



School-Based Health Center Program – Request for Application (RFA) #1972
Attachment J: Site-Specific Operations Plan

Instructions (Read carefully!)

- All lines must be answered for application to be considered complete and acceptable. If an item does not apply, enter “N/A.”
- If requesting funds for multiple SBHC sites, **a separate Attachment J: Site-Specific Operations Plan must be completed for each SBHC site.**
- Do NOT use the “Submit” button on the top right-hand corner. Instead, save this PDF form and include it with all other application materials as one RFA email submission.
- Save each SBHC site’s Site-Specific Operations Plan with this naming schema:
Attachment_J_SiteSpecificOperationPlan_<insert SBHC site name>
- This is the longest section of the application (16 pages) and it carries considerable weight in the funding selection process.

| | |
|---------------------------------------|--|
| Name of Lead Applicant Agency: | |
|---------------------------------------|--|

School-Based Health Center Site-Specific Information

| | | | | | | | | | |
|--|--|--|--|--|-------------------------|--|--------|-----------|--|
| SBHC Site Information | | | | | | | | | |
| Name of SBHC Site: | | | | | | | | | |
| Is this SBHC site associated with a FQHC? Yes No | | | | | | | | | |
| ----- <i>If “Yes”, provide FQHC name:</i> | | | | | | | | | |
| SBHC Telephone Number: | | | | | SBHC Fax Number: | | | | |
| SBHC Web Site: | | | | | | | | | |
| SBHC Site Physical Address: | | | | | | | | | |
| City: | | | | | | | State: | Zip Code: | |
| Mailing Address: <i>(if different from physical address)</i> | | | | | | | | | |
| City: | | | | | | | State: | Zip Code: | |
| Counties Served by SBHC Site: | | | | | | | | | |
| Host School Information | | | | | | | | | |
| Host School Name: <i>(where SBHC is located)</i> | | | | | | | | | |
| Host School Telephone Number: | | | | | Host School Fax Number: | | | | |
| Host School Web Site: | | | | | | | | | |
| Host School Physical Address: | | | | | | | | | |
| City: | | | | | | | State: | Zip Code: | |
| Mailing Address: <i>(if different from physical address)</i> | | | | | | | | | |
| City: | | | | | | | State: | Zip Code: | |
| Host School District: <i>(where SBHC site is located)</i> | | | | | | | | | |
| Host School Type: <i>(check all that apply)</i> Elementary Middle School High Other | | | | | | | | | |
| ----- <i>If “Other”, please specify:</i> | | | | | | | | | |
| SBHC Site Coordinator / Main Contact: (responsible for site operations) | | | | | | | | | |
| First Name | | | | | Last Name: | | | | |
| Agency: | | | | | Job Title: | | | | |
| Telephone Number: | | | | | Fax Number: | | | | |
| Email: | | | | | Agency Web Site: | | | | |
| Physical Address: | | | | | | | | | |
| City: | | | | | | | State: | Zip Code: | |
| Mailing Address: <i>(if different from physical address)</i> | | | | | | | | | |
| City: | | | | | | | State: | Zip Code: | |



| Populations served by this SBHC site | | | | | | |
|---|-----------------------|-----------------------|-----------------------|------------------------|---|------------------------|
| <i>(Select “yes” or “no” and indicate percentage of each group. All groups combined should total 100 percent)</i> | | | | | | |
| Students | | Yes | No | Percentage: | | |
| Teachers | | Yes | No | Percentage: | | |
| Other Staff | Specify: | Yes | No | Percentage: | | |
| Other Adults | Specify: | Yes | No | Percentage: | | |
| Families | Specify: | Yes | No | Percentage: | | |
| General Community | Specify: | Yes | No | Percentage: | | |
| Other: | Specify: | Yes | No | Percentage: | | |
| Total (should total 100%): | | | | | | |
| Grade(s) served at this SBHC site: <i>(check all that apply)</i> | Other | Birth to Pre-K | | Pre-K | Kindergarten | |
| | 1 st Grade | 2 nd Grade | 3 rd Grade | 4 th Grade | 5 th Grade | 6 th Grade |
| | 7 th Grade | 8 th Grade | 9 th Grade | 10 th Grade | 11 th Grade | 12 th Grade |
| ----- If “Other”, please specify: | | | | | | |
| Check all that apply to the community served by the SBHC site. http://www.hrsa.gov/shortage/ | | Urban | Rural | Frontier | Medically Underserved Populations (MUP) | |
| Health Professional Shortage Area (HPSA): <i>(check all that apply)</i> | | Oral Health | | Primary Care | Behavioral Health | |
| Specify the community health needs and priorities to be addressed by this SBHC site, including how the SBHC site will address health equity / disparities. <i>(250 word limit)</i> | | | | | | |
| | | | | | | |



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Explain the community health needs assessment and data used to determine the needs and priorities for this SBHC site.
(250 word limit)

Specify the outreach and enrollment efforts to ensure a steady base of young SBHC patients (*birth to 21 years of age*) at this SBHC site.
(250 word limit)



| | Actual Number for the 2014-15 school year: | Projected Number for the 2016-17 school year: | |
|--|---|--|----|
| Total Unduplicated Count of Children/Youth (<i>birth to 21 years of age</i>) served at this SBHC site. | | | |
| Total Unduplicated Count of Adults (<i>over 21 years of age</i>) served at this SBHC site, if applicable. | | | |
| Total Number of Children/Youth (<i>birth to 21 years of age</i>) | | | |
| Patient Visits at this SBHC site. | | | |
| Percentage of Children/Youth (<i>birth to 21 years of age</i>) served at this SBHC site with Private Insurance. | | | |
| For every SBHC user at this SBHC site, does the staff document whether the user already has a primary care provider (PCP)? | | Yes | No |
| If SBHC user does not have a PCP, does the staff offer to serve as the PCP for the patient? | | Yes | No |
| Specify this SBHC site's enrollment efforts to ensure SBHC user have private or public (Medicaid/CHP+) health insurance coverage. <i>(250 word limit)</i> | | | |
| | | | |
| Are any of your providers at this SBHC site enrolled with the Regional Care Collaborative (RCCO)? | Yes | No | |
| If yes, which RCCO Region? | | | |
| If yes, please specify RCCO Name | | | |
| Are providers at this SBHC site receiving per member/per month payments for patients? | Yes | No | |
| Does this site have a provider receiving Enhanced Primary Care Provider (PCP) payments? | Yes | No | |



If not enrolled in the RCCO, **explain why:**
(250 word limit)

School-Based Health Center Site-Specific Facility

| | | |
|--|-----|----|
| What is the EHR/EMR name and version used by this SBHC site? <i>The use of an electronic health record (EHR)/electronic medical record (EMR) system is required of all CDPHE-funded SBHC sites.</i> | | |
| What is the total square footage of the SBHC site? | | |
| How many private exam rooms? | | |
| Is there a waiting room or reception area with seating? | Yes | No |
| Is there a private mental health counseling room? | Yes | No |
| Is there a dental exam room? | Yes | No |
| Is there a dedicated entrance to the SBHC site that permits services before and after school hours? | Yes | No |
| Does this SBHC site use the Electronic Student Health Questionnaire (eSHQ)? | Yes | No |

Where is the SBHC located relative to the host school?
(50 word limit)

Specify the hours of operation for this SBHC site. Include all days of the week and times.
 For those days when your clinic is not open, indicate with "N/A"

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------|--------|---------|-----------|----------|--------|----------|--------|
| Site opens at: | | | | | | | |
| Site closes at: | | | | | | | |

INSTRUCTIONS:

- Name and complete all columns for each employee or sub-contractor of this SBHC site.
- If one person is responsible for multiple position types, list all applicable positions.
- Enter "N/A" for items not applicable. Do not leave any columns blank.
- Employee position types to be used below, include:
 - **On-site Primary Care Provider:** (see Standards) includes a Physician, Nurse Practitioner, Physician Assistant, and Doctor of Osteopathy.
 - **On-site Behavioral Health Practitioner:** (see Standards)
 - **On-site SBHC Coordinator:** (see Standards)
 - **Designated Health Care Provider:** (see Standards)
 - **Medical Assistant, Health Aide, or Health Technician**
 - **Dental Health Practitioner (Dentist/Hygienist)**
 - **Front Desk/Receptionist**
 - **Health Educator**
 - **Care Coordinator**
 - **Dietician or Nutritionist**
 - **Other: (specify)**

SBHC Staff Qualifications

| Employee First Name | Employee Last Name | Position Type: (use list of position types above) | Credentials / License / Certification / Educational Degree (if applicable) | Professional License or Certification # (if applicable) | % of FTE | Employer of this Position | EHR/EMR used by this Position |
|--------------------------------|-------------------------------|--|---|--|---------------------|--------------------------------------|--|
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Detail how the SBHC site ensures 24-hour, 7 days/week coverage of patient services, including weekends, holidays, school closures and summer months.

(250 word limit)

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Menu of Services Checklist

Confirm that the following required on-site services are provided.

| Required on-Site Services | Yes | If “No”, please explain |
|--|-----|-------------------------|
| Patient enrollment in SBHC site | | |
| Comprehensive health assessments/well child-adolescent exams (per EPSDT): Medical/oral health/psychosocial history; nutritional assessment; developmental/behavioral assessment; review of systems; physical exam, including height, weight, and body mass index (BMI); vision screening; age appropriate anticipatory guidance/health education | | |
| Sports physicals | | |
| Standardized, age appropriate risk assessments (Guidelines for Adolescent Preventive Services [GAPS] as recommended by Bright Futures and/or other nationally recognized tools) | | |
| Immunizations and use of Colorado Immunization Information System (registry) | | |
| Triage of medical emergencies | | |
| Initial management of emergencies (emergency kit) – Basic Life Support (BLS) certified provider onsite | | |
| Diagnosis (evaluation)/treatment of non-urgent problems, acute illness/problems, minor injuries, and chronic problems | | |
| Medical case management of chronic conditions in conjunction with the specialist and/or primary care physician (PCP) | | |



| Required on-Site Services | Yes | If “No”, please explain |
|---|-----|-------------------------|
| Reproductive Health Education | | |
| Care coordination between SBHC staff, including communication with primary care provider (PCP) | | |
| Arrange 24 hours per day/7-days-a-week coverage (coverage does not necessarily have to be provided entirely by SBHC providers) | | |
| Physical/sexual abuse identification and reporting | | |
| Consultation/coordination with school staff, parent/guardian, teachers and students | | |
| Coordination of referrals for outside services, including offsite laboratory, X-rays and other services not available at the SBHC | | |
| Coordination of referrals to medical specialty services and follow-up on referrals | | |
| Resource support for comprehensive health education | | |
| Oral health assessment: visual inspection of teeth and gums, identification of observable problems, dental health education/oral hygiene instructions, referral as indicated. | | |
| Capacity to write prescriptions for: non-urgent problems, acute illness and injury, and chronic problems | | |
| Administer over-the-counter (OTC) medications | | |



| Required on-Site Services | Yes | If "No", please explain |
|---|-----|-------------------------|
| Clinical Laboratory Improvement Amendments (CLIA) waived Laboratory testing, including rapid strep, Hgb/HCT, urine dipstick/reagent, glucose, pregnancy testing | | |
| Specimen collection and mechanism to transport to CLIA lab | | |
| Mental health screening (for depression, anxiety, mood disorder, etc) | | |
| Comprehensive assessment: Use of a variety of assessment tools typically by a behavioral health provider to arrive at a diagnosis. | | |
| Individual, family, and group counseling; case management; crisis intervention | | |
| Coordinate community behavioral health referral | | |
| Substance abuse screening | | |
| Medicaid/CHP+/health exchange/private insurer outreach and application assistance | | |

| Indicate if the following services are provided on-site or by referral by checking the appropriate box | | |
|--|--------|----------|
| Service | Onsite | Referred |
| Well-child care of children and/or siblings of a SBHC user. | | |
| Reproductive health exam, if indicated | | |
| Family planning services, including prescription or dispensing of contraceptives, condom availability/distribution | | |
| Pregnancy counseling/options | | |



Indicate if the following services are provided on-site or by referral by checking the appropriate box

| Service | Onsite | Referred |
|--|---------------|-----------------|
| STI testing, diagnosis & treatment | | |
| HIV testing & counseling | | |
| HIV/AIDS treatment | | |
| Prenatal care | | |
| Individual or school-wide preventive oral health: teeth cleaning, dental sealants, fluoride treatment, prescription for fluoride supplements | | |
| Individual or school-wide oral health restorative care | | |
| Provider Performed Microscopy Procedures (PPMP) | | |
| Psychiatric evaluation and treatment | | |
| Substance abuse assessment | | |
| Substance abuse counseling/treatment services | | |
| Medicaid/CHP+/health exchange/private insurer enrollment | | |

Indicate if the following optional services are offered onsite by checking the appropriate box

| On-site Service | Yes | No |
|--|------------|-----------|
| Telemedicine | | |
| Family and community health education | | |
| Classroom-based health education | | |
| Administer prescription medications | | |
| Dispense medications | | |
| Classroom-based suicide prevention education | | |
| Telepsychiatry | | |
| Psychiatric consultation (provider to provider) | | |
| Substance abuse prevention | | |
| Violence prevention (conflict resolution, anger management) | | |
| Social service assessment, referral, and follow-up for needs such as basic needs, legal services, public assistance, child-care services, case management, & transportation arrangements | | |
| Individual and small group targeted education (e.g., weight management, nutrition education and counseling, oral health, asthma management, smoking cessation, etc.) | | |
| School-wide wellness, health promotion services based on population-based assessments | | |

**** End of Attachment J: Site-Specific Operation Plan ****