



**SCHOOL-BASED
HEALTH ALLIANCE**
Redefining Health for Kids and Teens

School Based Health Center Baseline Sustainability Self-Assessment Tool

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

Name _____ Title _____ Email: _____ Date: _____

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

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

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

SBHC Practices	1 = not in place/have not considered 2 = in planning process 3 = partially implemented 4 = fully implemented
Has written job descriptions for all staff or involved in SBHC operations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Conducts outreach activities to enroll students and encourage SBHC use	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a plan for continuous quality improvement.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
At least 2 clinical or practice management measures per year are monitored and evaluated for improvement.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Has a data collection systems and capacity to collect data in place to track student health and academic outcomes.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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

Engagement with SBHC	Little to no awareness, not engaged at all	Aware, but not engaged or active	Takes small, "easy" actions to be engaged	Takes larger, more difficult actions to be engaged	Independently initiates action
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School district/ school board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

Service Provision	# of students in the school(s) the SBHC serves	# of users with at least one annual visit	Total # of visits per year	Utilization rate ¹
Projected utilization				%
Actual users/visits in past year				%

¹ Utilization rate = # of users with at least one annual visit divided by # of students in the school

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

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

7. Please describe your mix of patient insurance types.

Patient Revenue	Medicaid	Other government program	Private insurance	Uninsured Self Pay	Unknown	Total
Projected mix of insurance	%	%	%	%	%	100%
Actual unduplicated users in past year						
Actual mix of insurance	%	%	%	%	%	100%

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

Sustainability Factor	Needs vast improvement 1	Needs some improvement 2	Average Performance 3	Area of strength 4	Area of great strength 5
High Quality Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound Business Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Additional Comments

10. In terms of sustainability, what are the challenges confronting your SBHC(s) and how do you think they could be addressed?

11. What are the current facilitators, processes or supports in place that will enhance the sustainability of your SBHC(s)?

12. What do you feel is needed to assure the long-term sustainability of your School Based Health Center?