



Site-Specific Operations Plan

Instructions (Read carefully!)

- All lines must be answered
- Do NOT use the “Submit” button on the top right-hand corner. Instead, save this PDF form email to cdphe_sbhcprogram@state.co.us.
- Save each SBHC site’s Site-Specific Operations Plan with this naming schema:
SiteSpecificOperationsPlan_<insert SBHC site name>

Name of Lead Applicant Agency:	
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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:	

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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	
<p>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></p>						



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
SBHC sites are required to generate revenue to support and sustain the site through third-party reimbursements. Specify this SBHC site's enrollment efforts to ensure SBHC users have private or public (Medicaid/CHP+) health insurance coverage. <i>(250 word limit)</i>			
<p style="font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">SAMPLE</p>			
Are any of your providers at this SBHC site enrolled with the Regional Care Collaborative (RCCO) or Regional Accountable Entity (RAE)?	Yes	No	
If yes, which RCCO/RAE Region?			
If yes, please specify RCCO/RAE 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	



SBHC sites are required to pursue all allowable and available funding, such as enhanced payments through enrollment in a RCCO/RAE. If not enrolled in the RCCO/RAE, **explain why:** (250 word limit)

SBHC sites are required to pursue all allowable and available funding. Does this school participate in the School Health Services Program administered by the Colorado Department of Healthcare Policy and Financing? If not a School Health Services Program participant, **explain why:** (250 word limit). <https://www.colorado.gov/pacific/hcpf/school-health-services-program>



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? <i>(50 word limit)</i>							
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:							

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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: <i>(use list of position types above)</i>	Credentials / License / Certification / Educational Degree <i>(if applicable)</i>	Professional License or Certification # <i>(if applicable)</i>	% of FTE	Employer of this Position	EHR/EMR used by this Position



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)

Empty response box for detailing 24-hour, 7 days/week coverage of patient services.

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SAMPLE



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		
Clinical Laboratory Improvement Amendments (CLIA) waived Laboratory testing, including rapid strep, Hgb/HCT, urine dipstick/reagent, glucose, pregnancy testing		



Required on-Site Services	Yes	If "No", please explain
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		



Indicate if the following services are provided on-site or by referral by checking the appropriate box		
Service	Onsite	Referred
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 Site-Specific Operation Plan ****