

**Resource Library for School-Based Health Center Startup Sites**  
Maintained by the MA Department of Public Health School-Based Health Center Program

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The following Resource Library is drafted based on content generated from a 2023 focus group with leaders and administrators of school-based health center (SBHC) sponsor agencies in Massachusetts. These leaders gathered to lend their experience and knowledge in the form of large and small group discussion, written feedback, and key-informant interviews. School-based health center sponsor agencies are traditionally community health centers or hospitals that sponsor School-Based Health Centers and employ the SBHC staff that provide care within these satellite clinics located within host schools. This resulting document is a draft resource library for community leaders, sponsor agency school-based health center teams, school districts and other advocates for school-based health services as they consider starting an SBHC in their community.

Each community has its own unique process toward developing an SBHC. This resource library is not meant to be a step-by-step guide or clear roadmap. Rather, it is a series of inquiries, tools, and resources to consider as you embark on this journey.

If you would like to suggest an edit or addition to this document, please use the contact info at the end of this document to reach the MDPH School-Based Health Center team.

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## **Mission & Vision**

**Mission:** The mission of the Massachusetts Department of Public Health School-Based Health Center Program is to improve access to care for youth and children in schools and communities where access to care is low and health inequities are high. We do this by providing funding and technical assistance to School-Based Health Centers throughout the Commonwealth that improve access to healthcare, particularly for students of color, immigrant/refugee students, low-income students, students in rural communities, and LGBTQ+ students, and their families/caregivers. Our School-Based Health Centers are satellite locations of health centers and hospitals within school buildings that provide healthcare in response to identified community needs, including primary care and behavioral health services. The Division of Child and Adolescent Health and Reproductive Health and its program teams, including the School-Based Health Center Program, work with diverse communities, people, and partners to address the history and persistence of structural racism in the United States and its impact on health.

**Vision:** The Massachusetts Department of Public Health School-Based Health Center Program envisions a Commonwealth where all students thrive. The School-Based Health Center Program supports this vision by striving to meet the physical and behavioral health needs of students and to provide a space in school where students have the opportunity to feel belonging and connection with a trusted adult.

## **Building a Culture of Racial Justice**

MA DPH is committed to addressing racial injustice and health inequity through SBHC services. Building a culture of anti-racism and equity is a core value of the SBHC Program and is reflected in the MDPH School-Based Health Center Program's Quality Standards. This includes integration of a racial justice lens, both *externally*, in community-facing services, and *internally*, in organizational structure and governance. Below, please find the MDPH SBHC's Mission and Vision Statements and Consider the following:

- What racial inequities exist in health status, access, and care in your community?
- Articulate the value of SBHC services in helping to reduce racial inequity, barriers to access, and negative health outcomes.
- Does your SBHC team share knowledge, language, and values of racial justice? Consider enlisting a team training or retreat to seek alignment and shared understanding on racial justice topics.
- It is crucial that your SBHC team, youth and community advisory boards are meaningfully representative of those most impacted by systems of oppression; people of color, people who are

immigrants/refugees, people who are LGBTQIA+, people who experience poverty, and/or who live rurally.

- When the decision-making table includes those who share identity and experience with the student body, services are more likely to reflect the needs of those historically marginalized populations.
- To actively reject and prevent tokenization, consider a policy that requires majority representation of those of historically marginalized identity (based on the local student population) on SBHC teams, student and community advisory boards. It's critical that those of marginalized identities are not only given seats at the table, but that the structure and processes allow for their presence to influence recommendations and decisions made by the group.

Links to Supplemental External Resources:

- [Racial Justice Framing](#): seeing social determinants of health with a racial justice lens
- [Racial Equity Tools](#): explore a library of over 4,500 racial equity resources

### **School-Based Health Center Purpose and Desired Impact: What is our Why?**

A critical first step in the process of designing school-based health services is to conduct (or review, if already available) a comprehensive community needs assessment to understand health equity, community strengths, weaknesses, opportunities and threats. Consider the following:

- ≠ What is your SBHC mission statement? Write one with your planning team or coalition of community and student partners.
- ≠ Develop a strong and comprehensive Memorandum of Understanding (MOU) between the host agency and school district. MOUs are a negotiated agreement of collaboration between the school district and the host agency that can be referenced in the case of questions regarding the role or scope of each institution. Consider detailing agreements regarding:
  - Purpose, mission statement and shared goals
  - Ownership and maintenance of SBHC facilities
  - Services offered
  - Expectations for communication and collaboration

### **Engaging Community Partnerships and Stakeholders: Can't do it alone! It takes a village!**

Critical to the success of any SBHC is a robust network of community members that advocate for school-based health and champion the work in both formal and informal ways. Consider the following:

- Who is your “community”? Who are you serving with this SBHC?
  - Catchment area, town, or region
  - School or district
  - Target age group

- Race/ethnicity and income demographics
- Who are your champions and community advocates? Who else do you want to bring in?
  - Who is already at your table? Who is already bought-in?
  - Who needs more convincing and who on your team is able to do that needed advocacy?
- How can the SBHC partner with local organizations to increase sustainability, collaboration, and access to services? Consider exploring partnerships with:
  - Local nonprofits and youth-serving organizations to support with planning, implementation, utilization, and ongoing review/improvement of SBHC services
  - Third-party clinical and non-clinical services, such as dental, art therapy, or parent groups
  - School clubs and after-school programs
  - Social services, such as Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)
  - Local small businesses
- How will your community partners seek alignment and move with a shared vision? Consider gathering for community partner retreats or facilitated meetings well in advance of opening the SBHC.
- Who has formal power (e.g., superintendent, mayor, etc.)? Who has informal power (e.g., school secretary who writes passes for students)? How will you build these relationships?
- Establish a youth advisory board to offer feedback and support in making the SBHC a youth-friendly and youth-centered space. This is strongly recommended and regular youth feedback is required by the MDPH Quality Standards.
  - Commit to inclusion by prioritizing involvement from youth most impacted by inequity, including for students of color, students who are immigrants/refugees, students who are LGBTQIA+, students who experience poverty, and/or students who live rurally.
  - Avoid tokenization by evaluating how youth recommendations are adopted, implemented with fidelity, and evaluated for impact, and by compensating participants for their work and expertise through stipends and/or course credit. It may also be appropriate to ask youth what they think would be fair compensation for their time and expertise.
  - Engage youth as leaders. Youth leadership is an essential feature of youth advisory boards.
  - Meet consistently.
  - Document notes, feedback, and suggestions for change and plans for implementation.
- Establish a community advisory board to offer feedback and support in making the SBHC a youth-friendly and youth-centered space. This is strongly recommended and regular youth feedback is required by the MDPH Quality Standards.
  - Commit to inclusion by prioritizing involvement from parents and families most impacted by inequity, including for people of color, people who are immigrants/refugees, people who are LGBTQIA+, people who experience poverty, and/or people who live rurally.
  - Avoid tokenization by evaluating how recommendations are adopted, implemented with fidelity, and evaluated for impact, and by committing to schedule group meetings outside traditional work hours to ensure meaningful access and involvement.

- Meet consistently.
- Document notes, feedback, and suggestions for change and plans for implementation.

Resources:

- [Creating and Sustaining a Thriving Youth Advisory Council](#)
- [Youth Advocacy & Power Building: A Toolkit to Building Solutions by Youth, for Youth, and that Inspire Youth - Community Catalyst](#)

**Physical Space and Facilities: Location, location, location. Leave room to grow!**

Many focus group participants agreed with the need to identify physical space early in the process. Access to physical space within a school building requires strong inter-agency relationships and a shared vision. SBHC sponsor agency leaders cautioned against moving too far in the SBHC design/planning process without finalizing a plan for adequate physical space with the host school district. Consider the following:

- Will the SBHC be co-located within or separate from the school building?
  - If co-located, will the SBHC share space with a school nurse or other school faculty? Consider strongly how to invest in this relationship and whether this structure meets your needs.
  - If the SBHC is planned to be separate from the school building, how will students access it? What processes must be in place to ensure safety and low-barrier, meaningful student access? Would access be weather dependent? This must be discussed in conjunction with school administration to ensure they will allow students to leave the building to obtain care during the day.
  - Consider innovative or creative build-outs (e.g., modular units or mobile vans).
  - Are there conditions attached to the use of donated space or funds for build-outs? Can those conditions be met?
- What security and/or check-in systems do the school and the sponsoring organization have in place?
  - Is the SBHC available to non-students? If so, what security systems are in place to ensure the school cannot be accessed by a non-student?
  - Do SBHC staff need access to school buildings via badge or access card?
- Consider hiring an architect with operational/applicable knowledge of SBHC / Health Center design.
  - Ensure DPH regulations and licensure requirements are followed.
- Is there room to grow? Will you want or need multi-functional spaces?
  - Consider rooms for dental, vision, group visits, club meetings, outreach and student engagement activities, etc.
- How will you make the space youth-friendly?
  - What might prevent youth from accessing the SBHC in the proposed space? This will help you get an understanding of school climate and student perception that may not be obvious to the adult planners (i.e. being near the cafeteria may seem like it would enhance access, but students may be afraid of being seen by their peers)
  - Consider signage, branding, and visibility (eg., will foot traffic lead to walk-ins? Will all students feel accepted for who they are at the SBHC?)

- Consider colors, furniture, and an inviting design.
- How will the space design support confidentiality and privacy? (eg, can a student sitting in a classroom see who is entering and leaving the SBHC? Can students in the waiting room hear the conversation in the behavioral health provider's room?)
- Who is responsible for maintenance, housekeeping, custodial services?
  - Trash removal, including medical/hazardous waste
  - Snow removal
  - Replacing and repairing fixtures / infrastructure (eg., replacing light bulbs)
  - Pest control
  - Who will have a key?

Resources:

- Contact the [Division of Healthcare Facility Licensure and Certification](#) for more information on licensure requirements

### **Financing and Business Plan: Show me the money!**

It is critical to really understand the costs of running a school-based health center, including the challenge of making SBHCs sustainable. Billing cannot drive care, and billing alone usually will not sustain an SBHC.

Consider the following:

- What are the demographics of your community, including the insurance payer mix for the eligible patient populations? What proportion of students have public health insurance (e.g. MassHealth) vs. private health insurance?
- Is your leadership knowledgeable of healthcare finance and fully committed to a public health model of care that likely *will not* increase revenue?
- A blended financial plan is critical to sustainability. Consider these funding streams:
  - Insurance billing
  - DPH grants
  - Donations, including in-kind
  - HRSA and other federal funds
  - Alternative grant funding
  - Unrestricted operating funds, not tied to program deliverables
- Consider how you will optimize billing based on your scope of services and payer mix.
- How does your staffing plan impact operating costs?
  - Will your team work the full calendar year or only school-year?

### **Assembling Your Inter-agency Team: The right people at the right time for the right task!**

Role clarification is critical to the success of an inter-agency team and a robust MOU between the sponsor agency and the host school that includes roles and responsibilities will help you collaborate toward an aligned vision for the SBHC and community. Consider the following:

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- Establish an inter-agency/inter-disciplinary committee or working group to focus on governance, policy, partnership, and community relations.
  - The group should meet regularly and frequently, especially during the start-up period.
  - This group is critical to help promote services, mitigate barriers to opening, share resources and strategy, and align expectations.
  - Does this team reflect the cultural diversity of the student body related to race, language, gender, LGBTQ+ identity?
- How will you clarify roles and responsibilities between the host school staff and the SBHC staff (employed by the sponsor agency)?
  - What opportunities for collaboration exist between agencies? Consider implementing team huddles or periodic check-in meetings to support collaboration.
  - What is the workflow for referrals between the school team and health center team? Consider discussion related to SBHC involvement in existing multi-tiered systems of support (MTSS) meetings.
  - What is the overlapping/intersecting scope of practice for clinicians/counselors based at/employed by the host school (such as the school nurse, school social workers, adjustment counselors, externally contracted social workers working within the school, etc.) and clinicians/counselors based at the SBHC and employed by the sponsor agency (CHWs, Behavioral Health providers, etc)?
  - Consider the differences between the privacy requirements under FERPA (which applies to school records) and HIPAA (which applies to medical records).
- What SBHC staff roles are needed and when? Will you hire in phases or all at once?
  - Consider clinical and non-clinical roles and required FTEs (if DPH-funded). (i.e. Medical Provider, Behavioral Health Provider, Community Health Worker, Admin Support, etc.)
  - Which roles are crucial to hire before opening? Can any be deferred until the center is up and running?
- How can the SBHC staffing plan support sustainability of SBHC services and relieve burdens due to staffing shortages and systemic barriers? (e.g., understaffed/overworked school nurse teams, long waiting lists for local behavioral health providers, local outpatient primary care physicians at capacity/not accepting new patients, etc.).
- Consider hiring with these specific skills/experience in mind, as SBHC work is unique:
  - Lived experience (within the community and/or school setting)
  - Public/community health background
  - Youth-centered, youth advocate
  - Experience with youth work and/or student engagement with a commitment to a strengths-based resiliency model
  - Collaborative, innovative, creative
  - Team player
  - Systems thinker
  - Experience with policy change
  - Multilingual and cross cultural fluency



- Demonstrated commitment to health equity and racial justice
- Willingness to maintain a community presence, attend events, speak on behalf of the SBHC
- Strongly consider candidates that reflect the cultural diversity of the student body related to race, language, gender, LGBTQ+ identity.

### **Scope of Services: Key stakeholders define the need!**

There is not a one-size-fits-all scope of services. Each community will have different needs and be able to meet those needs differently based on partnership, capacity, policy, and funding. Consider the following:

- Use the MDPH School-Based Health Center Program's Quality Standards to guide your scope of services.
  - DPH-funded SBHCs must meet or be working towards these standards. Other SBHCs are welcome to use these standards as a guideline describing a comprehensive set of SBHC services.
- Services should not be driven by funding, services should be driven by community need. Do your best to seek funding and remain in compliance with grant requirements (if applicable) while also remaining nimble, accountable, and responsive to community needs.
- What is your timeline for roll-out?
  - What can you do *right now* with the people/money/capacity you have?
  - How can the SBHC implement preventative healthcare services? What are the reimbursement opportunities for such services? How will this help sustain your SBHC and meet your community needs?
  - What will you aim toward in the future? How can you scale according to our business plan and financial projections?

Resources:

- [MDPH School-Based Health Center Program's Quality Standards](#)

### **Operations and Technology Systems: SBHCs are just another health center! Don't reinvent the wheel.**

It is critical that your operations and technology systems are designed to support the delivery of care in the unique setting of an SBHC. The term "operations" can include a wide variety of tasks and systems, but focus group participants focused on the unique challenge and opportunity of aligning systems between both host school and sponsor agency. Consider the following:

- What systems can be uniform between the sponsoring agency's traditional health centers and their satellite SBHCs?
  - Can existing clinical policies or workflows apply at the SBHC? What must be edited and what can be referenced directly?
  - Can existing EHR note/screening templates be used at the SBHC?



- Consider limits of confidentiality. What can be shared between the school and SBHC? Between the SBHC and parents/guardians? Between the school and parents/guardians?
  - Having specific and detailed policies/systems for confidentiality is critical.
  - Become well-versed in the overlaps and limits of HIPAA (Health Insurance Portability and Accountability Act, which applies to health records like those maintained by SBHCs) and FERPA (Family Education Rights and Privacy Act, which applies to school records like those maintained by school nurses).
  - Work to ensure alignment and agreement on confidentiality/communication between SBHC and school administration.
- What student information is accessible to SBHC staff?
  - Student health records?
  - Student class and attendance information?
  - Will SBHC staff have a school email address and be able to access school-based communications, such as district-wide announcements?
- Consider how students will enroll and give consent for SBHC services.
  - Consult your legal team to discuss opportunities to have one SBHC consent form that covers all services. Also, discuss with your sponsor agency legal team the details related to students' ability to self-consent for confidential services.
  - How long will the consent be valid for? Will it need to be updated annually? What is the process for this? Discuss with your legal team if the consent form can be valid for multiple years in efforts to reduce the barrier of having to collect consents yearly.
  - Make the enrollment form specific to the district and then the school or specific to the SBHC.
  - Ensure your enrollment form is accessible, translated into the languages of your community and that it does not exceed an 8th grade reading level. Utilize your community needs assessment to ensure you are considering all additional details that will promote access for your community.

## **Evaluation and Quality Improvement: Define metrics, methodology, and data**

Many providers pointed to the critical work of evaluation when running and improving a SBHC and remaining committed to innovation, iteration, and feedback. Consider the following:

- Find your analytics team and loop them in early.
  - Figure out your reporting requirements for funders and have plans for generating these reports.
  - Can you pull your analytics directly from the EHR?
  - Consider if you need an external evaluation team, comprised of:
    - Someone who works in IT on the EHR from your sponsor agency, who has authority to request reports and possibly modify the EHR
    - A QI/evaluation expert
    - SBHC Program Manager
    - Member of the SBHC Clinical Team to provide context to on-the-ground operations.
  - Identify where gaps might exist within this team and consider if there is a need for external contractors to support you in EHR, quality improvement projects, review of satisfaction surveys, program evaluation and implementation, data reporting requirements etc.)

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- Don't reinvent the wheel, but also commit to exploring and testing new models that may serve your community's unique needs.
  - Consider how you will prototype new workflows, communication tools or policies and evaluate their success.
- How will you receive and use ongoing feedback from students and community partners?
  - Consider implementing annual student/community feedback surveys to measure the scope/accessibility of services, youth friendliness, and how their needs can be met by the SBHC?
  - Consider implementing a suggestion box within the SBHC for current patients.
  - How will you receive annual feedback from school staff and administration about the ongoing working relationship with the SBHC and opportunities for collaboration and integration?
  - When/how often will you commit to repeating the comprehensive community needs assessment? How do you plan on reporting back to the community about your findings and plans for change that is responsive to their feedback?
  - How will you use student feedback to improve programming and ensure every student feels accepted and welcome in your SBHC?
  - How will you use feedback to improve barriers to access and equitable care?

### Resources:

- [Plan-Do-Study-Act \(PDSA\) Directions and Examples | Agency for Healthcare Research and Quality](#)

## Compliance

Providers were very clear that across the board, being well-versed in compliance requirements for the following systems is critical to success. Any failure to fully attend to these requirements can result in delayed opening.

- [MDPH School-Based Health Center Program's Quality Standards](#) (required for DPH-funded SBHCs, optional but helpful but SBHCs not receiving DPH funding)
- [Division of Healthcare Facility Licensure and Certification- DPH Regulations/Licensure](#)
- [Clinical Laboratory Improvement Amendment \(CLIA\)](#)
- [Bureau of Health Professions Licensure](#)
- [Drug Control Program](#) & [Massachusetts Controlled Substances Registration](#)

## Additional External Resources and Tools

The following resources, compiled from both state and national (non-Massachusetts) SBHC associations, may be supportive as you consider your SBHC start-up. Remember that some of these resources are state-specific and may reflect requirements in place in other states.

- [The Blueprint – School-Based Health Alliance \(sbh4all.org\)](#) (National)
- [School-Based Health Care Support Toolkit | Ohio Department of Education](#) (Ohio)
- [SBHC Toolkit Appendices FINAL.pdf \(nv.gov\)](#) (Nevada)
- [Starting a School-Based Clinic | Youth Healthcare Alliance](#) (Colorado)

## **Contact**

For more information on the contents of this report and for ongoing questions related to the MA DPH School-Based Health Center Program, please contact:

Máireád Day Lopes, MSN, RN, NCSN, Director, School Based Health Center Program  
[mairead.daylopes@mass.gov](mailto:mairead.daylopes@mass.gov)

Jill Northrup, MPH, Assistant Director, School Based Health Center Program  
[jill.northrup@mass.gov](mailto:jill.northrup@mass.gov)