs. outpatient community clinic, school nurse, primary care providers, etc. Use adolescent health data to support your case. This data may include: local Youth Risk and Resiliency Survey (YRRS) data, teen pregnancy, obesity, motor vehicle, suicide, depression, substance abuse and STD rates. Your local public health office may be able to help provide you this data. |

Our community needs a SBHC because [insert your reasons here]

1. *Demographics*

|  |
| --- |
| Explain the demographics of the community the SBHC is in **and** the demographics of the school. For an existing SBHC, include the demographics of your clients. Demographics include population numbers, ethnicities, gender, age, free and reduced lunch statistics, poverty statistics, and client descriptors (numbers seen, gender, age).  |

Our community is [describe your community here]

Our school is [insert school information here]

Our SBHC serves [insert population being served by SBHC here]

1. *SBHC Outcomes*

|  |
| --- |
| List some of the relevant research connecting health to academics as well as evidence based research about the effectiveness of SBHCs. Access information on research about the effectiveness of SBHCs at the [School-Based Health Alliance](http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.8021437/k.8E07/Fact_Sheets.htm) website.  |

SBHCs are an appropriate health care delivery model for our community because [describe key research data here]:

1. **Business Overview**
2. *SBHC Description*

[Insert your state name here] has over [insert number of SBHCs] school-based health centers. Research shows students perform better when they show up for class, healthy and ready to learn. School-based health centers (SBHCs) provide services where students are, in the school, so students can avoid health-related absences and get support to succeed in the classroom. Most SBHCs provide comprehensive primary care and behavioral health services such as annual exams, care for illnesses, counseling, prevention, and education. They give students medical attention when needed, diagnosing and treating problems like asthma and diabetes early on, thereby preventing bigger problems later.

1. *SBHC History*

|  |
| --- |
| Briefly describe the history of the SBHC - for example, when it was founded, why it was founded, and any major organizational changes it has undergone (e.g. growth/ new locations, fiscal agent/ contractual changes, closing/ reopening). You may want to reference the state and national movements for SBHCs (more information download the School-Based Health Alliance’s National Census and State Policy Survey Reports at [www.sbh4all.org](http://www.sbh4all.org)). For a new SBHC, describe how the concept for the SBHC was started, who was involved, and the SBHC planning process. |

1. *Vision*

|  |
| --- |
| It is vital that your SBHC has a vision and mission. Even if your SBHC is part of a larger organization, it should have its own vision and mission statement. **Vision** **Statement**: Explains *what* you want to accomplish or achieve. The vision statement should be concise and easy to remember. Because it is easy to remember, it is easy for everyone in the organization to focus on the vision. When people focus on the vision, their daily activities are automatically directed towards achieving the vision. **Example:** The students of XX community will be healthy and able to reach their full potential.  |

[Insert your SBHC’s vision statement here]

1. *Mission*

|  |
| --- |
| **Mission Statement:** A general statement of *how* you will achieve your vision. There is a very close relationship between your SBHC’s vision and mission statement. The mission statement is an action statement that usually begins with the word “to.” Once again it is a very simple and direct statement that is easy to understand and remember***.*** **Example:** To provide professional, quality medical, health and behavioral services that meet the unique health needs of adolescents attending XX High School. |

[Insert your SBHC’s mission statement here]

1. *Values*

|  |
| --- |
| **Core Values** - Define the SBHC in terms of the principles and values that the staff will follow. Values provide the bounds or limits of how the staff will conduct their activities while carrying out the vision and mission. ***Below is a sample list of values but your list should reflect your community values.***Our SBHC has core values, which guide our clinical care and business decisions. We value:* Accessible and affordable healthcare for all young people.
* Quality, cutting edge health practices.
* Young people and their health decision-making capabilities.
* The educational and social success of young people.
* The parent-child relationship and our role in nurturing this relationship.
* The cultures and languages of our clients and their families.
* Schools and their critical role in young people’s lives.
* All services that promote young people’s development.
* Community engagement in planning and assessment of our services.
* Partnership and collaboration.
 |

1. *Program Goals*

|  |
| --- |
| **Goals:** general statements of what you want to achieve. They describe future expected outcomes or states. They provide programmatic direction and focus on ends rather than means. **Objectives:**  clear, realistic, specific, measurable, and time-limited statements of action which when completed will move towards goal achievement. Objectives tell how to meet a goal. Objectives should be SMART:1. **S**pecific – Objectives should specify what they want to achieve.
2. **M**easurable – You should be able to measure whether you are meeting the objectives.
3. **A**chievable - Are your objectives achievable and attainable?
4. **R**ealistic – Can you realistically achieve the objectives with the resources you have?
5. **T**ime – When do you want to achieve the set objectives?

**Target:** Measurable outcome that will let you know you reached your objectives. **IMPORTANT NOTE:** Your SBHC must develop goals that meet the individual needs of your clients, community and schools. Goals and objectives should be modified regularly. ***Example:***Goal 1: *Implement a comprehensive worksite wellness program for Turtle High School staff.* Objective 1: By April 10, 2014, a qualified Program Coordinator will be hired and oriented.Benchmark: Program Coordinator is hired and oriented by April 10, 2014. Objective 2: By May 15, 2014, identify, modify and finalize worksite wellness curriculum for use with Turtle High Staff, based on input from SBHC staff and select school staff, as well as past school staff needs assessment results.Benchmark: Written curriculum framework that reflects school staff needs is selected and modified as appropriate by May 15, 2014. |

[Insert your goals, objectives and benchmarks here]

1. **Operations and Management Plans**
2. *Locations and Facilities*

|  |
| --- |
| Describe where your SBHC is located (what state, city, and where on the school campus). Describe your facility in terms of square footage and the function of the rooms).  |

1. *Operating Procedures*

|  |
| --- |
| Provide a snapshot of your SBHC operations. * Which guidelines does your SBHC program follow?
	+ For example: FQHC policies, SBHC policy and procedure manuals, State SBHC standards and benchmarks
* What do you do most frequently?
* What is your process for receiving or making student referrals?
* What supplies do you use?
* How many visits per year do you receive for the most common services? How many referrals?
 |

Agencies and or guidelines that guide our standard of care are [insert your information here].

Our procedure and policy manual was last updated [insert date here] and is located in the SBHC and includes policies on [insert your specific policy & procedure information here].

Our referrals for the SBHC come from [insert name of organizations]. In the year of [insert year] we had [insert number of referrals] number referrals.

The most commonly purchased supplies in the SBHC

|  |  |  |
| --- | --- | --- |
| Medical supplies | Office supplies | Medical equipment |
| List your medical supplies here | List your office supplies here | List your medical equipment here |

1. *SBHC Services*

|  |
| --- |
| In this grid focus on the services you provide, not on the service providers you have on staff. For example: under dental say “cleanings, restorative services” instead of “dentist.” New SBHCs can list the services they plan on providing. **NOTE:** Behavioral health care should include substance abuse services. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Care** | **Behavioral Health**  | **Education/****Prevention** | **Dental** | **Other:** |
| Services:List the types of primary care services provided at your SBHC | Services:List the types of behavioral health services provided at your SBHC | Services:List the types of education and prevention services provided at your SBHC | Services:List the types dental services provided at your SBHC | Services:List the types education and prevention services provided at your SBHC |
| Total hrs/wk: Insert how many hours per week primary care services are available at your SBHC  | Total hrs/ wk: Insert how many hours per week behavioral health services are available at your SBHC | Total hrs/ wk:Insert how many hours per week education and prevention services are available at your SBHC | Total hrs/ wk:Insert how many hours per week dental services are available at your SBHC | Total hrs/ wk:Insert how many hours per week dental services are available at your SBHC |

The top three services provided in the SBHC:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical services | Behavioral Health Services | Dental | Health Education | Other |
| List the top three medical services provided at your SBHC | List the top three behavioral health services provided at your SBHC | List the top three dental health services provided at your SBHC | List the top three health education services provided at your SBHC | List other top three services provided at your SBHC that haven’t already been mentioned (i.e. first aid)  |

1. **Personnel and Resources**
2. *Directors*

|  |
| --- |
| Explain who has ultimate responsibility for your SBHC (i.e. a CEO, school board, board of directors), and list them here. New SBHCs without assigned personnel should insert the position title, qualifications of the SBHC director along with search plans to fill the position. |

1. *Management Team*

|  |
| --- |
| Indicate who manages/supervises the SBHC. Include all contact information, professional degrees and recent past work experience. New SBHCs may not have SBHC personnel, and should describe their management structure, position titles, qualifications and search plans.**REPEAT** the list if you have multiple supervisors in your program |

The management team of the SBHC includes:

Position, name, degree:

Responsibilities:

Relevant experience:

Position, name, degree:

Responsibilities:

Relevant experience:

Position, name, degree:

Responsibilities:

Relevant experience:

1. *SBHC Staffing and Structure*

|  |
| --- |
| Describe your staff.Define and describe your fiscal agent, community partners and SBHC volunteers.**Fiscal agent:** the agency that is contractually responsible for managing your SBHCs finances. This entity may or may not provide services at your SBHC. Define your relationship with the school and school board not in terms of “we have a good relationship” but what role they may have in your governance, operation oversight, or how you collaborate together on projects (e.g. immunizations, screenings, health fairs, etc.). This agreement should be written in a formal letter of agreement or memorandum of understanding between the SBHC, its fiscal agent, and school administration.  |

SBHC staff

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff name** | **Degree** | **Role (example: nurse practitioner, physician, dentist, clinical assistant)** | **Hrs/ wk at SBHC** |
| Insert your information here | Insert your information here | Insert your information here | Insert your information here |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

SBHC Partners

|  |  |
| --- | --- |
| **Fiscal agent** | Insert your information here |
| **Relationship with school that houses SBHC** | Insert your information here |
| **Relationship with school board** | Insert your information here  |
| **SBHC community partners** | Insert your information here |
| **SBHC volunteers** | Name/ title:Insert your information here |

1. *Community Engagement*

|  |
| --- |
| Describe your process for community engagement. Describe what, if anything, you have done to engage the community thus far. Focus on how you will develop relationships that help solidify community support for your SBHC and bring in resources. Discuss the members and role of your school health advisory committee. Why did you choose those you collaborate with? What successes and setbacks have you encountered? |

Our plan for community engagement includes [insert description here]

Our school health advisory committee [insert description here]

We have experienced the following successes and setbacks [insert description here]

1. *Strengths, Weaknesses, Opportunities, & Threats*

|  |
| --- |
| SWOT Analysis is a strategic planning method used to evaluate the Strengths, Weaknesses, Opportunities, and Threats involved in a project or in a business venture. It involves specifying the objective of the SBHC and identifying the internal and external factors that are favorable and unfavorable to achieving that objective. **Strengths:** internal attributes of the organization helpful in achieving the objective. **Weaknesses:** internal attributes of the organization that create a barrier to achieving the objective. **Opportunities:** external conditions helpful to achieving the objective. **Threats:** external conditions which could do damage to the SBHC’s performance. |

We have outlined our strengths, weaknesses, opportunities, threats (SWOTs) in the following chart:

|  |  |
| --- | --- |
| Our Strengths: [insert description here] | Our Weaknesses: [insert description here] |
| Our Opportunities: [insert description here] | Our Threats: [insert description here] |

1. **Market Strategies**

|  |
| --- |
| When starting an SBHC, or working on a business plan for an existing SBHC, it is important to familiarize yourself with some important marketing concepts. These concepts help you think about your product (healthcare) in terms of how to understand what your customer needs and wants and how you will meet their needs and wants. Marketing activities are all those associated with identifying the particular wants and needs of a target market of customers, and then going about satisfying those customers better than the competitors (see section VII, A). **Product:**  Anything that can be offered for attention, acquisition, use, or consumption that might satisfy a customer’s wants or needs. It includes physical objects, services, events, persons, places, organizations, and ideas. **Want:** What a customer considers a necessity. The customer may need healthcare.**Need:** What the customer would like. The customer may want personalized healthcare that makes them feel special and cared for. **Service Delivery**: The process of supplying the services that our customers want and need.**Pricing**: Determining the best price for your service. Consider the price that competitors charge, your costs, and what the customer is willing and able to pay.**Advertising**: A form of communication whose purpose is to inform potential customers about products and services and how to obtain and use them. A specific action we can take to reach our customers.  |

1. *Product*

Our product is [insert description here]

Our customers need [insert description here]

Our customers want [insert description here]

1. *Service Delivery*

Our SBHC clients will access our services by [insert description here]

We anticipate the following barriers in providing our services (e.g. rural nature, provider availability, finances): [insert description here]

1. *Pricing*

The charges for services in our SBHC are [insert description here]

We chose this price because [insert description here]

Our sliding fee scale for uninsured is [insert description here]

Our co-pay for private insurances is [insert description here]

Our reimbursement fee schedule from Medicaid is attached as Appendix [XX].

1. *Messaging*

|  |
| --- |
| Explain the primary message(s) included in your promotional materials. Messages might include: we provide quality services regardless of the ability to pay, services save parents time and worry, services are teen friendly, etc. If you have a slogan or tagline, include it in this section of your business plan. If you have different messages for different audiences (e.g. students, parents, school staff) describe them here.  |

The primary message(s) in our promotional materials are [insert description here]

Our slogan or tagline is [insert description here]

1. *Advertising*

Our plan for advertising our SBHC is outlined below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audience** | **What** | **When**  | **Materials**  | **Anticipated outcome** |
| Clients ***example*** | Present in all 9th grade classrooms | August  | Brochures | Students will know how to access SBHC.Self-referrals will increase.Keep clients abreast of any changes in services, staff, and hours. |
|  | Present at all school assemblies | August | Brochures |
|  | SBHC information in registration packets | August | Brochures |
|  | Periodic announcements on school PA system about SBHC | Monthly  | Script |
|  | SBHC information posted in public places in school: halls, bulletin boards | Put up new information every 3 months | Posters |
| Parents | INSERT |  |  |  |
| School staff | INSERT |  |  |  |
| Community | INSERT |  |  |  |

1. **Niche analysis**
2. *Competition*

|  |
| --- |
| Think about other service providers. Start by listing your “nearest” competitors. This not only includes medical providers in closest proximity to your SBHC, but medical providers that offer services most similar to your SBHC services. ***For example it may help to think about where your clients might go if your SBHC was not operating***.  |

Our five nearest competitors are:

1. [insert description here]
2. [insert description here]
3. [insert description here]
4. [insert description here]
5. [insert description here]
6. *Key assets of competitor and SBHC*

|  |
| --- |
| Complete the following grid about your competitors. Include as many as are relevant.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competitor name** | **Strengths** | **Weaknesses**  | **Assets they have that the SBHC does not** | **How the SBHC is different than competitor** |
| LNC clinic | Part of large corporate systemExtensive hoursPeople know this clinic/ know how to use it | Services are sometimes perceived as impersonalLocation not convenient for adolescentsMany adolescent clients do not feel it is private | Corporate structure to help offset costsNicer facility/ more equipmentSpecialist | Services convenient for adolescents Staff specialize in adolescent health careClients see services as confidential and respectful  |
| Stanley and Smith Pediatrics |  |  |  |  |

1. *Plan for addressing competition*

|  |
| --- |
| Discuss how you will monitor your competitors and keep up with them in terms of offering services that the customers need and want. Sometimes you will not be able to offer services the competitor offers (specialist, stitches, setting of broken bones, etc.). In this case, state your plan for a referral /collaboration system.  |

Our plan for monitoring our competition is [insert description here]

Our plan for updating our services to keep up with the market is [insert description here]

For the benefit of continuity of care for our client we plan to collaborate with our competitors in the following ways [insert description here]

1. **Financial Components**

|  |
| --- |
| SBHC planners have to forecast how much cash they will need to reach major milestones and where that cash will come from. For your business plan you should develop each of the four sections below. This is a factual section, so minimizing text to explanations and conclusions is essential. |

1. *Key Assumptions*

|  |
| --- |
| SBHCs operate their business using some assumptions. The following is a list of sample assumptions used by SBHCs:* Facility will be essentially free including maintenance.
* We have base funding in the forms of grants from several agencies: list agencies and amounts.
* SBHC offers a competitive base salary rate of (list salaries by position).
* SBHC will bill Medicaid from the following sources: Medicaid Managed Care Organizations or bill Medicaid directly through fee for service (FFS).
* SBHC will bill private insurance.
* SBHC has a set fee for service (include your fee schedule in the business plan appendix).
* SBHC will conduct and charge for all school sports health exams.
* SBHC will offer all required student vaccines free of cost.
* SBHC will/will not be open in the summer.
 |

Our assumptions are as follows:

* [insert description here]
1. *Projected Balance Sheets*

|  |
| --- |
| See attached pro-forma business plan sheet.* This Excel sheet will help you work through the financial details of your SBHC operations.
* The sheet is useful for recording actual expenses or for making projections.
* Note tabs on the bottom of the workbook.
* Begin with the furthest left hand sheet, work to the right sheet by sheet. Each sheet automatically calculates the bottom line. All you need to do is fill in values.
* The final (right hand sheet) automatically calculates your SBHC’s projected costs and revenue balance.
* Make analytical statements, such as:
	+ “Our SBHC will have an estimated surplus of $X after the first year of operations.”
	+ “Our SBHC will have an overall cash surplus of $X after the first year, but will have X months of deficit based on collection of funds and their irregular disbursement.”
	+ “With the current plan our SBHC falls short all year and will require $XX to meet budget.”
* If you come up with a negative balance 1) go back to sheet and look for errors that can be corrected and/or adjustments to expenditures, and 2) devise a plan to address this issue.
 |

Our analysis indicates that [insert your financial analysis here]

See attached balances sheet in Appendix [insert appendix number here]

1. *Cash Flow Projections*

|  |
| --- |
| Find following information in your completed pro-forma business plan. Total yearly revenue, expenses, and closing balance are in the Income Statement tab. |

|  |
| --- |
| **Year:** Insert year here |
| Non-patient Revenue | Insert your data here |
| Patient Revenue | Insert your data here |
| **Total revenue** | Insert your data here |
| Salaries & Benefits | Insert your data here |
| Program Costs | Insert your data here |
| Administrative costs | Insert your data here |
| **Total expenses** | Insert your data here |
| **Net revenue (expense)** | Insert your data here |

1. Best/Worst Case Scenario

|  |
| --- |
| Use the pro-forma business plan template to recalculate best- and worst-case scenarios. For each revenue item, imagine which funds are the most likely to change; decrease those values to make them align with a worst-case scenario. For each cost item, imagine which costs are the most unpredictable and increase those values to make them align with a worst-case scenario. Use variations of these values to calculate best- and worst-case scenarios. Look specifically at three scenarios: best-case, worst-case and most-likely-case. Make analytic statements that describe risks in the worst-case scenario and possible surprises on the best-case scenario. |

Factors that can affect our revenue [list those factors here]

Our best-case scenario is [list factors and the cost and revenue projections here]

Our worst-case scenario is [list factors and the cost and revenue projections here]

We believe the most-likely scenario is [list factors and the cost and revenue projections here]

1. *Sustainability plan*

Review your plan for financial sustainability. What steps will you take over the next 3 years to meet your financial goals? Explain your timeline for these steps and what you expect to happen as result of these steps (the outcome).

Our plan for financial sustainability includes the following steps:

|  |  |  |
| --- | --- | --- |
| **Step** | **Timeframe** | **Anticipated outcome** |
| Step 1  |  |  |
| Step 2 |  |  |
| Step 3 |  |  |

*F. Overall Assessment*

|  |
| --- |
| You are making an informed determination about the financial viability of the SBHC. Make this clear and concise, based on the elements below:* Common key assumptions
* Annual costs and projection
* Monthly cash flow and ability to pay liabilities on time
* Likelihood of worst case scenarios occurring
 |

Our overall assessment of the financial viability of the SBHC is [insert description here]

1. **Risk Management**

|  |
| --- |
| If your SBHC has access to an attorney through your fiscal agent or school district, this is a good section to have her/him review.Much as the children under our care need to be protected from harm, the SBHC serving them needs to be protected to survive and continue to operate in the future. To do this, the SBHC should have considered the risks it may encounter and develop plans to reduce them.  |

First and foremost, we follow the school district risk-reduction policies (see Attachment X). Some additional risk situations we have considered and risk reduction strategies we have in place include the following:

|  |  |
| --- | --- |
| **Anticipated risk situation**  | **Risk reduction strategy**  |
| Provider backgrounds (criminal)  | All new hires will have background checks, and the results will be reviewed before they start working with clients. |
| Staff having basic safety training (CPR, blood borne pathogens, XXX)  | All staff will have individual safety training plans that are updated regularly.  |
| Transporting students  | We have a transportation policy that addresses insurance and parental consent issues. |
| Occasional hostile parents (this can sometimes happen when abuse situations arise) | Notify principal of possible hostile parent (no names) arrival; principal may elect to have security nearby. |

1. **Exit Strategy**

|  |
| --- |
| In the unfortunate possibility that you have to close the SBHC program, you will need to close it in a way that is ethical, maintains the continuity of care for clients, and protects your personal and group reputation. Some areas to consider:* Timely notification of staff/ partners/ clients/ families.
* Staff should have a minimum of 3 months’ notice; six months is better.
* Find services to transfer your clients to (this is very important for behavioral health patients, and for clients with on-going health issues such as asthma, diabetes). Make client-transfer plans at least 1 month in advance, 2 to 3 is better.
* Plan to deal with transferring students’ confidential files in a way that they remain confidential.
* Pay your debtors.
* Notify funders.
* Act in ways to protect your personal and group reputation.
* Pay all debts.
* Assets are items that have values and can be liquidated, for example, furniture and equipment.
* Assets can also be donated or liquidated to pay debts.
* After paying debts, excess cash reserves might be used for severance pay or be donated.
 |

In the event that we have to close our SBHC, we have considered the following items that will need to be addressed in a professional and expedient way:

|  |  |  |
| --- | --- | --- |
| **Areas to consider** | **Exit strategy** | **Who will be in charge of this activity** |
| Staff | [insert description here] | [insert description here] |
| Partners | [insert description here] | [insert description here] |
| Transfer of clients  | [insert description here] | [insert description here] |
| Client’s records | [insert description here] | [insert description here] |
| Communication with school district | [insert description here] | [insert description here] |
| Communication with parents | [insert description here] | [insert description here] |
| Communication with community | [insert description here] | [insert description here] |
| Debtors | [insert description here] | [insert description here] |
| Funders | [insert description here] | [insert description here] |
| Excess cash reserves | [insert description here] | [insert description here] |
| Assets | [insert description here] | [insert description here] |