



# Youth Healthcare Alliance

Champions for Colorado School-Based Clinics

Formerly known as Colorado Association for School-Based Health Care

## Welcome!

# We are so glad to have you as part of our school-based clinic network in Colorado.

We are sending you this welcome packet of materials to orient you to information that will be helpful for your work at the school-based health center and for your own partnership with us at Youth Healthcare Alliance. People who work at the school-based clinics are special individuals, dedicated to caring for youth in communities who have great needs. We at Youth Healthcare Alliance are here to support you and make sure you feel equipped to succeed in your role.

This packet includes information about Youth Healthcare Alliance and the different projects that we've been working on, and we hope that this generates some questions for you! We are more than happy to answer questions and look forward to having a dialogue with you.

## Overview of the landscape of school-based clinics:

- **Youth Healthcare Alliance** is the membership association of the state's school-based health centers.
- **CDPHE** (pronounced by saying each letter) is the Colorado Department for Public Health and the Environment, the state's public health department and the organization charged with managing state funds appropriated to Colorado's school-based clinic program.
- **HCPF** (pronounced hic-puff) is the Colorado Department for Health Care Policy and Financing. This department is the administrator of Medicaid and CHP+ programs and is also the manager of the Accountable Care Collaborative (which is managed through contracts

with Regional Accountable Entities, known as RAEs). Youth Healthcare Alliance is happy to facilitate any questions regarding billing for these programs or participation in the RAE/ACC – just ask us!

- **SBHA** (pronounced by saying each letter) – national membership organization of school-based clinics and their state associations. They host an annual convention each year.

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# What Youth Healthcare Alliance Does for School-Based Clinics

Youth Healthcare Alliance (formerly known as Colorado Association for School-Based Health Care or CASBHC), established in 1996, works to optimize health and academic achievement among young people through access to quality, integrated health care in schools.

School-based clinics are on the frontlines every day providing young people with the services they need to be healthy. School-based clinics are places where healing-centered and trauma-informed practices help youth thrive, and where communities come together to confront barriers to health equity. School-based clinics use empathy and evidence-based approaches to change the state's trajectory on behavioral health and overall health challenges.

**Our vision: All Colorado school-based clinics provide high-quality, equitable, comprehensive health care in support of positive academic outcomes.**

As the membership organization of Colorado's school-based clinics, Youth Healthcare Alliance advances health and educational equity through advocacy, technical assistance, and professional development for existing and emerging school-based clinics.

- **More than 35,000 students receive primary care, behavioral health, and oral health services annually in 72 school-based clinics in Colorado.**
- **In 2024, Youth Healthcare Alliance advocated for state funding ~\$5 million in funds to be distributed directly to school-based clinics.**

## What We Offer

- Web-based and in-person trainings (mostly at annual conferences) facilitated collaborations/partnerships, resources, and tools on improving health care delivery, quality metrics, incorporation of new initiatives into clinical workflows, clinic revenue maximization, peer learning, and more.
- Representation at the Colorado Capitol and with key administrative agencies on issues critical to school-based clinics to ensure school-based clinic sustainability, visibility, and success.
- Access to grants that Youth Healthcare Alliance applies for and manages.
- Technical assistance and consultation in program development, finance, sustainability, coalition building, leadership training, and community needs assessment.
- Partnership with medical providers and communities to explore and plan for new school-based clinics.
- Annual conferences for networking and education opportunities.

## Youth Healthcare Alliance's Strategic Initiatives for 2024-2025

- **Ensure success and sustainability of school-based clinics** so they can continue to provide high quality care – we offer trainings, technical assistance, and advocacy
- **Serve youth in high-needs communities** by exploring communities in Colorado interested in pursuing school-based health centers or connecting communities to other resources to improve youth health outcomes

- **Work toward health equity within Youth Healthcare Alliance and within the field of school-based clinics** for school-based clinics to be seen as the model of equitable health care where trust is built, and Youth Healthcare Alliance is both the model and incubator of best practices.
- **Strengthen relationships between school-based clinics and schools/districts** so schools benefit most from their collaboration with school-based clinics to achieve whole-student care.
- **Grow advocacy and engagement of young people** so young people's voices inform Youth Healthcare Alliance's work and advocacy.

## Who is on the Youth Healthcare Alliance Team

Youth Healthcare Alliance is a small but mighty team. We are part of this team because we so strongly believe in the work of the school-based clinics. We take pride when we can support your success. Reach out to us – we want to get to know you!



Aubrey Hill, MPP

Executive Director

**Skills:** Strategic guidance and direction; policy advocacy and strategy; operations, administration, finances; oversight of staff and board of directors

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Mariana Ledezma-Amorosi

Director of Community Engagement

**Skills:** Bilingual community engagement advocate with coalition building and strategic partnerships development expertise; technical assistance; member engagement and new school-based clinic support

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Rebecca Gostlin, M.Ed., LPC

Director of Clinical Initiatives

**Skills:** Clinical and administrative experience in integrated health; trauma-informed, healing centered infused practices; program development and quality improvement initiatives; research and evaluation

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Michaela Cardinal

Manager of Community Engagement

**Skills:** *Community engagement; program research; project support; technical assistance, healing- centered youth engagement*

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Jennifer Friar

Contract Accountant/Office Support

**Skills:** *Payroll; accounts payable/receivable; budget tracking; office & logistical support*

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## What Youth Healthcare Alliance Membership Entails

As Youth Healthcare Alliance serves the entire statewide network of school-based clinics, it is strongly encouraged that each operating organization renew membership dues each year. This allows all the school-based clinics the organization covers to benefit from Youth Healthcare Alliance membership. Membership runs the course of the calendar year and provides various benefits.

In 2024, Youth Healthcare Alliance advocated for over \$5 million in state funds to be distributed directly to school-based clinics and contributed another \$1 million of in-kind support including training and professional development, technical assistance, advocacy, and growing the number of school-based clinics. Member organizations were able to participate as Youth Healthcare Alliance's sub-grantees on grants totaling over \$200,000.

As the value of school-based clinics has been further recognized especially during multiple crises facing youth and families and the interest is growing to establish new school-based clinics, Youth Healthcare Alliance has been advocating for more state funding to be distributed to school-based clinics. Our main goal is to permanently increase the state revenue over the existing \$5.5 million (where it has been since 2014). We've successfully achieved temporary one-time funding distributions over 3 years of over \$3 million. We also actively engage in other state legislation that could impact school-based clinic operations.

More specifically, member organizations get to access the following benefits:

- Access to Youth Healthcare Alliance webinars on school-based clinic topics, member-only training, resources, and tools
- Youth Healthcare Alliance acts as a voice advocating for school-based clinics at the state level
- Professional development and participation in peer learning
- Opportunity to be a subgrantee of grants managed by Youth Healthcare Alliance
- Discounted registration to our annual conference (for all staff in the organization), typically held in the spring
- Access to Youth Healthcare Alliance's Basecamp account, a platform to share information, get feedback, and network with other school-based clinics around the state
- Time-limited technical assistance in program development, finance, sustainability, public policy and advocacy, coalition-building, leadership training, and branding
- Opportunity to participate in Youth Healthcare Alliance's policy committee

The dues depend on the number of school-based clinics that an organization operates.

<b>Number of School-Based Clinics</b>	<b>Dues</b>
Start-Up (first year with planning grant)	\$300
1-3 sites	\$550
4-8 sites	\$1,050
9+ sites	\$2,050

If you are unsure if your school-based clinic's operating organization is a member, please reach out to us to learn more.



We recognize there are many new ways healthcare is being provided to youth at schools around Colorado, and as we expand our offerings (technical assistance, grant funding opportunities, advocacy) to cover these additional services, we ask you to include any appropriate categories into your membership dues. **Please add on \$300 to your membership dues if you have any number of sites as school-linked.** This may be in addition to the brick-and-mortar clinics referred to in the membership option above or as a standalone membership.

- **SCHOOL-LINKED CARE:** Patients access health care (primary, behavioral, or oral health care) in a fixed facility near a school campus with an intentionally structured and coordinated agreement and referral program in place with school(s); other services may be provided in-person or via telehealth. Included in this definition are the following as well:
  - **MOBILE HEALTH CARE:** Patients access consistent health care (primary, behavioral, or oral health care) in a specially equipped van or bus parked on or near a school campus; other services may be provided in-person or via telehealth.
  - **TELEHEALTH SERVICES:** Patients access health care (primary, behavioral, or oral health care) via telehealth with a provider located at a community site (can be a school-based clinic) with clear and easy access to in-person services to the operating organization's in-person site(s) as needed/requested.

Youth Healthcare Alliance also accepts membership dues from other supporters who are not school-based clinics who can join as associate organizations, who give at \$300 or more.

Once we have your contact information and know you are a current member, we will include you in member communications, invitations to peer-share calls, trainings (4-6x a year either in person or over webinar), and more. You will also be invited to join our policy committee and other committee work as appropriate/desired. A cornerstone of our membership work occurs in September, when we send our annual survey which informs our workplan and training plan for the year. We value our communication with members and work hard to understand school-based clinic needs based on member voice.

# How Youth Healthcare Alliance Advocates on Your Behalf

One unique function Youth Healthcare Alliance plays as a membership organization is that we represent the collective interests of school-based clinics when it comes to how policies and administrative procedures impact you, either negatively or positively. We do this a few different ways, as described broadly below.

## Colorado Legislature

Legislative advocacy at the state level is our most common advocacy activity. Typically, the Colorado state legislature meets yearly from January to May for 120 days. Our top priority each year is to maintain and grow the revenue that school-based clinics can receive in grants from CDPHE. We also try to identify any new revenue sources that school-based clinics, those who receive CDPHE grant funding as well as those who do not, can be included in, such as behavioral health treatment funds. We may deploy different strategies each year, but revenue is always top of mind for us as we proceed through the legislative session.

We plan to host an annual advocacy day at the Capitol to engage school-based clinics and youth in meetings with legislators and to advocate on issues we care most about. We also will engage in bills as they relate to the work that school-based clinics are doing on the ground, with the intention that policy changes make an impact further upstream from the day-to-day at the clinics, meaning that the policy change could make a positive disruption in the trends that clinics are seeing related to immunization rates, vaping, mental health, suicides, and more.

Any school-based clinic who is a member of Youth Healthcare Alliance is welcome to join the policy committee. Each year, Youth Healthcare Alliance staff and the board will prioritize topics for the policy committee to engage in. From there, the policy committee will join via Zoom during a select lunch hour two times a month and review relevant bills and determine the positions Youth Healthcare Alliance should take. If you want to join, let [Aubrey Hill](#) know and she will add you to the ongoing communications.

Youth Healthcare Alliance contracts with a lobbying firm (Mendez Barkis) to represent our interests at the Capitol. Our lobbyist attends our twice-monthly policy committee calls to give us context and background on the bills so we can decide on next steps. Occasionally, we will consider opportunities to testify or to talk to legislators in person, and it is our goal to create opportunities for school-based clinics to do the same (namely on an advocacy day that we plan to host each year).

## Administrative Agencies

The next most common advocacy activity Youth Healthcare Alliance takes for the collective school-based clinic network is with our administrative agencies, most commonly HCPF and CDPHE. Our intentions with this advocacy are to get clear information on policies and processes that directly impact the school-based clinics and if needed, advocate for a change to processes so school-based clinics can benefit more. We work with HCPF on the Medicaid program and the Accountable Care Collaborative program and work with CDPHE on managing the school-based clinic grant program.

## Congressional Delegation

While not commonly pursued, we do try to cultivate relationships with the staffers who work for the members of our congressional delegation so we can lean on those relationships if we need

something to move at the federal level for school-based clinics. We often work directly with our national affiliate, SBHA, to coordinate a national school-based clinic strategy and to interact directly with our congressional representatives.

# Overview of Youth Healthcare Alliance Support of School-Based Clinics

## Overarching Strategies

Youth Healthcare Alliance's work is informed by foundational strategies to center equity and youth in all our efforts. These strategies include applying a Healing Centered Engagement (HCE) framework to our work, cultivating opportunities for young people to inform what we do, and ensuring that we are engaged with the communities we aim to serve.

Healing Centered Engagement (HCE), conceptualized by Dr. Shawn Ginwright, is an approach for working with young people, particularly youth of color and those living in communities negatively impacted by ecological toxics and systemic injustice, that ensures a focus on positive aspects in a person's life, builds relationships, and seeks to engage communities in a shift from trying to decrease problems to creating possibilities through meaningful, culturally aware, relationships and civic engagement. It is based on the 5 principles of CARMA, which stand for Culture and Identity, Agency, Relationships, Meaning, and Aspirations.

HCE challenges people to look beyond individual symptoms to systemic problems and ecological toxins and then to consider what may be possible beyond those. It acknowledges the importance of resilience and challenges adults and communities to play a role in supporting young people in building resilience, making it a collective task rather than an individual trait. Conceptualizing possibilities requires individuals to have a sense of agency and hope. By fostering this through transformational relationships, healing occurs.

HCE is a call to civic action through transformational relationships with young people. In this way, it aligns well with all aspects of Youth Healthcare Alliance's work, as it can be utilized in clinical settings and has strong roots in engagement and advocacy. In all settings, HCE is about engaging adults and communities in their own healing processes so that they can enlist young people to aspire to new possibilities and grow beyond the harms they have experienced.

## Trainings

Youth Healthcare Alliance commits to engaging school-based clinics on the latest critical topics for improving administrative and clinical functions in school-based clinics. Previously, this was funded through a CDPHE training contract; however, since they are not seeking new vendors for the 2024-25 year, we are still committed to providing resources to school-based clinics. The training plan is developed with information from the Annual Survey that Youth Healthcare Alliance emails every fall. Your input is critical for understanding what training support your staff needs, in addition to other general strategic questions we may have for you. The trainings are delivered by Youth Healthcare Alliance staff or by contractors who hold topical expertise.

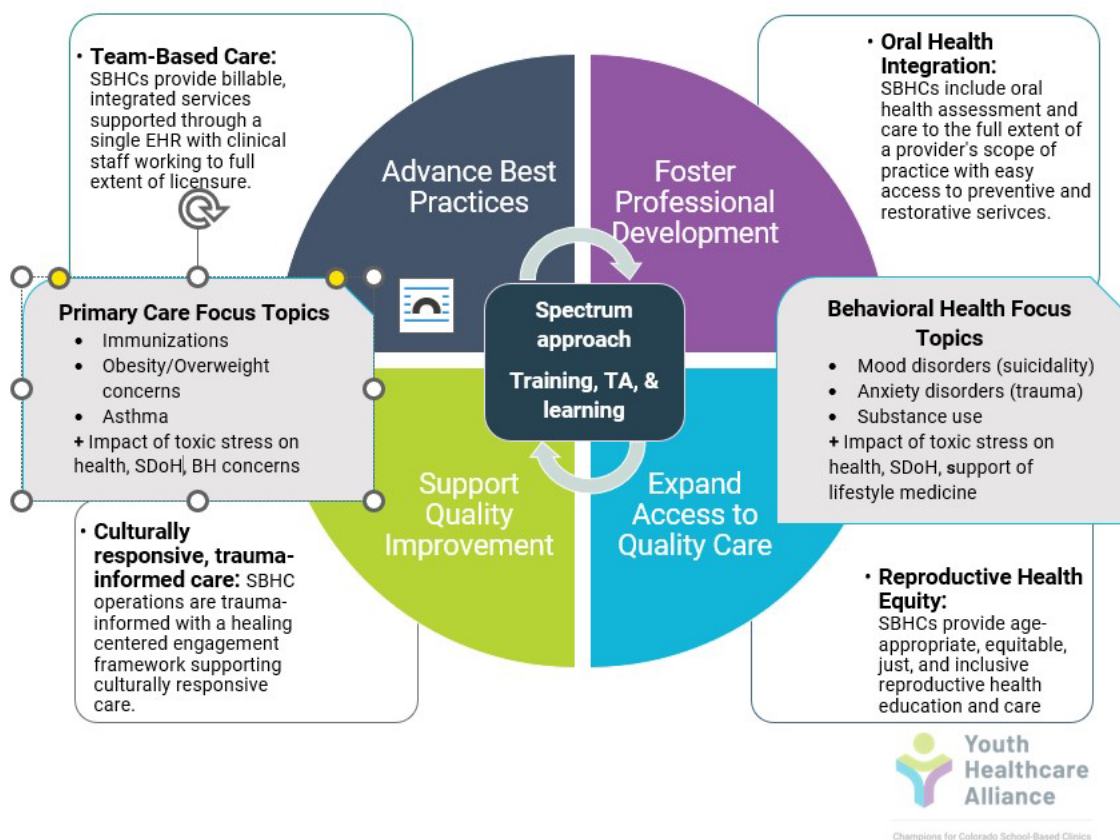
If you have any questions about the trainings, please contact [Aubrey Hill](#), Executive Director.

## Technical Assistance and Communities of Practice

Just as Youth Healthcare Alliance’s training plan is developed with input, so are our technical assistance (TA) and communities of practice offerings. These offerings are also closely aligned with our Clinical Initiatives Roadmap (see below), which guides much of our current programming in school-based clinics that includes (TA) and communities of practices as part of the work.

Additionally, Youth Healthcare Alliance can provide tailored TA through contracted work initiated by school-based clinics and organizations exploring the school-based clinic model. Contact us for more information.

### *Youth Healthcare Alliance’s Clinical Initiatives Roadmap: 2022 and Beyond*



### *Purpose*

Youth Healthcare Alliance’s clinical initiatives roadmap complements and supports the organization’s strategic plan while providing a more detailed vision of Youth Healthcare Alliance’s work to ensure Colorado’s school-based clinics continue to provide high-quality, integrated health care while benefiting from opportunities to advance this work as innovative leaders in addressing pediatric and adolescent health needs. This roadmap approaches the role of school-based clinics’ clinical work as integrated care that is both preventive and responsive with Youth Healthcare Alliance’s clinical initiatives providing frameworks and supports for school-based clinics to advance their clinical practice in each of the proposed areas toward the identified goal. Each topic area has a

more detailed continuum to support school-based clinics' growth in each area depending on where they are and where they wish to grow, which is updated annually with feedback from clinic staff.

### *Key Considerations*

This roadmap was developed during a state and national mental health crisis among youth, ongoing impact of the COVID-19 pandemic on youth, families, schools, and the health care workforce, continued and escalating gun violence in our country, recent legislation around the country restricting reproductive health care and affirming care for gender-diverse individuals. The impact of these circumstances is ongoing and remains central to the roadmap. Additionally, this work recognizes chronic, systemic racial and ethnic inequities and injustices that impact health and access to care and quality of care.

### *Current Clinical Projects*

#### School-Based Health Center Expansion through a Hub-and-Spoke Model of Telehealth

Youth Healthcare Alliance received funding from Kaiser Permanente Foundation to support a multi-year project aimed at increasing access to school-based clinic services using telehealth via a hub-and-spoke delivery model for behavioral health and primary care services. This opportunity is focused on organizations in Adams, Pueblo, and Weld counties as well as regions in southeastern Colorado. Participants in this project are forming a cohort to inform the work for future efforts across the state, including Youth Healthcare Alliance's creation of a telehealth resource bank.

### *Food Security*

Youth Healthcare Alliance received funding from the School-Based Health Alliance in conjunction with Share Our Strength to support 10 school-based clinics to participate in their No Kid Hungry initiative to improve food security. This project focuses on how school-based clinics can implement routine screening for food security as part of their services and strengthen their ability to connect families to state and local food resources. In doing so, this project brings attention to systems challenges and success and the importance of navigating patient and family hesitance to share food insecurity needs or accept assistance. Through this project, Youth Healthcare Alliance collaborated with CDPHE to bring a food security screening tool into the suite of screening options available to all CDPHE SBHC program grantees.

### *Addressing Youth Vaping with Alternatives to Discipline*

Youth Healthcare Alliance is working with six school-based clinics as part of funding award by the Colorado Department of Law from the JUUL settlement, to bring an innovative, collaborative approach to reducing youth vaping. Through this work, the school-based clinics will work closely with their host schools to develop policies and procedures that include school-based clinic services as options for alternatives to discipline for youth with vaping-related infractions on school-grounds. This project provides support for youth to receive education and counseling aimed at reducing vaping instead of facing discipline, and positions school-based clinics as key partners in helping youth address underlying concerns and conditions that may drive vaping behavior.

## Community Outreach and Planning

### *Current Outreach and Planning Projects*

Youth Healthcare Alliance received funding from Delta Dental Foundation of Colorado (DDFOC) to explore opportunities for school-based clinics through oral health services as primary/starting services in the San Luis Valley. This work includes identifying and developing relationships with potential stakeholders in the counties of focus and needs assessments to be conducted in areas prioritized as potential host communities. The project will deliver recommendations for ways oral health services can best be implemented to reduce current barriers and reach youth (and hopefully their families) in the San Luis Valley. A recently funded extension of this project by DDFOC will provide an opportunity to allow this work to continue with multi-year funding to support outreaching and planning in these communities.

Youth Healthcare Alliance recently received funding from the Office of Health Equity at the Colorado Department of Public Health and the Environment to continue the work in the San Luis Valley to do outreach in all five counties, create Community Advisory Committees (CACs) and share information with them about the different models of care. With the idea that the CACs will then select a model of care that suits their community based on feedback from their community collected through an asset/needs assessment. The goal is to open 2-3 school-based health clinics over the next three years in the San Luis Valley.

Additionally, supported by the Colorado Department of Public Health and Environment School-Based Health Program, Youth Healthcare Alliance supports the convening of a yearly Youth Advisory Board (YAB). The YAB recruits a cohort of students from across the state of Colorado to join in biweekly meetings to learn about the school-based program, give valuable programmatic insight to both CDPHE and YHA, and engage in discussions about health equity. Importantly, students collaborate with one another and the SBHC program to carry out service-learning projects of their own design and can travel to Denver for YHA's Advocacy Day at the Capitol. The YAB is in its second year and will begin this term with a kickoff retreat!

## Youth Healthcare Alliance Consultation

On any of these topics and types of service, we offer consultation services with a variety of price ranges and capacities for your organization. A list of possible scopes of work is linked [here](#). Please reach out to [Aubrey Hill](#) to learn more.

## How to Communicate with Your Peers at Other School-Based Clinics

We believe that school-based clinics are stronger and more successful when they learn from each other – this is how we structure many of our projects and meetings. Outside of Youth Healthcare Alliance’s planned facilitation, we encourage school-based clinics to engage with each other. For that reason, we started a school-based clinic [Basecamp space](#). Basecamp provides a virtual forum to talk to each other and share. You can start a thread on a topic of interest and respond to others. It is a great way to ask questions and share resources between school-based clinics. If you are not on Basecamp yet, just email [Aubrey Hill](#) and she will set you up. We recommend you bookmark Basecamp and return to it when you want to post.

The default mode in Basecamp is that every post and response will trigger an email to be sent to your inbox. If you want to change the settings to receive those less often, you can click on your profile picture on the upper right-hand corner to change notification settings and save your selections.

Anytime you respond directly to a Basecamp post in your email, it will go to the whole group. If you intend to respond just to that person, be sure to change the email address in the sender field to their email address.

We try to keep it simple when it comes to the use of Basecamp even though it has many functions. We do not plan to use anything except for the Message Board and occasionally the Docs & Files to store relevant files.

If you have any questions about Basecamp, you can ask any one of us on the team.



## Who is Colorado Department of Public Health and Environment in the School-Based Health Center Program

The state budgets \$5.2 million annually to support many school-based clinics– currently, 59 school-based clinics receive operating grants through this fund, which is managed by Colorado Department of Public Health and Environment (CDPHE). CDPHE also provides planning grants of up to two years for communities to explore opening school-based clinics before they apply for operating funds. In addition, CDPHE has an SBIRT (screening, brief intervention, and referral to treatment) grant school-based clinics can apply for in addition to operations and planning grants and a small capacity-building grant for oral health and tobacco treatment. Any questions specific to your grant or your contract will have to be directed to CDPHE.

CDPHE contracts with Possibilities for Change as the data vendor for operating grantees. Possibilities for Change hosts a data system, \D/\M, which houses electronic health record clinical visit data imports and electronic health risk screening tools used for grant monitoring and program evaluation.

All school-based clinic emails, questions, reports, cost reimbursements and other documents related to CDPHE’s school-based health center grant program should be sent to the school-based health center central email address, where they will be delegated to the appropriate staff person(s): [cdphe\\_sbhcprogram@state.co.us](mailto:cdphe_sbhcprogram@state.co.us)\* (\*please note there is an underscore “\_” between cdphe and sbhcprogram).

WEBSITE	URL
CDPHE – SBHC Program website	<a href="https://www.colorado.gov/cdphe/school-based-health-centers">https://www.colorado.gov/cdphe/school-based-health-centers</a>
SBIRT-SBHC Project website	<a href="https://www.colorado.gov/cdphe/sbhc-sbirt">https://www.colorado.gov/cdphe/sbhc-sbirt</a>
School-Based Oral Health Project website	<a href="https://cdphe.colorado.gov/sbhc/grantee-resources/oral-health">https://cdphe.colorado.gov/sbhc/grantee-resources/oral-health</a>
School-Based Tobacco Treatment Integration Project website	<a href="https://cdphe.colorado.gov/sbhc/grantee-resources/SBTTI">https://cdphe.colorado.gov/sbhc/grantee-resources/SBTTI</a>

### CDPHE SBHC Grant Program Team



Michelle Shultz, School-Based Health Center Program Manager,  
[michelle.shultz@state.co.us](mailto:michelle.shultz@state.co.us)

**Contact Michelle about:** SBHC program oversight, funding, SBHC Quality Standards, media/communications, and data collection



Angela Oh, SBHC Equity and Access Specialist, [angela.oh@state.co.us](mailto:angela.oh@state.co.us)

**Contact Angela about:** Telehealth, mobile health, and other school-linked care models; SBHC PTO strategy questions, including: funding, contract requirements, deliverables, site visits, and performance evaluations; and implementing the Culturally and Linguistically Appropriate Services (CLAS) Standards.



Liz Atwood, SBHC & SBIRT Program Coordinator, [Liz.Atwood@state.co.us](mailto:Liz.Atwood@state.co.us)

**Contact Liz about:** Communications (Basecamp, website, e-newsletter), youth engagement, contract deliverables, renewals/contract changes, invoices, and general SBHC Operating Support questions



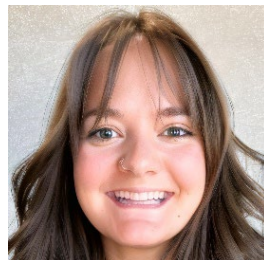
Kristina Green, SBIRT-SBHC Project Manager, [Kristina.Green@state.co.us](mailto:Kristina.Green@state.co.us)

**Contact Kristina about:** SBIRT-SBHC Project requirements, funding, training, deliverables, data collection, and evaluation



Robyn Maestas, SBOH Project Coordinator, [Robyn.Maestas@state.co.us](mailto:Robyn.Maestas@state.co.us)

**Contact Robyn about:** SBOH project strategy questions, including: SBOH project funding/budget, contract requirements, deliverables, and performance evaluations



Mica Moeller, SBTTI Project Coordinator, [Mica.moeller@state.co.us](mailto:Mica.moeller@state.co.us)

**Contact Mica about:** SBTTI project strategy questions, including: SBTTI project funding/budget, contract requirements, deliverables, and performance evaluations.



April Hendrickson, SBHC Program & SBIRT-SBHC Project Lead Evaluator,  
[April.hendrickson@state.co.us](mailto:April.hendrickson@state.co.us)

**Contact April about:** SBHC Program and SBIRT-SBHC Project logic models, evaluation plans, and data collection tools.



Laurie Swanson, SBHC Clinical & Quality Improvement Provider,  
[laurie.swanson@state.co.us](mailto:laurie.swanson@state.co.us)

**Contact Laurie about:** SBHC and SBIRT-SBHC Project clinical guidance, SBHC Program performance measures, and the SBIRT-SBHC quality improvement plan

# How to Partner with Your Schools and School Districts

Your success as a school-based clinic is inextricably tied with your partnership with the schools and school districts where your school-based clinic is located. Youth Healthcare Alliance collected ideas on what different school-based clinics are doing in the state as well as nationally and encourages you to try different strategies to build a working list of ideas that fit best for you. This [infographic](#) provides an overview of the bi-directional relationship of support between school-based clinics and school districts.

## District Engagement

Financially successful school-based clinics have a strong partnership with their school district, which can be especially useful when school-based clinics provide services to multiple schools within the district. The common themes in a successful relationship are:

- The district superintendent is supportive of the school-based clinic concept and is working closely with the operating organization
- The school district has identified health priorities and has established or is open to establishing a wellness team or a group that focuses on addressing the overall health of students
- The communications between the school districts and the schools includes information on school-based clinics and school health

## School Engagement

- **The overarching theme is that school-based clinics succeed when there is a champion within the school who can partner with the school-based clinic to raise awareness. Such champions could include:**
  - School nurse or school counselor
  - Athletic trainer or PE teachers
  - Principal
  - Teachers (especially science, homeroom, etc.)
  - Main office staff
  - Coaches
  - PTA/PTO leadership
  - Medical providers within the school community
- **Attend school events – offer swag, host tours, post balloons, and set up booths/tables/activities etc.:**
  - Parent-teacher conferences
  - Teacher staff meetings
  - Back to school night
  - School assembly
  - Sports games
  - Principal or district meetings
  - School information and enrollment nights
  - PTA/PTO meetings
  - Other school committees/meetings such as RTI meetings (be aware of HIPAA/FERPA but don't let that be a barrier, problem solve and educate)

- **Organize events, especially during the beginning of the school year, and continue pushes throughout the year:**
  - Host a clinic that offers sports physicals before school starts in the fall; coordinate with coaches to inform families; offer vaccinations before school starts as well
  - Set up an information table outside the school near where parents come to pick up and drop off their kids
  - Invite faculty and staff to go on tours of the school-based clinic so they can see it for themselves
- **Learn how the school communicates with families and how you can include info about school-based clinic enrollment in those communications:**
  - Ask how information about the school-based clinic can be included in the regular communication channels that go to parents, including newsletters for school and for district, emails, phone messages, text messages, “Friday Folders,” etc.
  - Ask the school to place information about the school-based clinic squarely on the school website
  - Include consent forms in the electronic packets – and allow for paper signatures if preferred
    - Old-school works too – you might stand out more if the school is not sending any mailing and you are!
  - Consider messaging changes to approach different grade levels and different identities (students of color, LGBTQ students, immigrants, English language learners, students whose families are experiencing homelessness, and low-income students)
    - Messaging such as “everyone is welcome here” are effective and common ways of signaling inclusiveness
    - Messaging in Spanish and other commonly spoken languages in that community – just be sure you use a trusted translation entity to avoid “google translate” errors – we highly recommend [Community Language Co-op](#) & emphasize interpretation supports in the clinic
    - Messaging catered to different grade levels and different age-appropriate tastes (fun, youthful graphics might be more suitable for younger kids and less so for adolescents; older kids respond to self-advocacy messages and availability of confidential services; younger kids’ families would be more focused on immunizations)
    - Emphasize enrollment help for low-income, non-immigrant families
  - Consider messaging that addresses a health concern that has come up in the community – for many school communities, mental health and vaping are major concerns, but folks may not know that the school-based clinic has resources to address those challenges
  - See if the school is willing to work with school administrative staff to develop a script to read when families call a student in as sick that mentions how they can access the school-based clinic
  - Post clear signage directing people to the clinic in the school. Put school-based clinic info on the sign in front of the school. Put up fun signs in the school or add arrows to the wall with directions.
- **Consider organization-wide connections to capture as many people as possible:**
  - Have a single phone number across your whole organization for appointments and train the call center staff to direct any qualifying individuals to the school-based

- clinic, especially when the main clinics are unable to schedule a same- or next-day appointments
  - Encourage any families who seek care at the community clinic to also go to the school-based clinic especially if their kid gets to a certain age where they are new at the school with a school-based clinic
  - Ensure that your website and social media accounts have the most up-to-date and clear information
- **Seek out ways for school-based clinic staff to engage with the school and students:**
  - Reach out to schools to ask about including student art, school event flyers, etc. in the clinic
  - Take on student engagement projects (have school-based clinic staff be involved in school clubs, conduct school-wide health challenges, make posters promoting health issues to display in the school)
  - Offer to present to classes on wellness topics (health classes, social emotional learning, etc)
  - Offer treats or a prize to the class that gets the most returned consents or make some other kind of competition. Health-related treats such as smoothie bottles, water bottles, basketballs, etc are especially useful.
  - Work with school communities adopt trauma-informed approaches. This cultural shift allows room to understand individuals and their behavior in the context of their experiences and respond by meeting needs. School-based clinics can play an important role in facilitating trainings and serving a resource for meeting identified needs.
- **Adjust for remote transitions and use lessons learned from the COVID-19 pandemic:**
  - Ask for school-based clinic updates and services to be included in any special school/district communications sent to families (on their website, emails, social media, etc)
  - Coordinate with school districts and IT on policies that might allow use of school-issued electronics to access school-based clinic telehealth services
  - Establish a process for remote referrals, especially with school staff.
    - Consider HIPAA / FERPA needs
    - Ensure school staff are updated on school-based clinic's services (occurring in person, telehealth, hybrid) during a period of remote learning
  - Join school meetings held remotely (online) as appropriate.
    - Continue to conduct wellness team meetings remotely
  - Partner with the school(s) for any in-person event that may occur during a time when school is closed, for health issues and during regular school calendar breaks. This could look like a vaccine clinic at the time of picking-up chrome books, school-based clinic staff present with flyers/brochures during a stagger orientation, etc.