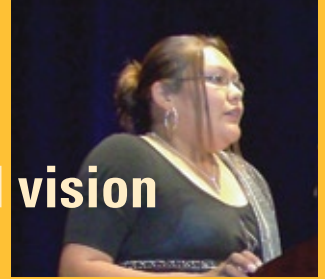


# LEADERSHIP

## PAST PRESENT FUTURE

Model the way

Inspire a shared vision



Challenge the process



Enable others to act



Encourage the heart

**NASBHC** National  
Assembly on  
School-Based  
Health Care

Bringing Health Care To Schools For Student Success

2007–2008  
ANNUAL  
REPORT

**Our Vision** All children and adolescents are healthy and achieving at their fullest potential.

**Our Mission** To promote and support school-based health centers to assure that all children receive high quality, comprehensive health care.

**Our Core Values** Children and adolescents have the right to high quality, accessible, confidential, culturally competent, comprehensive health care.

The school setting is a sensible, appropriate, and valuable site to deliver health care.

School success and good health are inextricably linked and health and education partnerships are key to student success. Health care for children and adolescents should be interdisciplinary, comprehensive, with an emphasis on prevention and early intervention.

Diversity among NASBHC's leadership, membership, staff, and volunteers is essential.

Families are the best advocates for services that benefit their children.

School-based health centers provide valuable health care and should be appropriately reimbursed.

# LEADERSHIP

**It's a concept that we take very seriously at NASBHC.** As a national organization, we represent our community in Washington, DC and help our constituents reach their goals. We are the premier advocacy and technical assistance organization for school-based health center (SBHC) providers and advocates. We are privileged, in the SBHC field, to work side-by-side with children, adolescents, and families and we, at NASBHC feel an obligation to share their stories and to influence policy and practice.

NASBHC uses the five tenets of leadership described in Kouzes and Posner's *The Leadership Challenge* to inspire us in our efforts to lead the SBHC movement: **Model the way ■ Inspire a shared vision ■ Challenge the process ■ Enable others to act ■ Encourage the heart**

These mandates guide every facet of NASBHC's work—whether we're mobilizing the grassroots to lobby their individual members of Congress on behalf of SBHCs, providing quality technical assistance on service delivery or resource development, or meeting with national partners to raise the profile of school-based health care.

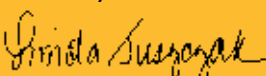
Each and every day, we work towards building a better, healthier, and more successful country for our nation's children and youth. We admire those who work on the front lines of service delivery, and value the nationwide network of advocates who join us in reaching for NASBHC's vision that all children and adolescents are healthy and achieving at their fullest potential. It is an honor to lead this group of talented, motivated, and compassionate people towards this lofty goal.

2007–08 was a year of both incremental and major accomplishments.

- We successfully advocated for language regarding SBHCs to make it into federal legislation;
- We developed the most comprehensive and ambitious technical assistance tool in our history;
- We hosted an annual convention on reducing health inequities—an issue so relevant and close to our hearts; and
- Much more!

There would be no movement to lead were it not for the incredible contributions from all of you, on behalf of children and adolescents. Without your voices, activism, commitment, and financial support, we could not have accomplished nearly as much this year. Thank you.

Sincerely,



Linda Juszcak

*Interim Executive Director*



Paul Melinkovich

*President, Board of Directors*

# LEADERSHIP

## in building political and public support

**Capitalizing** on the momentum established by our work to build the school-based health care movement in previous years, the federal policy work was front and center in 2007–08. With four pieces of legislation regarding SBHCs moving through Congress, we planned strategically to achieve our policy objectives while simultaneously developing the skills of the field. After working strategically to build the grassroots and to develop relationships on Capitol Hill, we took the next step and worked to advance our presence among national organizations with likeminded purpose.

**To position ourselves prominently in the policy arena, we** joined campaigns for the Disparities Reducing Advances Project, America’s Promise Alliance, and Families USA, just to name a few. We raised NASBHC’s profile in the education field by exhibiting and presenting at the American Association of School Administrators conference and joining the Coalition for Community Schools.

We also participated in a coalition of local education agencies that experienced immediate political success. This involved our work to stop proposed cuts to Medicaid. The Centers for Medicare & Medicaid Services (CMS) proposed a series of regulation changes that would cause significant harm to children, seniors, and people with disabilities, damage our nation’s health care system, and put further stress on state and local budgets. We joined a coalition of local education agencies, hospitals, and other school health organizations and the group successfully advocated for a moratoria on six of the seven cuts. Partnering with organizations that have a stake in both health care and education reform was advantageous to us and we see those partnerships transcending the national and permeating into state and local efforts.

The 19 state associations continued to play an important role in the advancement of our policy program in 2007–08. Together we worked to deepen and strengthen our relationships through two-day meetings with the Executive Directors from 15 of the 19 state associations. Each executive director spent a day at NASBHC sharing ideas, goals, and opportunities with



*Gail Warden, Henry Ford Health System; Chairman Dingell (D-MI); Debbie Brinson, SCHA-MI; Richardo Guzman, CHASS Center; and Linda Juszczak, NASBHC (left to right)*

staff members and a day visiting with Capitol Hill staff from their states and districts. These meetings helped to inspire us to continue reaching toward our shared vision and enabled the states to have face-to-face time with their members of Congress in support of SBHCs.

Over the year, NASBHC and the state associations advanced SBHCs on the federal level with regular education and advocacy, resulting in:

- the passage of a bill including a Government Accountability Office (GAO) study to assess the benefits and cost savings of SBHCs,
- language in the State Children's Health Insurance Program (SCHIP) stating that SBHCs should be reimbursed by the program, and
- language in an emergency preparedness bill, stating that one of the schools selected for a pilot project include a SBHC.

Our victories were meaningful and paved the way for more comprehensive changes in health care policy in the new administration.

# LEADERSHIP

## in developing and maintaining quality programs

**This** year NASBHC focused on improving how we use technology in our technical assistance and training efforts, our use of and access to technology for technical assistance and training, broadening our technical assistance and training content to include more school mental health content, and developing more effective and efficient delivery mechanisms for training. We strive to set a national standard for school-based health care delivery

### **We achieved many milestones in our efforts to provide a national standard for SBHCs.**

- We finished Cycle One of *The Partnership*, a program that is developing a statewide network of SBHC trainers in selected states. Cycle Two began in 2007 with New Mexico, North Carolina, Louisiana, and Texas. By training trainers and modeling the way, we are increasing the number of people who can train and provide technical assistance on school-based health care quality and operations. We are also positioning states to expand the number of SBHCs without compromising the standard of care.
- We developed new tools to assess business practices and mental health planning and evaluation, to implement continuous quality improvement programs, and to document SBHC costs. By providing the field with these tools, we are enabling them to give the best possible care to their patients. These new tools are very popular and are reaching much further into the local service communities.
- The number of requests for NASBHC staff trainings increased and NASBHC's team provided individualized training to states, foundations, and SBHC providers.
- We continue to establish ourselves as leaders in school mental health by sharing knowledge, developing materials, and taking initiative. A Government Accountability Office study highlighting school mental health, released in 2007, identified SBHCs as an effective delivery mechanism for this very specific type of care.



**“Amazing progress and much more yet to come, most of all thanks to the efforts of the NASBHC team. Congratulations on your tenacity and dedication towards this initiative. Next year will indeed be a year of hope and fulfilled dreams for the children in the USA.”**

**—Diana Carmona, MSW, Miami, FL**

In our technical assistance and training work, we have continually challenged the process in order to create a national standard of care. Dating back to NASBHC’s existence, we have stayed current with best practices and innovations in child and adolescent health care. There is no better example than the SBHC Roadmap, a dynamic and interactive web tool, broader in its scope and more comprehensiveness than any SBHC technical assistance tool created in the past. We developed the tool in response to the daily technical assistance requests from the field and improved, updated, and assembled all our existing materials in the most efficient and user-friendly way.

Along with advocacy and policy, youth engagement was a big part of our work this year. We worked to involve youth in NASBHC’s voice in a relevant and appropriate manner. As SBHC consumers, we recognize that youth are major stakeholders in our work. We share in their aspirations to succeed in life, and their vision that other students should have the right to high quality comprehensive health care. To that end, we created a resource entitled, “What Students Say about Mental Health” to encourage schools to adopt practices that best suit the needs of their students. We also developed a youth track at the convention and provided a forum for youth to share experiences with each other and with leaders in school-based health care.

# LEADERSHIP

## in leading an engaged and educated field

**Taking** *Action Against Health Inequities*, NASBHC's thirteenth annual convention, convened in Los Angeles on June 25 through June 28. Attendees continue to rely on the NASBHC convention as the premier advocacy, networking, and continuing education forum for SBHC professionals. The convention theme resonated with SBHC providers who are often confronted with patients who are affected by health disparities.

### Convention Highlights:

- 660 attendees, 60 workshops, six tracks
- Dr. Anthony Iton of the Alameda County Health Department 's moving keynote speech combined health inequities data with clips from the documentary *Unnatural Causes: Is Inequality Making Us Sick?*
- Tony Award® winning playwright Sarah Jones' performance, entitled *A Right to Care*, illuminated a variety of issues ranging from chronic disease to cultural barriers; immigrant health concerns to the impact of economic obstacles on the health of all Americans
- Site visit to the Sun Valley Health Center where participants learned how the SBHC operates as a school-based federally qualified health center, toured facilities, and visited the asthma and dental mobile vans run by the LA Unified School District
- A youth specific track that engaged and educated 45 young people from six different states through workshops, a policy game show, the SBHC site visit, and presentations at the closing plenary
- Closing plenary, *Reduce Health Inequality in Your Community!* featuring Dr. Margarita Alegria, Director of the Center for Multicultural Mental Health Research at Harvard University; Dr. Michael Trujillo, Executive Director at the Translational Genomic Research Institute; and Terri Wright, Program Director at the W.K. Kellogg Foundation



*Dorren Smith, youth attendee, presenting at closing plenary.*



*Michael Trujillo, Margarita Alegria, and Terri Wright, closing plenary panelists.*

**“I always enjoy the opportunity to feel connected to a national organization doing such interesting and varied work and meeting the needs of children and adolescents who may not have all that they need in life to be successful. We often fill in many of the gaps.”**

**—Convention attendee**

- Kate Keller, NASBHC Board Member accepting NASBHC’s Outstanding Achievement Award presented to the Health Foundation of Greater Cincinnati
- High ratings from attendees for all workshop sessions  
Attendees had resoundingly positive feedback on the convention, especially for the youth programming and opening plenary. We look forward to continuing in our commitment to multiculturalism, highlighting the inequities institutionalized in the country for minorities.

This year, we noticed that many more members of the field were leading workshops. This is a successful result of our efforts to cultivate emerging leaders and empower the field to act on their commitment to school-based health care. We extended our efforts to bring out more leaders with a breakfast for people interested in leadership roles and a mental health leadership meeting to encourage more people to become involved. By modeling the way, we have enabled others to act.

# LEADERSHIP

## from a strong central foundation

**Throughout** the course of NASBHC's development, the staff and Board have embraced the idea that NASBHC is a learning organization—that is, we are in a continuous process of growth that we model for the field. Collaborative employee involvement in the process of learning and changing brings collective accountability toward shared values and principles.

**This was a year of transitions at NASBHC.** We said goodbye to our first and only Executive Director, John Schlitt, in September 2008. Because of his many contributions to NASBHC and his passion and commitment to school-based health care during his eleven years of service, we are well positioned to make great strides in the years to come.

We began the process of defining and formalizing our relationship with the 19 state associations. The state associations are varied in their structure, development, and funding, so we are working towards an affiliation that encompasses this variability and meets the needs of the SBHC field at the national and state levels. We convened the states at the convention for a conversation regarding this important process and we brought in organizational development consultants to facilitate the process. The states elected representatives to an ad hoc committee of the Board that is working to draft standards of affiliation to be reviewed and approved in the coming year.

NASBHC's Board of Directors also experienced a transition—from a group of member representatives to a leadership body of experts in all areas of non-profit management, child and adolescent health, and education. This was the first year the Board of Directors elected its own new members without being elected by the membership.



**“Kudos for having students attend your conference!  
It was DELIGHTFUL hearing the students speaking to  
the audience during the closing plenary.”**

**—Convention attendee**

# LEADERSHIP

## towards a shared vision

**Building** on the new structures put in place the previous year, NASBHC's strategic communications and resource development efforts were central to positioning NASBHC as the leading school-based health care effort. We believe that credibility is the foundation to leadership. All NASBHC staff and Board members strive to be inspiring, honest, and forward-looking, with a sense of direction and concern for the future of the organization. We embody these qualities of leadership by holding each other accountable.

### **We spent the year:**

- Educating new funders about school-based health care
- Creating a culture of philanthropy
- Making marketing, and branding a core function in which every NASBHC staff member, Board Member, and volunteer is a participant.
- Convening a foundation roundtable hosted by the W.K. Kellogg Foundation and The Atlantic Philanthropies, and attended by representatives from the Packard Foundation, the Duke Endowment, the Health Foundation of Greater Cincinnati, and Grantmakers in Health
- Developing the NASBHC Ambassadors program, a select group of past Board Presidents, to recognize their hard work and commitment to NASBHC and to keep them involved in a meaningful and helpful way
- Connecting with CVS/pharmacy at their recognition event for the significant investment of in-kind and financial donations to SBHCs in Ohio and Kentucky, which is hoped to expand nationwide.
- Educating stakeholders in health care and education policy, including targeted members of Congress, national partners, and funders about the values and victories in school-based health care
- Positioning NASBHC and school-based health care as major players in health care and education reform



**“I think you did an excellent job! The location and accommodations were accessible and beautiful, although I am glad that next year’s conference is on the east coast. My biggest problem was choosing which sessions to attend—there were so many that were of interest—I would have selected 2 or 3 for each session!”**

**—Convention attendee**

- Pitching and tracking media stories about the numerous benefits of the SBHC model, including several Associated Press articles picked up in over 20 media outlets

Our marketing and resource development work is all about encouraging the heart—the last and most important tenet of Kouzes and Posners’ elements of leadership. In our newsletters, on our website, and in our field communications, we honor those who have made valuable contributions to school-based health care. We work to create a spirit of community through targeted communications with our field. We provide structures that foster collaboration by building trust and facilitating relationships—thus enabling others to act.

# LEADERSHIP

## Past, Present, Future

**With** all the leadership and training opportunities, including the NASBHC convention, web conferences, and other initiatives, we continually position NASBHC staff and volunteer leaders as experts in the field. Many of our leaders have been in the field for decades and have already established reputations as experts. We have capitalized on those reputations and have promoted the resources and expertise we have.

**Model the way:** We have demonstrated our value by finding our voice and affirming shared ideals; and set an example by aligning actions with shared values.

**Inspire a shared vision:** We have envisioned the future by imagining all the possibilities for success, taking action to achieve success, and enlisting others in this vision by appealing to shared aspirations.

**Challenge the process:** We have searched for opportunities by seizing the initiative and by looking outward for innovative ways to improve. We have experimented and taken risks by constantly generating small wins and learning from our past experiences.

**Enable others to act:** We have strengthened the field by developing and disseminating the tools for success.

**Encourage the heart:** We work each and every day to appeal to hearts and minds of those in influence. We strive to create a better world for our nation's children and adolescents—one where a dental abscess or asthma cannot keep them from achieving excellence. We will continue to do this work and lead others in the pursuit of the vision that all children and adolescents have an equal opportunity to succeed in life.



*Louisiana Partnership team—Tracy Parker, Angie Ruiz, Tandra Malone, and Peggy Raish.*

**“Congratulations on your lively, engaging newsletter. You’ve set a new standard and as a member I appreciate all the work and thought that went into it.”**

**—Julia Lear, Center for Health and Health Care in Schools**

# NASBHC Supporters 2007–2008

**Part** of leadership is instilling in others the passion and drive that keeps an organization running by encouraging the heart. We are thrilled to be joined by such a generous and committed group of donors. Thank you to the following individuals and organizations for their support in the October 1, 2007 to September 30, 2008 fiscal year.

## Foundations

W.K. Kellogg Foundation  
The Atlantic Philanthropies  
The Health Foundation of  
Greater Cincinnati  
The McKesson Foundation

## Government

US Department of Health and Human  
Services, Health Resources and  
Services Administration  
 Bureau of Primary Health Care  
 Maternal and Child  
Health Bureau  
Centers for Disease Control  
and Prevention  
Substance Abuse and Mental Health  
Services Administration

## 2008 Convention Sponsors

The California Endowment  
Kaiser Permanente  
California HealthCare Foundation  
California Wellness Foundation  
Codonix  
Alameda County Health Care  
Services Agency  
American Cancer Society  
Los Angeles Trust for Children's Health  
Sage Software

## Individuals

### \$1,000–\$2,499

Allan Alson  
Elaine Gustafson  
Jan Marquard  
Paul Melinkovich

### \$250–\$999

Debbie Birkhauser  
Laura Brey  
Serena Clayton  
James Conzelman  
Jill Daniels  
Pat Hauptman  
Linda Juszcak  
Kathryn Keller  
Chris Kjolhede  
Mona Mansour  
Michelle Roland  
John Schlitt  
James Washington  
Anita Wilenkin

### \$100–\$249

Olga Acosta Price  
Tammy Alexander  
Linda Anderson  
Beth Applegate  
Carrie Baker  
Lynn Bakken  
Brenda Barron  
Robert Barron  
Valerie Batts  
Michael Baxter  
Beth Blacksin  
Michelle Bloodworth  
Herman Brister

Frances Caffie-Wright  
Nancy Carpenter  
Sue Catchings  
Megan Charlop  
Tamara Copeland  
Joan Dipalma  
John Dougherty  
Joy Dryfoos  
Sharon Fagg  
Kay Fangerow  
Elizabeth Feldman  
Missy Fleming  
Holley Galland  
Martha Glynn  
Janie Hall  
Paula Hester  
Mark Hodge  
Neal Hoffman  
Laura Hurwitz  
Veda Johnson  
Walter Juszcak  
Francesco Leanza  
Paula LeSueur  
Katherine Lobach  
Jacalyn Lodi  
Laura Mc Alpine  
Martha McGinnis  
Sherry Medrano  
Jacob Moody  
Christopher O'Donnell  
Connie Parker  
Nancy Passikoff  
Betty Pepin  
Sylvia Pirani  
Chris Reif  
Bernice Rosenthal  
John Santelli  
Karen Saverino

Janine Solano  
Howard Spiegelman  
Joe Steele Steele  
Sylvia Sterne  
Susan Sullivan-Bolyai  
Deirdre Taylor  
Henry Thierry  
Bonita Trinclisti  
Kimberly Uyeda  
Melva Visher  
Gerry Waterfield  
Terri Wright  
Marcia Zorrilla

### Up to \$100

Donna Amidon  
Kristie Anderson  
McKaela Arviso  
Lonna Bloom  
Melissa Boothroyd  
Robert Bowman  
Marsha Broussard  
Lisa Burgess  
Addie Campbell  
Margaret Catchpole  
Deborah Costin  
Adria Cruz-Pena  
Patricia DeVoe  
Marcia Dodo  
JoAnn Eaccarino  
Barbara Ford  
Kate Fothergill  
Samantha Fuster  
Mija Goldsmith  
Shirley Gordon  
Blair Harvey  
Christine Herman  
Barbara Huberman

Penny Huyck  
Susie John  
Sandra Jones  
Janice Juszcak  
Marilyn Keefe  
Shannon King  
Jodi Kiser  
Nancy Kunzle  
Jocelyn Lawrence  
Cheryl Leigh  
Gloria Lina  
Alefiyah Lindo  
Francesca Mesiah  
Debra Nichols  
Nicolyn Nicholson  
Monica Niess  
Stephen North  
Megan O'Brien  
Lonna Pelton-Bloom  
Karen Proctor  
Carlos Ramone  
Mary Beth Rensberger  
Daniel Rifkin  
Susan Rowley  
Paulette Running Wolf  
Deborah Saunders  
Lindsay Sauve  
Janet Shalwitz  
Tom Sincic  
Luann Skolnick  
Elizabeth Smith Currie  
Maesie Speer  
Annette Tyler  
Bonnie Vallo  
Pam Wagner  
Mayris Webber  
Angelia Williams-Welch  
Cheyenne Yazzie

# 2007–2008 Financial Report

## Balance Sheet

### ASSETS

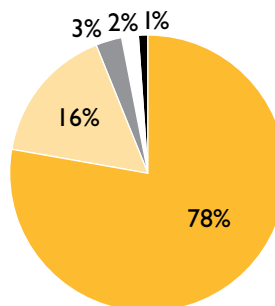
Current Assets	\$710,372.81
Total Fixed Assets	\$33,224.16
Other Assets	<u>\$21,029.74</u>
<b>TOTAL ASSETS</b>	<b>\$764,626.71</b>

### LIABILITIES AND EQUITIES

Total Liabilities	\$83,989.60
Total Equity	<u>\$680,637.11</u>
<b>TOTAL LIABILITIES AND EQUITIES</b>	<b>\$764,626.71</b>

### FY 07–08 Revenue

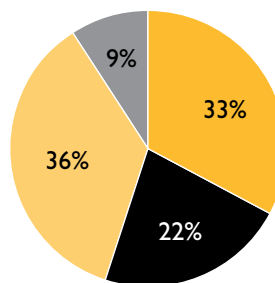
- Grant income
- Annual conference
- Membership dues
- Contributions/Other
- Interest



Total: \$2,322,280

### FY 07–08 Expenses\*

- Public Affairs
- Technical Assistance and Training
- National Convention
- Administration



Total: \$2,092,374

\* Expenses exceeded income this year because a multi-year grant from W.K. Kellogg Foundation was made in a previous year.

# NASBHC Staff, Board of Directors, and Ambassadors

## Staff

John Schlitt

*Executive Director*

Linda Juszcak

*Deputy Director*

Bernadette Badio

*Administrative Manager*

Brenda Barron

*Director of Field Operations*

LaSharn Belton

*Administrative Assistant*

Laura Brey

*Training Director*

Whitney Brimfield

*Development Director*

Berlin Castor

*Administrative Assistant*

Tiffany Clarke

*Program Associate*

Sean Greene

*Program Associate*

Laura Hurwitz

*Director of School Mental Health*

Divya Mohan

*Communications Manager*

Alicia Newell

*Administrative Assistant—Programs*

Donna Roseborough

*Administrative Assistant—Operations*

Deirdre Taylor

*IT Manager*

## Board of Directors

Kathleen Conway, *President*

Paul Melinkovich, *President-Elect*

Kathryn Keller, *Secretary*

Gerald Van De Velde, *Treasurer*

Allan Alson

Karen Berg

Lauro Cavazos

Tamara Copeland

TJ Cosgrove

Pat Dejarnett

Susie John

Christopher Reif

Melva Visher

## Ambassadors

Sue Catchings

Denise Chuckovich

Gail Gall

Bruce Guernsey

Karen Hacker

Jacob Moody

Donna Zimmerman

## Photography Credits

A. Hanson © 2008: front cover, bottom right; page 5; top left, page 7; page 11



Bringing Health Care To Schools For Student Success

1100 G Street, NW, Suite 735

Washington, DC 20005

202-638-5872 voice

202-638-5879 fax

[info@nasbhc.org](mailto:info@nasbhc.org)

[www.nasbhc.org](http://www.nasbhc.org)