Notes from Interview with MCHD SBHC Care Team Members:

What does the ideal SBHC service delivery model look like?

***Care Team Members Interviews:*** Leslie Balderston, NP; Marian Voda, LPN; Amanda Cort, NP; Anna Wolf-Perez, SOA; Tamra Kehoe, NP; Shannon Anastasiadis, NP; Danna Hill, LPN; Alexandra Jacobs, RN; Rebecca Jacobs, RN; Janine Tebaue-Jemerson, RN

**Services:**

* Education
  + LPNs spend a lot of time providing medication education (birth control, inhalers) but are only able to bill for one time
* Student Groups:
  + Should be able to provide groups without needing to take vitals or have 1:1 time with NP
  + Have a wide range of subjects for groups: hygiene and daily care, nutrition, anger management, stress and anxiety, social skills, healthy relationships (need to make sure that groups are relevant to youth)
  + Hold groups before and after school
  + Can be facilitate by any care team member
* Family:
  + Provide asset building groups for parents: budgeting, behavior skills, navigating through systems (healthcare, education, etc.)
  + Identify more services to support families (Trauma Informed Care)
  + Have a parent group that is like a YAC (primarily for K-8/MS sites)
  + Be able to sign clients up remotely at school events
* School Engagement:
  + Connect and integrate more with SUN school and school athletics
  + Just need to be more present in schools (visible)
  + Better integrated with school counselors
  + Provide classroom presentations – NPs on specific health topics, other staff on general SBHC info
  + Connect and coordinate better with outside agencies that are working in the school
  + NPs attend more school team meetings: PBIS, attendance, SIT
  + Connect more with health teachers at the HS SBHCs
  + Connect and engage with neighborhood schools around the SBHC
* Integrated Care:
  + Build an internal ICTS – provide true integrated care
  + Every health center should have mental, physical and oral health services
  + Really need to look at and rethink what true mental health integration looks like – mental health vs. behavioral health
* Create a community health care network and have SBHC be part of that network
  + Better coordinate all services that are in the school
  + Identify a community issue (obesity) and provide services that will impact entire community – more population health

**Staffing:**

* Need to utilize LPNs better – currently not working at their full scope, being used more as a CMA
  + Should be able to do standing orders
  + Bill for services within their scope of work on non-provider days
* RNs should be able to bill for services they provide
* Should have more health educators to engage with the community
* Should have more RN time at each site and utilize them better – more
* Need to have a behavioral health specialist (other than the MHCs)
* Eligibility specialists should be able to do home visits to get paperwork filled out
* Have a registered dietician on staff that could work at a different site each day (like the culturally specific MCHs)
* Have LSW on staff to help families connect with resources
* Mental Health NP – monitor psych medications

**Challenges:**

* RNs struggling with doing the outreach and work that CHWs use to provide to the school and greater community
* Getting parent consent, especially at the K-8 and MS SBHC sites
  + Paperwork is too complicated for many clients, should be at 5th (even 3rd) grade reading level – make it more health literate for parent population
* Need to work better with the schools to increase SBHC utilization
* Having NPs be the only ones that can really bill for services
  + They have less flexibility in the level of care they provide
* NPs spend much of their time providing behavioral health services
* Not being able to be reimbursed for immunizations\*
* Parents can be suspicious of the SBHC
  + Need to work on making sure parents know all services provided and that they are included from the start
* Truly understanding billing and coding
* Space and lack of signage with in school can make access hard
* Making sure there is strong buy in from school staff
* Getting buy in from private providers around SBHCs
  + Need to change the type of mindset that providers have around the type of care that you can receive at SBHCs

**Positives of Working in a SBHC:**

* Working in a school environment
* Working with kids and getting to see them progress – building relationships
* Teaching kids about their rights and responsibilities
* Having an all-comers model for youth

**Considerations:**

* When it comes to reimbursement look at the procedure rather than just the visit
* Getting outside providers to talk positively about and support SBHCs to parents (Kaiser PCPs telling their clients that they have a partnership with MCHD SBHCs)

\*SBHCs are the premiere in adolescent health care –reaching youth who are in the greatest need of services at a pivotal point in their lives, providing easy access to quality-integrated health care.\*