SCHOOL-BASED HEALTH CENTER PERFORMANCE EVALUATION

Principles/ Goals	Structures	Processes	Outcomes
 1. Supports the School a) Understands and respects accountability within the educational system. b) Works with the school administration to develop and achieve a shared vision. c) Communicates the vision to all school constituencies including teachers, support staff, students and parents. d) Builds collaborative and mutually respectful relationships with school personnel. e) Identifies community resources that provide support to students and promote successful learning. f) Serves as a resource in times of school crises and community disasters. 	Mutually agreed upon vision statement for the SBHC Mutually agreed upon roles and responsibilities of each party Mutually agreed upon policies regarding appointment scheduling during school hours and information sharing Delineated role within the school's crisis intervention plan	Communication with School Administration, School Nurse, Guidance Counselor, Social Worker, School Psychologist and Faculty Attendance of SBHC personnel at school staff meetings Presence of SBHC personnel at appropriate school functions Partnership in identifying students with issues influencing educational performance Training of SBHC staff on the school's crisis intervention plan and community's emergency preparedness plan and the SBHCs expected response	Recognition by school personnel of the value the SBHC provides in meeting educational mission High satisfaction of school personnel with SBHC services Increased number of appropriate referrals by school personnel Reduced number of students who leave school during the day due to illness In the event of a school crisis or community disaster, SBHC performs effectively according to plan

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2. Responds to the Community a) Assesses child and adolescent health care needs and available resources in the community through formal evaluation methods. b) Informs the community of	 Definition of geographic service area Identification of population to be served including demographic and socioeconomic characteristics 	 Program development based on periodic review of data Advisory Committee meetings Stakeholder meetings Periodic communication with the general public 	 Improved access to primary care as measured by increased utilization of SBHC services Recognition by community of the value of SBHC services in meeting the needs of
student health needs and trends. c) Solicits community input to address unmet health needs and support the operations of the program.	 Identification of key health indicators Continuous needs assessment System for gathering data on key indicators Resource manual Advisory Committee with appropriate community representation Communications plan 	the general public	students and responding to community values High parent satisfaction Improved utilization of other community resources through referrals and/or inter-program collaboration

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 a) Encourages the student's active, age appropriate participation in decisions regarding health care and prevention activities. b) Involves the parents or other adult caregivers as supportive participants in the student's health care whenever appropriate and possible. c) Ensures confidentiality of information whether transmitted through conversation, billing activity, telemedicine, or release of medical records. d) Provides services and materials that are culturally sensitive and respectful of family values and diversity. 	 Parental consent and parental notification policies Confidentiality and minor consent policy Emancipated minor policy Child abuse and neglect policy Non-discrimination policy Patient rights and responsibilities Patient education materials in languages other than English, where appropriate Methodology for identifying children with special health care needs Methodology for identifying non-users 	 Provision of services in a manner consistent with established policies Treatment of students with acute illness or injury Counseling of students with behavioral issues Management of students with chronic conditions Provision of anticipatory guidance and health and safety education Student-centered risk assessment and follow-up Family assessment and follow-up Outreach to non-users 	 Increased enrollment for and utilization of SBHC services High user and parent awareness of SBHC policy regarding access to confidential services Improved user knowledge of how and when to utilize the health care system Students with chronic disease or behavioral issues can demonstrate self-care skills High satisfaction among users.

 4. Delivers Comprehensive Care a) Provides a scope of services that is consistent with identified health care needs. b) Promotes availability of onsite services whenever the school is open and facilitates after-hours care 24-hour-a-day, seven-daysa-week. c) Adopts generally accepted guidelines for clinical practice. d) Promotes the interdisciplinary role and functions of the school-based health care team. e) Defined scope of services services to be provided e) Multidisciplinary team of caregivers e) Population-based Screening e) Early identification and treatment e) Delivery of care consistent with best practices e) Patient assessment e) Patient assessment e) Patient deucation e) Patient perception that well-being has improved e) Increasing number of students receiving comprehensive well exam including risk assessment e) Patient perception that well-being has improved e) Patient perception that well-being has improved e) Patient perception that well-being has improved e) Patient assessment e) Patient perception that well-being has improved e) Delivery of care consistent with best practices e) Patient reducation e) Patient referral e) Management of chronic conditions e) Anticipatory guidance, health promotion and prevention activities e) Anticipatory guidance, health promotion and prevention activities e) Continuity of care e) Quality assurance e) Continuity of care e) Quality assurance e) Chart review
e) Coordinates and integrates efforts with existing systems to optimize complementary programs, improve continuity of care, reduce fragmentation, prevent duplication, and maintain radiology and pharmacy) Standards for medical record keeping Release of information policy • Chart review

^{*(}American Medical Association's Guidelines for Adolescent Preventive Services, Bright Futures, U.S. Preventive Health Services Task Force, American Academy of Pediatrics, American Academy of Family Practitioners)

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 5. Advances Health Promotion Activities a) Serves as a resource to school administration on the selection, development and delivery of health education curricula. b) Participates in classroombased and school-wide health promotion activities responsive to the risk factors that are prevalent among students. c) Promotes parent and community involvement in health promotion activities. 	 Partnership between the school's health education faculty and SBHC staff Coordinated risk assessment and health promotion plan Age appropriate health education materials 	Delivery of classroom health education segments Display and distribution of multilingual health education materials in SBHC (pamphlets, posters, models, videos, etc.) School-wide health and safety promotional events	 Increased student awareness of health threats and risk factors Reduced high risk behaviors among students Increased positive health and safety behaviors among students Increased student understanding of important health and psychosocial issues Increased student ability to access valid health information and health promoting products and services Increased student knowledge of health care rights and responsibilities Increased student ability to communicate about and advocate for improved personal health Increased participation of parents in heath promotion

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6. Implements Effective Systems a) Ensures compliance with all relevant laws and regulations. b) Develops and measures annual program goals and objectives. c) Maintains a physical plant which is adequate to deliver high quality services and assure patient comfort and privacy. d) Develops all necessary	 Organizational chart Mission statement Goals and objectives Administrative policy and procedure manual Clinical policy and procedure manual Appointment system and scheduling standards Tracking system for missed appointments, follow-up appointments 	Licensing, Certification and/or Accreditation CLIA compliance Medicaid EPSDT compliance Medical record keeping according to accepted standards and demonstrating collaboration and communication among providers Formal quality assurance	Staff knowledge of current laws and regulations affecting delivery of services Treatment for high volume, high risk problems consistent with current professional knowledge High SBHC provider and staff satisfaction Low SBHC provider and staff turnover Increased provider
policies and procedures, training manuals, and memoranda of agreement or understanding. e) Develops a human resources system for hiring, credentialing, training and retaining high quality, competent staff. f) Collects, evaluates and	 and lab reports Incident reports Staff credentialing Staff training Personnel evaluation and salary review Facility maintenance Strategic business/marketing/financial plan 	monitoring of clinical and administrative functions • Financial audits	 Productivity High patient and parent satisfaction with ease of appointment-making and waiting time Operations within budget Eligibility for reimbursement from public and private third-parties
reports health outcomes and utilization data. g) Establishes quality improvement practices including but not limited to assessment of patient and community satisfaction. h) Develops strategies and systems to support long-	Billing and collection system		

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7. Provides Leadership in Adolescent and Child Health a) Participates in national and local organizations that focus on adolescent and child health. b) Contributes to the body of knowledge on the health care needs of adolescents and children. c) Promotes the School-Based Health Center as a training site for health care professionals. d) Advocates for the resources necessary to increase access to physical, mental and dental health services for adolescents and children. e) Informs elected officials, policy-makers, health professionals, educators, and the community-at-large regarding the unique value, acceptability, efficiency and convenience of the school-based health center model of health care delivery. f) Forms partnerships to develop stable, sustainable funding mechanisms for expanded services.	 Local Conferences National Conferences Journal Articles Annual Reports Videotapes Web sites Vehicles to communicate with state and local health authorities 	 Preceptoring of students in the health professions Research Outcome evaluation Process evaluation Clinical trials Medical professional training Curriculum development Public education and advocacy Use of student volunteers 	 Increased public awareness of the health care needs of children and adolescents Greater number of children and adolescents with a medical home Improved access to primary care Increased exposure of health professionals to the SBHC model Legislation and regulation supportive of the SBHC model Increased investment in SBHCs by federal, state, local and private funding sources Increased participation of SBHCs in Medicaid and Child Health Insurance Plans Appropriate contracts with managed care organizations