



Ohio Department of Health School-Based Health Center Toolkit

Resource for School Nurses and School Staff



Department of
Health



Section 1: Conducting a Needs Assessment	3
Section 2: What to Expect in an Effective Partnership	7
Section 3: Roles in School-Based Health	15
Section 4: Communication and Data Sharing	18
Section 5: Obtaining Consent	20
Section 6: Promoting Sustainability	22
Section 7: Information to Cover in Recurring Meetings	24
Section 8: Metrics and Data Tracking	25

*This toolkit is intended as a resource for school nurses or other key school staff in the planning and implementation phase for a new SBHC or other onsite clinical health services within a school.

Section 1: Conducting a Needs Assessment



School nurses and other school health personnel (social workers, guidance counselors, etc.) are often the best equipped to understand the unmet physical and behavioral health needs of students in their buildings. They are often also the staff that may do initial outreach and coordination for onsite or school-linked health services with the consent of their school/district administration.

Assessing the health care needs of students will ensure that services offered can properly address the entire population's health. Collecting data, whether at the building or school district level, can also

provide justification for the initiation of new services or expansion of existing ones and may be needed to inform decisions made by school boards and other governing bodies. Results can often present opportunities to align and leverage existing work.

The goal of Section 1 is to outline the plan of action for the school nurse or other school personnel to complete a needs assessment with the intention of using the information to inform the scope of school health services for a school building and/or district. Assembling a team of individuals to gather the information needed is also recommended.

Considerations when completing a needs assessment:

- Low scores on assessments do NOT indicate “low performing” schools.
- Many areas will NOT require new resources or responsibilities.
- For areas requiring new resources, results can help:
 - Focus planning.
 - Provide information to increase the chances for school board or community support.
 - Establish data and justification for funding requests, including additional school nursing needs.

What is the goal of your needs assessment?

- Determine healthcare needs of students and match them to existing resources?
- Establish onsite school health services?
- Expand school nursing resources to meet the medical and dental needs of students?
- Establish/expand mental and behavioral health services?

Who will review the results?

- Is this intended as a building level assessment?
- Is this intended to reflect the entire district and be viewed by district leadership?
- Are you sharing this information with interested community partners (Note: Authorization from the school/district administration should be obtained before sharing results with external partners.)?

Which students are at highest risk?

- Are there communities in the district experiencing heightened barriers to care?
- What populations may not be adequately receiving resources?

What role does the school nurse play in the needs assessment for the district?

- Is this for a specific type of health care need?
- For a broad assessment, would convening a building level committee for the needs assessment be valuable?

What other staff members, if any, should be included?

- Is there representation from those such as school administration, social work, guidance counselors, athletics, or others?

What partners existing in the building might be able to provide data or information on student needs?

- Do other staff collect any data?
- For example: Number of students with mental health needs/referrals? Linkage rates? Athlete exclusion from sports due to unmet health evaluations?

Needs Assessment Tools

Depending on the time and capacity your school has, needs assessment activities may be more, or less, thorough. Focus on providing clear, accurate information that can help shape decisions on new or existing school health resources. The following tools could all shape needs assessment efforts:

Category 1: Building-level snapshot of current needs

Quick-start data including common data points that may already be collected for other purposes in your daily work.

School nursing and other school personnel common data points:

- Number of vision and hearing referrals and percentage with confirmed follow-up and linkage.
- Number of students missing at least one school-required vaccine (either missing a dose or with an exemption on file).
- Number of children in school with chronic medical conditions requiring nursing care (i.e. Diabetes, tube feedings, respiratory care (asthma, trach care)).
- Number of students with allergies, anaphylaxis, and seizure disorders.
- Number of medications administered during the school day.
- Average number of nursing visits per day.
- Number of students complaining of dental pain or other dental issues.
- Number of mental and behavioral health referrals.
- Number of students with acute referral for mental health crises.
- Number of in-school behavioral incidents.
- School suspension/expulsion rates.
- Percentage of students eligible for free and/or reduced meals.

Category 2: Building and district-level aggregate data

Includes more comprehensive tools, can be a deeper dive into topics than Category 1.

[Ohio Healthy Student Profiles](#)

- Provides school building and district-level metrics for many health indicators such as:
 - Percentage of students covered by Medicaid.
 - Percentage of students with a completed well-check.
 - Percentage of students with a primary care visit in the past two years.
 - Percentage of students with a dental visit in last two years.
 - Percentage of students with a serious mental illness.
 - Percentage of students with asthma and diabetes.

[Ohio Department of Education School Report Cards](#)

- Provides overall school academic metrics.
- Includes ratio of students in the district per school nurse, counselors, and psychologists.
- This includes comparison to district of a similar size and state averages.
- Comparison data can be useful when advocating for additional school health services, including school nurse staffing.

[American Academy of Pediatrics Health Assessment Tool for Schools \(HATS\)](#)

- Comprehensive self-assessment tool to help districts assess quality and comprehensiveness of school health services.
- HATS (Health Assessment Tool for Schools) are divided into eight modules: Infrastructure, Chronic Condition Management, Emergency & Disaster Preparedness, Mental Health & Social Services, School-Based Screenings & Preventive Services, Sexual & Reproductive Health, Infectious Disease Management, and School-Based Health Centers.

This resource can be helpful when planning for future growth of school health services across a district.

Section 2: What to Expect in an Effective Partnership

Now that you have completed a needs assessment and identified what kind of health concerns you would like addressed, you will need to select a health care partner that is best positioned to meet those needs. You should seek your school/district administration's authorization before approaching a potential health care partner. Selecting a health care partner, whether for a permanent school-based health center or a one-day vaccine clinic, can be overwhelming. Ideal health care partners will be proactive, attentive to school policies, and

demonstrate adaptability, among other things. School districts should work collaboratively and support the success of their health care partner through communication, family engagement, and other methods. The following section helps to summarize expectations for a successful school health partnership and clarify roles on all sides of the school health model. Refer to this while considering new partnerships with health care organizations, or while evaluating existing ones.

Proactivity, Outreach, and Engagement

School health models will require a proactive approach, both for the health care partner and school district alike. Making services available at school is an excellent first step. However, successful utilization of those services will only occur when families and patients are engaged and invited to feel comfortable and confident to take advantage of their school health services. The following table provides a few examples of proactive approaches that both health care partners and school districts can use to drive school health utilization.

School District	Health Care Partner
School nurse calls families to inform them of a new school-based health center in the district.	Medical Assistant in school-based health center follows up with families who have expressed interest to schedule a well visit.
Multiple channels of communication (school website, social media, flyers on campus) reference the services available to students.	Health care organization provides regular updates to school communications staff on services available, hours of operation, and any other relevant info.
Coaches and physical education teachers make referrals to health care partner for well visits, injuries, or other relevant services.	Provider team attends sporting events to engage with community and inform families of services available to their children at school.

When evaluating whether to partner with a health care organization in your school, consider what your students need and what the organization can ultimately provide. Have you been provided with an exhaustive list of services? How comprehensive are those services? Are the issues identified in your needs assessment going to be addressed? **The following sections provide an overview of why these services will address current gaps in health care for students and provide a summary of important questions to consider by each type of medical service.**

Primary Care

Connection to consistent health care is not a guarantee for all students in Ohio. In fact, in the 2020-2021 school year, only half of school-aged children ages 6-17 reported they had a medical home (model of primary care that provides comprehensive and high-quality care) to provide a usual source of coordinated, family-centered health care. One in five children in the same age group did not have a place to go or consult when they were sick. ([Ohio School Based Health Alliance Issue Brief Feb 2023](#))

Provider Experience	Scope of Practice	Billing	Communication
Has this provider had experience with pediatric patients and families?	What is the provider's approach to chronic disease management?	Does the provider use primary care or urgent care billing?	What does communication look like with the school and family before and after visits?
Have they operated an SBHC or worked in school-linked services?	Does the provider administer vaccines?	What health insurance will be accepted for services?	Is the provider able to share information with other local providers, i.e., send information to patients' primary care physicians when providing sick care?
Does the provider have existing processes around obtaining consent, communication with school personnel and families?	What services specifically are not offered?	How are patients and families without insurance addressed?	How are after visit summaries shared?
Does the provider have an understanding of the importance of community engagement activities with schools to promote sustainability?	Can the provider complete lab work on-site?	Do they help enroll eligible students for medical coverage in state-funded programs such as Medicaid?	What is the provider's process for obtaining parental consent? Is it available in all languages spoken in the community?
Are they invested in a long-term partnership to prioritize serving students?	Are mental health screenings offered? If so, what does the referral and follow-up process look like?		Is the provider enrolled in ImpactSIIS and able to access immunization records in Ohio's centralized registry?
Are they enrolled in the VFC (Vaccines for Children) program?	Are providers comfortable prescribing mental health medication at the primary care level?		Does the provider share data with public health should the need arise? (e.g., infectious outbreak, reportable diseases)
What experience does the provider have working with public health?	Are there options for medication delivery?		
	What is the overall referral process to needed specialty services (including follow up)?		

Resources for School Nurses around School-Based Health Centers and Public Health

[ODH | Find Local Health Districts | Ohio Department of Health](#)

[School Health | Ohio Department of Health](#)

[Ohio School-Based Health Alliance | School-based health Ohio](#)

<https://odh.ohio.gov/know-our-programs/school-nursing-program/welcome-to>

Dental Care

Currently in Ohio, 48% of school aged children have a history of tooth decay and 20% have untreated cavities. Sixty-seven percent (67%) of kids without dental insurance and 77% of children on Medicaid had a dental visit in the past year, compared to 91% of children with private dental insurance. Regular dental care and optimal access continue to be a concern. ([Ohio Department of Health: Oral Health in Ohio 2024](#))

Provider Experience	Scope of Practice	Billing	Communication
Is this provider a community-based oral health care program?	What services and treatment plans are available?	Does the provider use primary care or urgent care billing?	What oral health data and individual child records will be created, and how will information be shared with the school and parents?
Does the provider have experience with bringing prevention and dental care to schools in a community?	Can the provider complete diagnostic work? (i.e., rays)	What insurance will be accepted for services?	
Do they have working relationships with local dental clinics and dental offices to link patients to a 'dental home' (model of dental care that provides preventative, acute, and comprehensive oral healthcare) where they can receive ongoing comprehensive oral health care?	Does the provider utilize a preventive (sealants, cleanings, and education) or restorative (fix teeth that already have disease) approach?	How are patients and families without insurance addressed?	What is the provider's process for obtaining parental consent? Is it available in all languages spoken in the community?
Who owns the program and how is it funded?	What is the provider's daily patient capacity?	Do they help in enrolling eligible students for dental coverage through a state-funded program, such as Medicaid?	
Is the program a for-profit or nonprofit entity?			

Resources for School Nurses around Dental Care

[Oral Health Program | Ohio Department of Health](#)

Vision Care



Regular eye exams and eye care – and subsequent follow-ups – are essential to the health and academic success of school aged children. However, Ohio has historically had low follow-up rates from school vision screenings. Out of students who failed vision screenings, follow-up completion rates have been as low as 22.5% in the state. When certain visual skills have not developed or are poorly developed, learning is difficult and stressful. Good vision is crucial for a child’s success in school, as a school day is very demanding on a child’s eyes. Good vision aids in reading, writing, and comprehending classroom activities.

([Ohio Department of Health Children’s Vision Program Annual Report](#))

Provider Experience	Scope of Practice	Billing	Communication
Is this provider a community-based vision health care program?	What kinds of services are offered?	What insurance will be accepted for services?	What does communication look like with schools, families and vision care providers before and after visits?
Does the provider have experience with bringing vision care to schools in a community?	How many patients can be served in one day?	Do they accept VSP vouchers?	Do patients receive follow-up after receiving glasses?
Do they have working relationships with local eye care, optometrist or ophthalmologist to link patients to a primary eye care provider where they can receive ongoing comprehensive vision care?	Are patients able to receive glasses and/or corrective lenses after their assessment?	How are patients and families without insurance addressed?	How are After Visit Summaries shared?
Who owns the program and how is it funded?	If so, how are lost or broken glasses addressed?	Do they help in enrolling eligible students for vision coverage through a state-funded program, such as Medicaid?	What is the provider’s process for obtaining parental consent? Is it available in all languages spoken in the community?
Is the program a for-profit or nonprofit entity?	For patients who need additional vision evaluation with a licensed eye care provider, how is that referral done?		

Resources for School Nurses around Vision Care

Link to Ohio Department of Health Statewide Vision Resources

<https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/resources/vision-resources>

Link to assist in finding local eye care providers:

<https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/Find-Pediatric-Vision-Provider>

Links to programs that assist with vision cost:

<https://www.vspvision.com/eyes-of-hope/>

<https://ohio.preventblindness.org/vision-care-outreach-program/>

<https://superspecs.org/>

Billing for Vision Screening in Schools:

Beginning in January 2018, Ohio Medicaid began reimbursing for vision screening CPT codes – vision screening was unbundled from the overall well child visits.

99173 – Visual Acuity Screening

99174 – Instrument based ocular screening with off-site analysis

99177 – Instrument based ocular screening with on-site analysis

<https://www.americanmedicalcoding.com/cpt-code-99173-99174-99177/>

Referral form for failed vision screen in school:

<https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/resources/formj>

Mental and Behavioral Health Care

Young Ohioans are experiencing increasing levels of mental and behavioral health challenges. More than one in eight children in the state (13.1%) reported being depressed or having anxiety and 15.6% of Ohio high school students surveyed reported that they had seriously considered attempting suicide. Rising behavioral health and mental health needs, combined with a strained workforce and access challenges, confirms the importance of incorporating these services into any school-based health model.

([Ohio School-Based Health Alliance Issue Brief Feb 2023](#))

Provider Experience	Scope of Practice	Billing	Communication
Has the provider worked in school health before?	What kind of services are offered?	What health insurance will be accepted for services?	Does the provider offer protected minor visits?
Is this a nonprofit or for-profit company?	Can patients receive individual or group counseling?	How are patients and families without insurance addressed?	What do crisis plans with schools and families look like for patients in danger of harming themselves or others?
Is the provider remote or local? Is the provider out-of-state? If so, how do they connect for local care and follow-up?	Can services be administered via telehealth?	Do they help in enrolling eligible students for behavioral health coverage through a state-funded program, such as Medicaid?	What does the provider communicate back to the school, both for ongoing management for behaviors and in crisis situations?
Who owns the program and how is it funded?	What is the provider's capacity to prescribe mental and behavioral health medications?		What is the provider's process for obtaining parental consent? Is it available in all languages spoken in the community?
Does the provider have experience providing behavioral support to children? Or adapting services to minors?	What is the provider's approach to integrating with primary care?		
	What are the credentials of the licensed providers?		

Resources for School Nurses around Mental and Behavioral Health Care

<https://education.ohio.gov/Topics/Student-Supports/School-Wellness/School-based-Mental-Health>
<https://www.ohioschoolwellnessinitiative.com/>

Mobile Vaccine Clinics

To fill gaps in underserved areas, vaccine clinics seek out schools and provide required vaccines to students throughout the state. Such initiatives can be an asset to the ongoing health of communities and prevent students from experiencing vaccine exclusions.

Provider Experience	Scope of Practice	Billing	Communication
Has the provider given roving vaccine clinics before? Does this include private and VFC vaccines? Is the provider enrolled in the VFC program?	What is the provider's process for working with the school to determine who will receive immunizations?	Considering the vaccine supplies (VFC vs private), what are the appropriate billable fees (i.e., administration fee, vaccine cost, etc.) for each supply of vaccine?	How are parents informed about roving vaccine clinics?
Does the provider have existing protocol for day-of operations (i.e., standing orders, workflow, VIS, temperature monitoring, emergency medical protocol for management of anaphylactic reactions)?	What does the consent process look like?	Is billing occurring for administration fees?	What information is given to the school nurse at the end of the vaccine day? (ex: updated shot records, VIS sheets)
What does the process look like for walk-ups and planned vaccinations?	Do they have/support resources for children/families behind on vaccinations?	What insurances are accepted if adult family members, staff, and non-VFC eligible students are permitted to receive vaccinations?	What is the provider's process for obtaining parental consent? Is it available in all languages spoken in the community?
Can the provider also immunize school staff/adults?	Are there vaccines available beyond those required for school enrollment?	How are patients and families without insurance addressed?	Who reports adverse reactions?
	Does the provider input completed vaccinations into ImpactSIIS?		

*Note regarding VFC eligibility:

Children through age 18 years who meet at least one of the following four criteria are considered federally vaccine-eligible and therefore eligible for vaccine through the VFC program:

- Medicaid eligible: A child who has health insurance covered by a state Medicaid program.
- Uninsured: A child who has no health insurance coverage.
- American Indian or Alaska Native: As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603).
- Underinsured: Underinsured children are eligible to receive VFC vaccine only through a federally qualified health center (FQHC), rural health clinic (RHC), or a public health department that receives deputized authority from a FQHC or RHC.

Resources:

Key Vaccination Resources for Healthcare Professionals:

<https://www.immunize.org/wp-content/uploads/catg.d/p2005.pdf>

Supplies You May Need at an Immunization Clinic:

<https://www.immunize.org/wp-content/uploads/catg.d/p3046.pdf>

Example of Mobile Immunization Toolkit and Checklists:

<https://immunitycommunitywa.org/toolkit-for-schools-and-groups/>

Ohio Department of Health Immunization Resources:

[Immunization Resources | Ohio Department of Health](#)

A Note on Mobile Care Units

Mobile care units can visit schools on a one-time or rotating basis to address student health care needs, whether it be vision, dental, primary care, or even specialty options. When coordinating for a unit to visit your school, it's critical to gather information about a potential provider to ensure a successful day. Considerations for utilizing mobile care include, but are not limited to:

- **Parking** – When does the parking lot need to be clear for buses and pickup/drop-off? Does the mobile unit require plug-ins for power? Is the mobile set-up conducive for infection control and prevention, as well as providing privacy during sessions?
- **Identifying patients** – How does the provider approach their schedule for the day? Are expectations clear around who will work to identify a list of patients with unmet health care needs?
- **Safety** – Who will walk students, especially younger students, to and from their appointments? Does the provider have a protocol for students who are in crisis and may require emergency care?
- **Consent** – What process does the provider follow to obtain parental consent before the child's appointment? Does the provider allow verbal consent as part of this process?
- **Communication** – Does the provider have materials explaining their process and scope of services available to send to families? How are after visit summaries distributed after the appointment?
- **Flow of patient care day of mobile clinic** — What is the role of the school nurse or other personnel in directing flow of patient care to and from the mobile during the day?
- **Linkage to care** – Is follow-up or linkage to further care in the community available for patients who require additional services?

Section 3: Roles in School-Based Health



School health requires a team mindset, and success is achieved when all members see themselves as advocates and owners of the initiative. Personnel in school health services should be passionate about student health and community engagement, adaptable to an ever-changing work environment, and comfortable with minimal supervision.

While planning new school health models or evaluating existing ones, take time to clarify the responsibilities each position holds. The following chart details the typical roles each title can play in a school-based health model. This role delineation allows the team to be set up for maximum efficiency and success.

Examples of different types of engagement are included on the following page to illustrate the importance of buy-in from all parties. Teams may also choose to approach their positions differently, depending on preferences and staff capacity. Additional team members beyond this list may also be involved in school health.

Depending on the level of familiarity an individual or organization has with school health, there can be confusion or concerns surrounding it. The following are some of the most common misconceptions and realities about school health.

- **Misconception:** School health services replace the role and responsibilities of the school nurse.
 - **Reality:** The school nurse is an essential partner and integral to the success of any school health program.
- **Misconception:** Students can receive care without the knowledge or consent of their parents.
 - **Reality:** Parental consent is of the highest importance and carefully documented in school health, and parental involvement in appointments is welcomed.
- **Misconception:** Services are only available to students on Medicaid or with private insurance.
 - **Reality:** Options are available to students and families, whether they are enrolled in Medicaid, private insurance, or uninsured.
- **Misconception:** Families must pay out-of-pocket to access school health services.
 - **Reality:** Insurance is accepted on-site, and financial assistance or linkage to resources can be made available to families without insurance.

Role	Activities	Engagement Examples
School Nurse	<ul style="list-style-type: none"> • Direct nursing services. • Triage. • Medication administration. • Health care education. • Emergency plans. • Training school staff. • Health assessments. • School health environment. • Health policies and programs. • Refers families to school-based health provider. • Drives health programs based on data collection. • Communicates with public health. 	<ul style="list-style-type: none"> • Displays SBHC information in school nursing office. • Contacts families with overdue vaccinations or other health issues to refer patients.
School-Based Health Provider(s)	<ul style="list-style-type: none"> • Well-child physicals. • Immunizations. • Chronic disease treatment. • Laboratory services. • Behavioral health baseline services and referrals. • Reproductive health. • STI testing and treatment. • Sick visits. • Referrals for specialty care. 	<ul style="list-style-type: none"> • Visits community events to have conversations with students and families. • Collaborates with health classes to deliver information to students.
Behavioral Health Provider(s)	<ul style="list-style-type: none"> • Consults with teachers, administrators, and parents to find solutions to learning and behavior concerns. • Evaluates for special education eligibility and services. • Engages in research and planning to improve schools. 	<ul style="list-style-type: none"> • Holds an open house for parents and students to visit and learn about services. • Visits classrooms to educate students about coping skills and self-regulation tools.
School Social Worker	<ul style="list-style-type: none"> • Assesses individual, home, school, and community factors that may affect a student's ability to learn. • Provides consultation with school staff regarding social and emotional needs of students. • Collaborates with community agencies to find appropriate resources for students and families. 	<ul style="list-style-type: none"> • Attends school administration and staff meetings to make all staff aware of services.

Role	Activities	Engagement Examples
School Counselor	<ul style="list-style-type: none"> Provides classroom lessons based on student success standards. Assists students with planning for post-secondary options. Provides short-term counseling to students. Provides individual and student academic planning and goal setting. 	<ul style="list-style-type: none"> Promotes community engagement efforts of other school roles and encourages students and families to take advantage of services.
School Psychologist	<ul style="list-style-type: none"> Collaborates on diagnostic and testing efforts with any mental behavioral health partners working with the school. 	<ul style="list-style-type: none"> Collaborates with school staff to ensure families are informed.
School Principal	<ul style="list-style-type: none"> Supervises and evaluates teachers and education staff. Keeps track of student performance and discipline. Oversees standards for building security. Plans and oversees class schedules and school activities. 	<ul style="list-style-type: none"> Notifies families and students about school-based health services in communications. Hosts events for families and community members to ask questions.
Telehealth Presenter (for teams with telehealth capabilities)	<ul style="list-style-type: none"> Coordinates student telehealth appointments. Conducts vital sign checks prior to appointment. Ensures a safe and confidential space for students to have appointments. 	<ul style="list-style-type: none"> Visits classrooms to answer student questions and normalize telehealth usage.

Consider convening the above roles (and any other roles with significant involvement) monthly to discuss needs, update, and events surrounding school-based health. During these meetings, review visit volume, talk through specific student challenges, and plan communication and engagement efforts. More detailed examples of monthly meetings will be included in section 7.

Section 4: Communication and Data Sharing

In this section we specify how information can be shared between clinic and school nurse, define FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act), and provide some examples.

In their initial stages, many school health programs have questions about how to store and share sensitive information. **It is essential to consult the school/district legal counsel for specific questions and for designing policies and procedures. Ultimately, legal counsel will determine what information can be appropriately shared,** as outlined in the Memorandum of Understanding (MOU) between the school and health care partner.

However, general recommendations around information sharing in school health are available in the following section. All parties participating in school health should be focused on protecting patient and student privacy while providing high-quality care.

Healthcare providers are familiar with HIPAA, and educational providers are familiar with FERPA. However, it can be less clear to interpret how to apply both policies simultaneously. The following table, adapted from a Centers for Disease Control and Prevention resource¹, explains the parameters of each policy and how it is applied in each setting.

	Who must comply?	Protected information	Permitted disclosures
FERPA protects the privacy of education records. It serves two primary purposes: 1) Gives parents or eligible students more control of their educational records and 2) Prohibits educational institutions from disclosing “personally identifiable information in education records” without written consent.	Any public or private school, elementary, secondary or post-secondary. Any state or local education agency.	Student Education Record: Records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution.	School officials. Schools to which a student is transferring. Specified officials for audit or evaluation purposes.
HIPAA is a national standard that protects sensitive patient health information from being disclosed without the patient’s consent or knowledge.	Every health care provider who electronically transmits health information in connection with certain transactions. Health plans. Health care clearinghouses. Business associates that act on behalf of a covered entity.	Protected Health Information: Individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records.	To the individual. Treatment, payment and health care operations. Uses and disclosures with opportunity to agree or object by asking the individual or giving the opportunity to agree or object. Public interest and benefit activities (e.g. public health activities, victims of abuse or neglect, decedents, research, law enforcement or threat to health or safety). To health care staff for purposes of ongoing treatment of patient (this includes the school nurse).

A “Need to Know” Basis

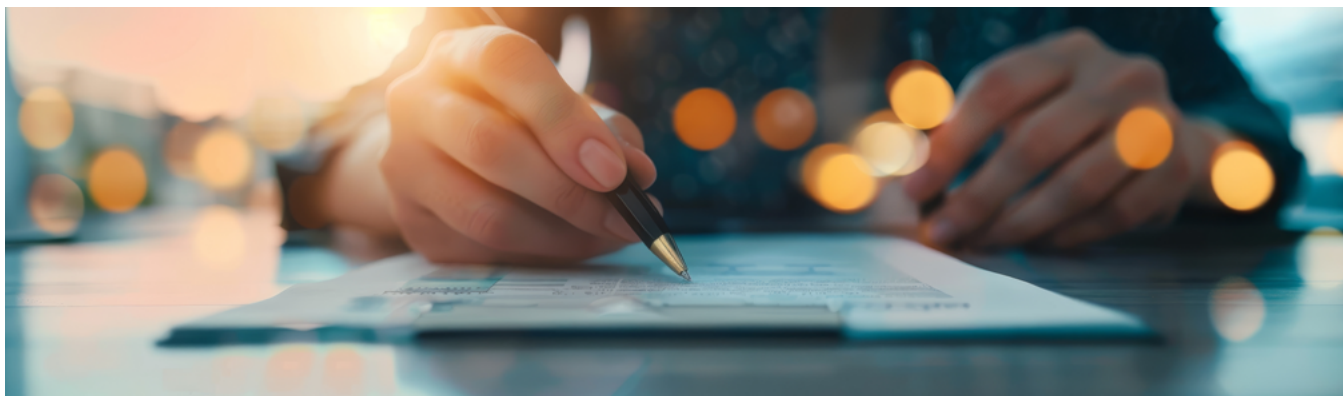
In daily school health operations, questions may still arise about what information can be shared. Teachers may wish to know if a student has tested positive for a virus, or if their approach to the student needs to be modified due to a behavioral health challenge. Health care providers may wish to have access to their patient’s academic performance as an indicator of health and participation. **Ultimately, legal counsel will determine what information can be appropriately shared,** as outlined in the Memorandum of Understanding (MOU) between parties. Generally, it is encouraged to follow a “Need to Know” basis when sharing information between education and health entities. The following examples illustrate what both appropriate and inappropriate uses of education records or patient health information might look like:

1. Child presents to clinic and is diagnosed with Strep Throat. Clinic shares diagnosis and treatment plan with school nurse who arranges for child to be picked up per infection control policy. **Appropriate.**
2. Child needs immunizations, some are school-required, and school nurse needs updated information to review for exclusion. **Appropriate.**
3. New diagnosis of ADHD. Discussion with parent includes administration of medication while at school. Share information with school nurse to obtain medication authorization form. **Appropriate.**
4. Teen shares in clinic they are concerned about an STI due to high-risk sexual activity. Testing is done and treatment provided in the clinic. Teen does not want information shared back with the school, however, SBHC staff do share results with school nurse. **Inappropriate.** General outbreak information could be communicated to school with plans for wide education and information for possible widespread testing if not done in a way that allows for sharing of personal identifiable patient information.
5. Education records: Data sharing agreement is obtained, and information is shared with health care entity around attendance data for students seen within the SBHC. A previously signed MOU details the process for data sharing. **Appropriate.**
6. Education records: School academic records are shared with clinic staff without parent release of information or data sharing agreement. **Inappropriate.**
7. After identifying an outbreak, the school nurse shares ages, classrooms, demographics, and minimal health information related to the outbreak disease with public health partners. **Appropriate.**

Sharing with Public Health

Under [Ohio Administrative Code 3701-3-02](#), suspected or confirmed [institutional outbreaks](#) are to be reported to the [public health department](#) in whose jurisdiction the outbreak has occurred by the close of the next business day. The goal of an outbreak investigation is to identify the cause, identify how it is spreading, and to control the outbreak. Keeping a line list during an outbreak, with information such as illness onset date, classroom or sport teams impacted, ages, etc., can help with communicating with public health and help to identify patterns, implement infection prevention and control strategies or education, and identify any student populations at higher. Being able to provide a line list to the school-based health provider can also be helpful in rapid identification so that outbreaks or health issues do not interfere with student’s learning time.

Section 5: Obtaining Consent



Parents and families will be familiar with certain forms and consents needed to enroll their child for the school year. If there is a new or updated school health initiative on campus, there may be questions or confusion. Working closely with school administrators can help streamline the consent process to allow students to be seen for routine or acute health needs throughout the year.

Proactive efforts to get consent forms signed by parents and guardians are encouraged. With consent on file in advance, unexpected appointments can be quickly arranged, and well-checks can remain up to date. Consider making concentrated efforts to collect consent forms in bulk – back-to-school open houses, kindergarten programming, and sports season kickoff meetings are all opportune examples.

While parental consent and parental engagement are both important to school health programs, there are important differences between them. **Parental consent** refers to the legally obtained permission to treat a patient and provide previously agreed-upon health services. **Parental engagement** is the encouraged, but optional at the parent's discretion, attendance at school health appointments, whether in person or virtually.

School health is intended to reduce barriers that families experience, such as leaving work or other obligations to transport students. Therefore, school health professionals will be comfortable with treating patients in their guardians' absence, as long as verbal and/or written consent is on file.

Written Consent

Depending on the healthcare partner you're working with, online consent forms may or may not be available. School nurses and other staff can be helpful in facilitating the distribution and return of consent forms. Written consent can be a paper document or can be electronic and integrated into the school system, either through a link or by uploading directly into back-to-school forms. Written consent can be collected by clinic or school staff and can be tracked within both systems — this is an opportunity for collaboration and discussion at the outset of the partnership.

Verbal Consent

In cases where consent forms have not been returned from home, verbal consent with parents/guardians may still be possible and can be sought out by phone on the day of the student's appointment. Best practice for verbal consent includes two staff members witnessing the consent and documenting within the medical record, confirming guardianship as needed.

Other Considerations

Timing of consent:

Verbal consent is typically provided for only day of service treatment but can include follow up of specific condition addressed via the consent. Verbal consent typically can be accepted within 30 days of the appointment.

Written consent can be obtained annually or can be inclusive of the lifetime of student attendance at the specified school or district.

Release of Information (ROI)

School staff and SBHC staff may create a release of information for parents for additional information sharing between the clinic staff and school nurse. Details of the ROI can be reviewed by legal teams at both institutions to ensure compliance. This can allow more free exchange of information between the school nurse and clinic staff when medically necessary to benefit ongoing care of the student.

Section 6: Promoting Sustainability



School and Family Engagement

Integrating a school health program into the culture of the whole school community is essential. As mentioned in other sections of this toolkit, taking opportunities to answer questions, build relationships, and dispel misconceptions can result in much higher utilization. Work with colleagues to create opportunities for engagement and attend existing community events. Examples might include:

- Being present at sporting events and providing information on the available school health services.
- Visiting classrooms to offer educational health lessons on age-appropriate topics.
- Speaking at parent-teacher organization meetings.
- Holding seasonal scavenger hunts that encourage students to locate and become comfortable with school health in their daily lives.
- Greeting students and families regularly to establish familiarity with the community and educate them about the school health services available in their district.

Transportation

In a school district with multiple buildings and one school health location, arranging for patient transportation makes access for all students possible. School nursing staff, school-based health providers, and district transportation can create scheduling processes that keep students on track to receive care while missing as little instruction time as possible.

Coordination with many different parties is required to bring a transportation plan to life. Discuss roles with your colleagues for getting students excused from class and safely to and from their appointments. Consider making a weekly schedule to prepare for upcoming appointments and notify other buildings of their students' expected absences from class.

Linkages to Care

The school nurse is often one of the best resources to identify students who could benefit from services beyond primary care. This knowledge can help students get connected to the school health services in their district, and then referred to sports medicine, vision screenings, dental care, behavioral health, and more.

Telehealth

Some school health programs may have telehealth capabilities for patients to access care. This can be beneficial for acute visits, chronic disease management, medication management, and behavioral health. However, telehealth operations will typically require a telehealth presenter who can be with the patient, administer testing, and ensure the equipment functions properly. While some districts have utilized the school nurse as a telehealth presenter, many find that conflicting responsibilities can interfere with this coverage. Depending on the availability of additional staff, it may be beneficial to allocate another staff member for this purpose.

Behavioral Health Integration

As any school nurses or school-based health providers know, mental and behavioral health are closely linked to physical health. Strong school health partnerships can continue to thrive when there is close collaboration to link patients with unmet needs to other providers. Even if behavioral and mental health providers are not employed within or by your school, keeping an active list of community providers to refer to can be an essential resource.

Measuring Success

School health programs are not built overnight and require time and attentiveness to reach their potential. Taking time to measure evidence of success can create momentum, provide grounds for further funding when needed, and demonstrate school health's impact to community members. Specific metrics that can be collected are further referenced in section 8 of this toolkit. In addition to quantitative data points, consider reaching out to your colleagues to collect stories of student empowerment and success that can be shared when appropriate. How has the incorporation of school health made academic and health outcomes better?

Quality Improvement

Numerous processes make up a school health program – there are methods to marketing and communications, patient recruitment, intra-district transportation to appointments, to name a few. Consider looking at these workflows individually with your team to see where they can be improved. Are there more efficient ways to accomplish these processes?

Communication

Keeping students, families, and staff informed of changes and updates over time is crucial to school health sustainability. New families will leave and enter the school community each year, and even those who have remained there may not have accurate information. School nurses are especially important in this way, as they are a trusted member of the school community. Ongoing communication, though it may feel repetitive, can help ensure continued utilization of school health services.

Section 7: Information to Cover in Recurring Meetings

Whether your school has taken on a permanent school-based health center or a one-time vaccine clinic, meeting with all relevant staff members ensures smooth communication and operations.

Some teams may dedicate one person to lead the meeting each time; others may rotate leadership to encourage equal participation and ownership in the school health partnership. Meeting frequency might

look like a brief weekly check-in, or more extensive monthly or quarterly instances. To cover both strategic planning and day-to-day operations, other teams may elect to have leadership and operations meetings. Work with your team to determine the preferred structure. The chart below illustrates information to focus on in strategic planning meetings versus operational meetings, specifically for a school-based health center:

Strategic Planning	Operations
<ul style="list-style-type: none"> • Clinic utilization goals. • Community partnerships. • Scope of services available and whether to expand these to include behavioral health, dental care, or others. • Messaging to community media outlets about clinic services and availability. • Staffing and financial planning. • Safety and security, both for patient information and physical well-being. 	<ul style="list-style-type: none"> • Student and family engagement opportunities such as sporting events, parent-teacher conferences, or back-to-school open houses. • School schedule changes such as early dismissals, drills, or testing. • Transportation plans for students in other buildings to receive care, if necessary. • Updates on anticipated patient needs such as vaccine supply, consent forms, or sports physicals. • Safety and security, both for patient information and physical well-being.

For individual school health services, such as mobile dental or vaccine clinics, preparation meetings are still encouraged. Topics to discuss may include:

- Parental consent and whether it can be obtained electronically, by paper form, or over the phone.
- Walk-in model versus pre-scheduled appointments.
- Scope of services that will be available to students.
- Marketing and communications to students and the school community.
- School day schedule and any parking considerations.
- Overlaps with student lunches, testing, or class instruction.
- Accessibility for students in need of accommodation.
- Plans to ensure students are returned to class safely and efficiently.

Section 8: Metrics and Data Tracking

As mentioned in Section 1, collecting data to report on the health care needs of your school community is a helpful tool to drive decision-making. The same is true for tracking information once a school health program has been initiated. Consider working with your health care partner to demonstrate the impact of bringing school health services to campus.

Potential metrics to work with your team to monitor might include:

Metric	Description
Patients Served	<p>The number of unique patients served by the school-based health center.</p> <p>Why it matters: This measure can help teams understand whether the school-based health center is generating enough volume to support operations.</p>
Patient Characteristics	<p>The number of unique patients served by age, gender, race, and ethnicity.</p> <p>Why it matters: This data is an indicator of whether the intended target populations are being served. This can help to identify populations still facing health barriers.</p>
Patient Disposition	<p>The number of students who return to class, are sent home, or are referred to a higher level of care (e.g., the emergency department).</p> <p>Why it matters: Keeping students in school can ensure critical instruction time is not missed.</p>
Patient Visit Time	<p>The amount of time a patient spends at a school-based health center during a visit.</p> <p>Why it matters: Frequently students miss a half day of school for each outside medical appointment. Patients treated via school-based health centers should experience a significant reduction in out of school time compared to those that seek care outside of school.</p>
Insurance Coverage Status	<p>The number of unique patients served by insurance status, including private, public (e.g., Medicaid, Medicare), and uninsured.</p> <p>Why it matters: School-based health centers serve as an access point for health care services. The mix of health insurance at a health center can provide insight into whether the provider organization is increasing patient access to comprehensive primary care. Additionally, tracking insurance status can help shape sustainability planning.</p>
Consents Received	<p>The number of signed consent forms returned to the school-based health center.</p> <p>Why it matters: This measure can help school-based teams understand whether students and families are aware of the health center and the services it provides. It reflects the degree of engagement within the community.</p>
Visit Type	<p>The number of unique visits to the school-based health center by type, including well-care, acute care, immunization-only, primary care mental health, and specialty care visits.</p> <p>Why it matters: This is an indicator of the kind of care being provided to students, family, and staff.</p>

