**Subsection A.2**

**School-Based Health Services**«IF SBHC\_Expanded» **and Expanded School Health Services**«END IF»

The Contractor shall implement the School-Based Health Services«IF SBHC\_Expanded» and Expanded School Health Services Program«END IF» described herein to result in *student access to health and preventive services (*including those who are Medicaid recipients and those who are uninsured) needed to be healthy, in school, and ready to learn.

1. **Definitions and Guidance**
   1. **Definitions**

In addition to the Definitions in Part II, Section A of this contract, the Contractor shall comply with the following terms as defined herein:

* + 1. **Eligible Clients** are those who attend schools where School Based Health Center (SBHC) sites«IF SBHC\_Expanded» and Expanded School Health Services sites«END IF» identified in this Contract are located.

«IF SBHC\_Expanded»

* + 1. **Expanded School Health Services:** are services such as counseling, health education, health screening, and prevention services to enhance existing school health services.
    2. **Expanded School Health Site** (consistent with CT Public Act No. 15-59) is a health clinic that:
       1. is located in, or on the grounds of, a school facility of a school district or school Board;
       2. is organized through school, community and health provider relationships;
       3. is administered through a sponsoring facility; and
       4. provides medical or behavioral services, including but not limited to, dental services, counseling, health education, health screening and prevention services, to children and adolescents in accordance with state and local law, including laws relating to licensure and certification.

(See <https://www.cga.ct.gov/2015/act/pa/pdf/2015PA-00059-R00SB-00917-PA.pdf>, as may be updated from time to time.)

«END IF»

* + 1. **School-Based Health Center (SBHC)** (consistent with CT Public Act No. 15-59) is a health clinic that:
       1. is located in, or on the grounds of, a school facility of a school district or board;
       2. is organized through school, community, and health provider relationships;
       3. is administered by a sponsoring facility; and
       4. provides comprehensive on-site medical and behavioral health services to children and adolescents in accordance with State and local law, including laws relating to licensure and certification.
    2. **School Linked Services:** are servicesprovided at a location off school grounds and linked to another existing SBHC for support.Services provided include health education, anticipatory guidance and support to parents, and consultation with other medical professionals involved with the Client.
    3. **Sponsoring Facility** (consistent with CT Public Act 15-59), includes any of the following:
       1. a hospital;
       2. a public health department;
       3. a community health center;
       4. a nonprofit health or human services agency; or
       5. school or school system; or
       6. a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

**b) Guidance**

Guidance for the provision of SBHC services referenced in this Contract is available from the following sources:

1. American Academy of Pediatrics, “Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents” is accessible at: <http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html>
2. National Association of Social Workers, “Standards for Social Work Practice in Health Care Settings” is accessible at: <http://www.socialworkers.org/practice/standards/NASWHealthCareStandards.pdf>
3. The American Academy of Pediatrics policy statement, “Sexuality Education for Children and Adolescents” (*Pediatrics 2001;108: 498-502*) is accessible at: <http://pediatrics.aappublications.org/content/108/2/498>
4. American Academy of Pediatrics: “Bright Futures” guidelines and the National Association of Social Workers “Standards for Social Work Practice in Health Care Settings”. Other nationally-recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.
5. **Contractor Personnel**
   1. The contractor shall provide medical services, which may be provided by:
      1. A Physician Assistant (PA) under the clinical supervision and direction of a designated physician who has knowledge of community and school health and health promotion and illness prevention for pediatric populations, or
      2. An Advanced Practice Registered Nurse (APRN), in collaboration with a physician with whom a written collaborative agreement is developed in accordance with Connecticut General Statutes: Chapter 378, subsections 20-87a (b).

**b)** A copy of the agreement must be provided to the Department annually or following the hire of a new APRN. In the case of a PA, each PA shall have a clearly identified supervising physician who maintains the final responsibility for the care of Clients and the performance of the PA. The physician must possess Connecticut licensure and certification in at least one of the following areas:

**i)** general pediatrics,

**ii)** adolescent medicine,

* + 1. internal medicine, or
    2. family medicine.
  1. At least one licensed health provider (Medical Doctor (MD), PA, APRN, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Licensed Professional Counselor (LPC)) shall be available at each site during the center’s regularly scheduled hours (during the school year). Exceptions must be approved by the Department.
  2. SBHC personnel shall treat all individuals in a nondiscriminatory manner, regardless of race, ethnicity, religion, citizenship, age, sex, sexual orientation, preexisting medical condition, physical or mental handicap, source of payment, economic status, or ability to pay for services provided.
  3. The Contractor shall assign responsibilities to SBHC staff that are consistent with their education and experience and all staff shall be:
     1. supervised,
     2. annually evaluated, and
     3. trained in the SBHC sponsoring agency’s policies and procedures.
  4. The Contractor shall facilitate annual certification of SBHC staff and will provide at least one staff at each site during the center’s regularly scheduled hours (during the school year) who is certified to deliver:
     1. First Aid,
     2. Cardiopulmonary Resuscitation including theoperation of the A.E.D. (Automatic External Defibrillator), and
     3. the Heimlich maneuver.
  5. The Contractor shall provide and implement written strategies to actively recruit and retain a culturally diverse staff reflective of the Clients served under this Contract and shall ensure that all staff members receive training in the area of cultural competence.
  6. The Contractor will incorporate cultural competency development into overall staff development/training (through presentations, print, workshops, internet, etc.) and will report on the percentage of providers, staff and volunteers who receive cultural competency and gender specific training.
  7. Changes in personnel, program design, and service delivery or a change in the hours of operation shall be requested of the Department. Such changes shall be conditional on written approval from the Department and shall require formal contract amendment if deemed material by the Department. Staff changes must meet the qualifications identified in the program policy and procedures manual that has been approved by the Department.
  8. The Department shall be immediately notified in writing of critical staff vacancies (staff working at the center for 20 or more hours/week) and submit a written interim plan within two weeks of notification of the vacancy to address service delivery and a timeline for hiring of replacement staff. Such plan shall be considered accepted only upon approval by the Department.
  9. The Contractor shall require its employees and the employees of all sub-contractors to undergo criminal background checks and shall honor any request by the School District not to use any individual to provide services in the SBHC based on the results of the background check.
  10. The Contractor’s coordinator or designated staff shall participate in monthly technical assistance conference calls with the Department and shall attend quarterly technical assistance meetings.
  11. All new staff hired by the Contractor shall attend a site-specific orientation workshop, conducted by the Contractor, after their effective date of employment.
  12. The Contractor shall demonstrate that SBHC personnel participate annually in ongoing professional development programs to update and enhance their knowledge of community and school health, and health promotion and illness prevention strategies for Clients and adolescents.

1. **Service Detail**
   1. The Contractor shall, through its SBHC(s)«IF SBHC\_Expanded» and Expanded School Health Services sites«END IF», carry out primary medical, social, mental/behavioral health and health education services designed to meet the psychosocial and physical needs of the Clients within the context of the family, culture and environment enrolled in << Schoolsite(s)>>.

THE FOLLOWING SUBSECTION (3.b) IS INCLUDED IF EXPANDED SCHOOL HEALTH SERVICES ARE PROVIDED

* 1. The Contractor shall carry out an Expanded School Health Services program to enhance existing school health services for Clients in << Schoolsite(s)>>. Such services shall include but not be limited to: health education, health screening, psychosocial care, prevention services, and dental services.
  2. In carrying out the Program(s), the Contractor shall:
     1. Offer enrollment in the SBHC to every Client in the school, regardless of their ability to pay. Enrollment shall be indicated by a signed parental /guardian permission slip maintained on file and will be reported to the Department electronically in a format determined by the Department.
     2. Make the SBHC accessible to all individuals enrolled in the school including those with disabilities.
     3. Obtain consent for treatment and the sharing of medical information in accordance with federal/state regulations and the guidance of the SBHC sponsoring agency legal counsel. Written protocols shall require the written permission of a parent/guardian, except where minors are authorized by law to provide consent.
     4. Assist uninsured Clients in determining eligibility for and assist with enrollment into a state health insurance plan.
     5. Survey each enrolled Client to determine if said Client has a consistent source of primary care services in the community. The Contractor shall assist those determined to not have a consistent source of primary care service in identifying a source for such services or shall serve as the provider of primary care.
     6. Provide services such as, but not limited to, the following:
        1. health assessments, including physical exams, health screenings and risk appraisals, (an age appropriate risk assessment with a mental health component shall be completed for each Client presenting to the SBHC for a physical exam),
        2. diagnosis and treatment for illness and injury including management and monitoring of chronic disease such as, but not limited to, asthma, diabetes, and obesity,
        3. psycho-social assessments and written treatment plans,
        4. crisis intervention and advocacy,
        5. individual, family and group counseling,
        6. health education,
        7. nutritional education/counseling,
        8. outreach to families and at-risk Clients,
        9. case management,
        10. oral health, and
        11. referral for follow-up services, diagnostic procedures and treatment of conditions that are beyond the scope of services provided in the SBHC,

**THE FOLLOWING SUBSECTION (12) IS INCLUDED IF DENTAL SERVICES ARE PROVIDED**

* + - 1. dental services, which shall include the provision of a program of preventive and restorative dental health services for at least 20% of Clients enrolled in the schools where services are provided. These services shall include, but not be limited to the following:
         1. oral examination,
         2. oral health risk assessment
         3. treatment planning
         4. oral prophylaxis,
         5. application of fluoride,
         6. “chair-side” instruction,
         7. oral health classroom lessons,
         8. x-rays,
         9. extractions, and
         10. restorative and emergency treatment.
    1. Provide consultation sessions to school staff and classroom presentations to Clients, as guest lecturers, to complement the school curriculum in areas of health promotion, disease prevention education, and psychosocial development and report in a format approved by the Department.
    2. Reproductive health services, if provided, shall be in accordance with the *American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision for Infants, Children and Adolescents*; The American Academy of Pediatrics policy statement, Sexuality Education for Children and Adolescents (*Pediatrics 2001; 108: 498-502*); and The American College of Obstetricians and Gynecologists policy statement (Appendix A In: Health Care for Adolescents. Washington D.C: American College of Obstetricians and Gynecologists; 2003; 107-108.)
       1. Prescription and distribution of contraceptives by SBHC personnel shall only occur with community consent based on local need.
       2. The governing policy shall be developed by the SBHC and kept on file in the policy and procedure manual located on site at the center.
    3. Establish and maintain a systematic process for making and obtaining referrals to and from community-based health care providers, as needed, for SBHC Clients and their families. Services provided by referral must incorporate follow-up including checking that the appointment was kept, checking that the services met the Client’s needs, the outcome of the referral, and relevant health care findings. This information must be incorporated into the Client’s medical record.
    4. Establish a protocol for administering the Department approved screening tool to identify Clients and Youth with Special Health Care Needs (CYSHCN) eligible for services through the Department’s CYSHCN Program and shall coordinate services and referrals with the Department’s contractors engaged through the CT Medical Home Initiative for CYSHCN.
    5. Provide and maintain equipment used in the clinic(s) per manufacturer’s recommendations.
  1. Health and mental health services provided under this Contract shall not supplant existing school health services. The Contractor shall provide the Department a letter of assurance from the school system/district, updated whenever there is a change in school system/district signatory, indicating that existing school health and psychosocial services will not be diminished during the Contract period.
  2. Laboratory testing at the SBHC shall be performed in accordance with the Federal Clinical Laboratory Improvement Act (CLIA) regulations.
  3. The Contractor shall develop and maintain, on site, a manual outlining SBHC (+Include if applicable: “and Expanded School Health”) Program policies, procedures and protocols. Said manual shall be approved by the Department. Once approved, it must be made available for inspection by the Department personnel, and be reviewed and updated by the Contractor on an annual basis. The Contractor shall forward SBHC policies to the Department electronically if requested. Written administrative and clinical policies and procedures shall:
     1. Accurately describe SBHC services provided, and
     2. Include job descriptions that define qualifications, responsibilities, and supervision of all SBHC personnel.
     3. The manual shall include policies/procedures regarding:
        1. Non-discrimination,
        2. Confidentiality of Client Services,
        3. Health Insurance Portability and Accountability Act (HIPAA),
        4. Clinical coverage in the event of: Staff absences, staff vacations, and staff vacancies,
        5. Consent for services,
        6. Client rights and responsibilities,
        7. Emergency Procedures,
        8. Reportable Disease Process,
        9. After Hours Policy,
        10. Child Abuse Reporting Policy,
        11. SBHC staff job descriptions with qualifications, responsibilities, supervision, and evaluation procedures,
        12. Quality Assurance,
        13. Complaint and incident review,
        14. Referral and follow-up system,
        15. Medication dispensing, storage, security, and accountability,
        16. Laboratory Testing,
        17. Equipment monitoring,
        18. Infection Control,
        19. Cultural competency/sensitivity,
        20. Health and risk assessment screenings, and
        21. Staff clinical background checks.
  4. The Contractor shall develop and document procedures for 24-hour back-up services that will be available to Clients during the times when the SBHC is not in operation. The Contractor will provide a letter of assurance or evidence of a cooperative agreement with community health agencies, primary (medical and/or mental health) care and dental providers to provide health services to Clients during hours when the SBHC is closed.
  5. The Contractor shall have in place or establish telephone answering processes that provide Clients and their parents/guardians information about where and how to access emergency and 24-hour back-up services when the SBHC is not in operation.
  6. The Contractor shall notify the Department in the event of a temporary or permanent closure of a clinical site 120 days in advance of the closure or as soon as a projected close date is determined by the Contractor. The Contractor shall provide the Department with a written transition plan describing how services will be provided to Clients served through the program on an interim or permanent basis, as appropriate. The transition plan shall not be effective until it is approved by the Department.
  7. The Contractor shall maintain an independent community-based SBHC advisory body that meets a minimum of two (2) times per year; minutes of these meetings shall be submitted to the Department within thirty (30) days of each meeting. The advisory body shall be involved in program planning and development, implementation and evaluation, review and approval of the SBHC Quality Improvement Plan, review of utilization trends, and decisions about governance, management, services and funding. The membership of this advisory board shall consist of, at a minimum, representatives from the following:
     1. one parent of a Client enrolled in the program,
     2. individuals in the community involved with health issues,
     3. social service providers,
     4. SBHC staff, and
     5. school faculty or administrators.
  8. The Contractor shall bill for reimbursement of services rendered by any third party payers from whom the Clients served may be eligible to receive benefits. The Contractor shall use revenues generated by reimbursement of such billed services to maintain, enhance and expand services.
  9. The Contractor shall incorporate systems of quality assessment, quality improvement, and quality management that focus on provider responsibilities for improving care processes and outcomes that address a full range of activities, including but not limited to:
     1. management of clinical conditions,
     2. documentation of care,
     3. use of services,
     4. Client satisfaction,
     5. Client knowledge, and
     6. Changes in Client behaviors.
  10. The contractor will conduct an annual satisfaction survey of Clients using the SBHC and/or their parents. The survey will include questions to ascertain satisfaction with the cultural competency of service provision. The Contractor will include strategies to address survey findings in an annual report to the Department. Results of the survey will indicate that at a minimum, 85% of Clients/parents/guardians of Clients using the SBHC are satisfied with services received.
  11. An executed Access Agreement between the Board of Education, City, and Contractor related to the operation of the SBHC(s) shall be provided to the Department and updated whenever there is a change in signatories.
  12. In accordance with CT Public Act No. 12-1 § 96, each school-based health center that receives operational funding from the Department shall enter into an agreement with the school's governing local or regional board of education concerning the establishment of minimum standards for the frequency and content of communications between the school-based health center and school nurses or nurse practitioners, appointed by the local or regional board of education in accordance with C.G.S. §10-212 of the general statutes. The provisions of such agreement shall be in accordance with Chapter 113 of the General Statutes of Connecticut. The person or entity who operates the school-based health center shall submit a copy of such agreement to the Commissioner of Public Health.
  13. The Contractor’s coordinator shall attend coordinators’ meetings as scheduled and directed by the Department.
  14. The Contractor shall comply with HIPAA and Family Educational Rights and Privacy Act (FERPA) regulations for confidentiality of health information.
  15. Each entry into the Client’s record shall be dated and signed by the SBHC staff member making the entry, indicating the recorder’s name and clinical credential.
  16. The Contractor shall comply with all requests for periodic site visits and clinical record review by the Department.
  17. The Contractor shall comply with all data collection and data entry requirements required by the Department.
  18. The Contractor shall conduct and document annual Client/family satisfaction assessments and the Contractor’s response to feedback from these assessments.
  19. The Contractor shall provide mental health screening with a formal tool approved by the Department for all Clients at the time a physical examination is performed, at a minimum.
  20. Body Mass Indexes (BMIs) shall be calculated and recorded for all Clients at the time of any medical visit at a minimum, unless calculated and recorded within the previous 30 days. Data pertaining to BMI will be entered into an electronic format either provided or approved by the Department.
  21. An asthma action plan shall be put in place, or be confirmed to be in place, in a format approved by the Department, for all Clients with a diagnosis of Asthma who use the clinic for medical services. Data pertaining to an asthma action plan will be entered into an electronic format either provided or approved by the Department.
  22. In addition to the requirements of Part II of this Contract, the Contractor shall comply with the Public Health Code § 19-13-D45 through D53, inclusive, “Licensing Outpatient Clinics Operated by Corporations or Municipalities”, or with the General Statutes of Connecticut, Chapter 368 Section 19a-493 (General Hospital Satellite). The Contractor acknowledges and is aware that Connecticut Law provides for penalties associated with the conduct of business without the appropriate license.
  23. The Contractor shall immediately notify the Department in writing of any change in the status of any accreditations, licenses or certifications in any jurisdiction in which they provide services or conduct business. If accreditation, licensure, or certification is suspended, revoked, or suspended in any jurisdiction the Contractor understands that such action may be grounds for termination of the Contract.
  24. The Contractor shall comply with laws and regulations regarding reportable diseases and conditions and shall develop policies required by, or that comply with, the sponsoring agency health policies. A list of reportable diseases and conditions is available at <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=453590>.
  25. The Contractor shall provide evidence of participation in the state HUSKY (Healthcare for Uninsured Kids and Youth) Medicaid program to the Department.
  26. The Contractor shall provide the Department with a plan detailing how services will be expanded or sustained utilizing funds outside of those provided through this Contract. Contractor shall implement the plan upon approval of the Department.

1. **Program Reporting Requirements**

a) In addition to the Reporting Requirements in Part I, Section A.1, the Contractor shall submit to the Department, program statistical reports as follows:

* + 1. cumulative registration and standard visit data, in electronic format as directed by the Department, thirty (30) days after the end of the first, second and final reporting periods,
    2. a Funding Period end narrative progress report, in the format provided by the Department, by September 30, annually. This report shall include results of the satisfaction survey of Clients,
    3. an annual aggregate billing status report, in a format provided by the Department, by September 30 annually, and
    4. other data required by the Department for use in programmatic analysis, planning, and evaluation, in an electronic format as directed by the Department.

**b)** The Contractor shall submit annual report cards specific to medical, mental/behavioral health and oral health services provided, in an electronic format required by the Department and inclusive of each SBHC site reflecting:

* + 1. the number of Clients enrolled,
    2. the number of Clients who have had at least one visit,
    3. type of insurance utilized to support provided care,
    4. overall Client and parent satisfaction with SBHC services, and
    5. data on the outcome measures for Outcome #1 and at least two other Outcomes detailed within the School-Based Health Centers Outcome Measures included within this Contract (see School-Based Health Centers Outcomes Measures Table #1).

**THE FOLLOWING SUBSECTION C IS INCLUDED IF EXPANDED SCHOOL HEALTH SERVICES ARE PROVIDED**

**c)** The Contractor shall submit annual report cards, specific to mental/behavioral health and oral health services provided in an electronic format required by the Department and inclusive of each Expanded School Health Services site reflecting:

* + 1. the number of Clients enrolled,
    2. the number of Clients who have had at least one service,
    3. type of insurance utilized to support provided care,
    4. overall Client and parent satisfaction with services, and
    5. data on the outcome measures detailed within the Expanded School Health Services Outcome Measures included within this Contract (see Expanded School Health Services Outcomes Measures Table #2).

1. For all SBHCs operating within the schools listed in Part I, **Section A.2 (3)** of this contract, the Contractor shall implement the services of this contract to:
   1. Achieve at least three (3) Outcomes from the School Based Health Centers Outcome Measures table (Part 1, Section A.2 (8)(a)), one of which must be Outcome #1: “Improve access to and utilization of primary and preventive health care and other essential public health services” as indicated by the corresponding Measures therein.
   2. Achieve and maintain benchmarked utilization rates based upon individual visits by site. The Department will establish utilization benchmarks and thereafter review and update utilization benchmarks for individual sites based on reporting period data.

**THE FOLLOWING SUBSECTION (6) IS INCLUDED IF EXPANDED SCHOOL HEALTH SERVICES ARE PROVIDED**

1. For all Expanded School Based Health Services programs operating within schools listed in **Subsection A.2 (3)** of this contract, the Contractor shall implement the services of this contract to:
   1. Achieve all four (4) Outcomes from the Expanded School Health Services Outcome Measures table (Part 1, Section A.2 (8)(b))**,** as indicated by the corresponding Measures therein.
   2. Achieve and maintain benchmarked utilization rates based upon individual visits by site. The Department will establish utilization benchmarks and thereafter review and update utilization benchmarks for individual sites based on reporting period data.
2. Health and mental health services provided under this Contract shall not supplant existing school health services. The Contractor shall provide the Department a letter of assurance from the school system/district, updated yearly, indicating that existing school health and psychosocial services will not be diminished during the Contract period.
3. **Program Outcomes and Measures**

The Department shall measure the following outcomes by reports submitted by the Contractor, as required by the Department under this Contract as follows:

**a) Outcomes and Measures**

| **Outcomes** | **Measures** |
| --- | --- |
| **CHOOSE OUTCOME 1 AND AT LEAST TWO OTHER OUTCOMES FROM THIS TABLE** | |
| 1. Improve access to and utilization of primary and preventive health care and other essential public health services. | a. There will be at least **65**% of the school’s Client population enrolled in the SBHC. Enrolled means that a signed parent consent form for the Client is on file.  b. At least **50**% of Clients enrolled in the SBHC will receive one or more visits.  c. At least **80%** of the Client population will receive an outreach contact regarding services available at the SBHC (through distribution of literature, invitation to an open house or event, participation in an educational forum, social media, or other contact). |
| 2. Reduce the occurrence of preventable disease among SBHC Clients. | 1. Enrolled Clients will be immunized with vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) that are required by the state of Connecticut. Annually the number of Clients who received immunizations and the percentage of Clients behind in recommended intervals for immunizations who are brought up to date will be reported to the Department. 2. The percentage of Clients offered as well as the number who received Influenza Vaccine will be reported to the Department. 3. The percentage of Clients who received influenza prevention teaching will be reported to the Department. |
| 3. SBHC Clients will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral. | a. **90**% of school staff receive information about the mental health services offered through the SBHC.  b. **85**% of Clients identified with a mental health concern through risk assessment screening receive a mental health assessment administered by the SBHC mental health clinician or are referred for appropriate assessment.  c. **50**% of Clients receiving mental health services through the SBHC for at least three months of regular therapy demonstrate improved psychosocial functioning.  d. **90**% of Clients identified as having mental health needs that exceed the scope of services provided through the SBHC are referred to an outside mental health specialty service. |
| 4. Reduce the severity and frequency of asthma symptoms among Clients with asthma who utilize the SBHC. | a. **80**% of Clients with asthma have a written asthma action plan.  b. **70**% of Clients compliant with a written asthma action plan show improvement in symptoms as documented by a health care provider in the medical record.  c. There is a **20**% decrease in urgent visits (visits by Clients seen in School Based Health Clinic due to asthma symptoms) as assessed by clinician notes, Electronic Health Record, or Data Base.  d. **90**% of Clients with asthma have a documented flu vaccine.  e. The number of Clients with asthma that report reduction in admissions to the Emergency Department during the school year is increased by **20**%. |
| 5. Reduce the proportion of SBHC Clients with obesity. | a. **90**% of SBHC Clients of medical services have documentation of BMI in their record.  b. **80**% of SBHC Clients of medical services with a BMI> **85**th percentile receive education and/or counseling about nutrition and physical activity, or are referred for education and/or counseling.  c. **25**% of SBHC Clients of medical services with a BMI> **95**th percentile have a written plan to improve nutrition and increase physical activity and are offered follow-up on a regular basis.  d. **50**% of SBHC Clients who have a written plan to improve nutrition and increase physical activity and who receive follow up report that the plan was shared with their family, and/or report a positive lifestyle change (i.e. increased physical activity, improved nutrition, reduced “screen” time, elimination of sugary drinks in their diet). |
| **Reproductive Health (Clients in Grades 7-12)** | |
| 6. Reduce the occurrence of STDs among Client SBHC Clients. | a. **85**% of sexually active Clients are screened for STDs. |
| **CHOOSE IF ORAL HEALTH SERVICES ARE PROVIDED** | |
| **Outcomes** | **Measures** |
| 7. Increase access to and utilization of primary and preventive oral health care and other essential oral public health services to improve the health status of SBHC Clients. | a. **80**% of Clients received an oral health screening/exam, risk assessment and oral disease prevention instruction at least annually.  b. **80**% of dental Clients were able to demonstrate proper preventive oral hygiene at their last visit.  c. **80**% of dental Clients have protective sealants on the occlusal surfaces of their permanent molar teeth.  d. **80**% of dental Clients receive appropriate fluoride treatment based on oral health risk assessment.  e. **90**%of dental Clients identified with untreated dental caries receive treatment and/or referral for treatment to resolve this problem.  f. **90**% of dental Clients have documentation of an oral health risk assessment. |

**CHOOSE IF EXPANDED SCHOOL HEALTH SERVICES ARE PROVIDED**

**b) Expanded School Health Services Outcome Measures**

| **Outcomes** | **Measures** |
| --- | --- |
| 1. Improve access to and utilization of preventive care and other essential public health services. | a. Maintain or increase by **10**% the number of Clients in the Expanded School Health Services Program.  b. Maintain or increase by **10**% the number of Expanded School Health Services Clients utilizing services in the current year compared to the previous year. |
| 2. Promote wellness in the Client population through age-appropriate public health preventive and risk reduction activities. | a. Maintain or increase by **10**% the percentage of the school population receiving age appropriate public health preventive and risk reduction education. In the current year compared to the previous year. |
| 3. Expanded School Health Services Clients will utilize mental health services to improve their psychosocial functioning through assessment, intervention and referral. | a. **90**% of school staff receive information about the mental health services offered through the Expanded School Health Program.  b. **85**% of Clients identified with a mental health concern through risk assessment screening receive a mental health assessment administered by the Expanded School Health Services mental health clinician or are referred for appropriate assessment.  c. **50**% of Clients receiving mental health services through the Expanded School Health Services Program for at least three months of regular therapy demonstrate improved psychosocial functioning.  d. **90**% of Clients identified as having mental health needs that exceed the scope of services provided through the Expanded School Health Services Program are referred to an outside mental health specialty service. |
| 4. Increase access to and utilization of primary and preventive oral health care and other essential oral public health services to improve the health status of Expanded School Health Services Clients. | a. **80**% of Clients received an oral health screening/exam, risk assessment and oral disease prevention instruction at least annually.  b. **80**% of dental Clients were able to demonstrate proper preventive oral hygiene at their last visit.  c. **80**% of dental Clients have protective sealants on the occlusal surfaces of their permanent molar teeth.  d. **80**% of dental Clients receive appropriate fluoride treatment based on oral health risk assessment.  e. **90**% of dental Clients identified with untreated dental caries receive treatment and/or referral for treatment to resolve this problem.  f. **90**% of dental Clients have documentation of an oral health risk assessment. |