

VASS/VASBO 2024 Winter Conference

School- Based Health Centers Breakout Session



Galax City Public Schools:

Model: On-site medical practice and telehealth mental health services available to all students and staff

Years in Practice: 3 months

Partners: Tri-Area Community Services

Funding Sources: \$350,000 awarded by the U.S. Department of Health and Human Services (HHS); Health Resources and Services Administration (HRSA); and Health Center Program School-Based Service Expansion (SBSE)

Lessons Learned/Advice: Initial planning and orientation sessions for school and medical staff are needed. Educators do not understand the medical world and medical providers do not understand how schools work. We did not anticipate the volume and types of questions our new partners would have.

Getting our staff excited about the new resource translated to getting our families enrolled. Our teachers were our best marketers during Open House. As a result, registration forms poured in for a clinic that wasn't even open yet.

Starting with medical services and adding mental health support months later gave us the opportunity to learn from our first opening and improve our second.



Henrico County Public Schools:

Model: Telehealth Clinic with a focus on general health, dental, and mental health supports

Years in Practice: 1.5 years

Partners: Childrens Hospital of Richmond (CHOR), VCU Dentistry

Funding Sources: Henrico Education Foundation; In kind from both the school division and providers

Lessons Learned/Advice: Onboarding and Administrative Processes are important. Be intentional and proactive regarding the onboarding and administrative process of enrolling students and families. This would include signed consent forms, required paperwork, etc.

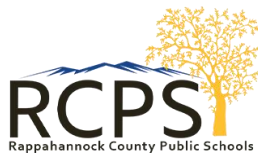
Robust family and community engagement is necessary. Having an informed team of collaborators to attend events to meet and educate families is necessary. Getting information to families often is key to ensure awareness and involvement.

Outline clear understanding of roles of clinic staff/support.

Advice: Educate families and staff early and often about the initiative. At every opportunity, talk about the telehealth clinic and its benefits (increased seat time for the student and parents' day is not interrupted to pick up child). Understand that educating families is a process and practice that takes time.

Focus on building a visionary and committed team by establishing a willing steering committee that provides vision and the willingness to take on the initiative and meet regularly to discuss.

Codify processes and procedures. Everything will feel new and innovative. It's important to record happenings and details.



Rappahannock County Public Schools:

Model: Began as a family practice model, evolved into an urgent care tele-health model. Outpatient counseling services are also available through HCA.

Years in Practice: 4 years

Partners: PATH Foundation; Valley Health, Health Connects America (HCA), and Fauquier Co. Mental Health Association

Funding Sources: Insurance billed; Grants from PATH; In-kind from both the school district and providers

Lessons Learned/Advice: Do not place bulk of responsibility on school nurse. Requires dedicated staff/telepresenter who can also help support nurse if needed.

Engage providers and open services beyond students only.

Urgent care was a much more efficient model than family practice for telehealth services. This allowed us to engage with 11 different clinics which provided more practitioners available for appointments.