



Department of
Education

Tennessee School Health Clinics

Best Practices and Strategies

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Contents

- Introduction 4
 - Definitions..... 4
- Common Themes 5
- Main Aspects of School Health Clinics 5
 - Services Provided 5
 - Utilization of Services 6
 - Method of Providing Services..... 6
 - Hours of Operation..... 6
 - Equipment..... 7
- Factors for Success 7
 - Obtaining Stakeholder Buy-In 7
 - Startup Costs 7
 - Common Themes when Starting a School Health Clinic: 7
 - Operating Costs..... 7
 - Length of Time between Planning and School Health Clinic Opening 8
 - Evaluation of School Health Clinics 8
 - Barriers to Success..... 8
- System of Support 8
 - Competencies..... 8
 - Access..... 8
 - Student-Focus 9
 - School Integration 10
 - Accountability 10
 - School Wellness..... 11
 - Systems Coordination 11
 - Sustainability..... 11
- The Path to Implementation 12

Community Partners	14
Grants	14
Operating a School Health Clinic Positive Themes	14
Considerations and Recommendations	15
Resources.....	16

Introduction

The Tennessee Department of Education conducted an environmental scan to gain insight into opportunities and challenges facing Local Education Agencies (LEAs) with school-based and/or school-linked health clinics, and to identify trends that may impact the establishment and development of school health clinics in LEAs throughout the state. Data was collected and examined from the 22 LEAs in Tennessee that have school-based health clinics and the 29 LEAs that have school-linked health clinics operating within their school system.

The information provided here can be used to initiate and supplement an analysis of each LEA's competencies and resource capacities by highlighting common themes and trends associated with establishing and operating a school health clinic.

Student health is impacted by lack of access to primary and specialty health care services caused by various factors, including social determinants of health. School health clinics enable the school nurse to address these barriers. According to the [National Association of School Nurses \(NASN\)](#), the school nurse can bridge the gap between health and education, providing a critical link to the successful implementation and utilization of school health clinics.

Definitions

School health clinics should provide primary care and may also provide mental health care, social services, dentistry, and health education. School health clinics have several defining characteristics:

1. Provide health services to students of all ages
2. Students must have parental consent
3. They are often created in schools that serve low-income communities
4. Services may be provided to school staff, students' families, and other community members
5. Use single clinicians or multi-disciplinary teams to provide services
6. Medical centers or healthcare providers independent of the school system may provide services
7. Services may be available during some school days or hours or during non-school hours

A **school-based health clinic (SBHC)** provides comprehensive preventive and primary health care services to students and is based on a school campus. A SBHC is staffed by a multidisciplinary team which can include physicians, practitioners, clinical social workers, nurses, dentists, dental hygienists, nutritionists, and administrators.

A **school-linked health clinic (SLHC)** refers to a collaboration wherein a school system connects the student with healthcare providers within the community to deliver healthcare services. SLHCs include

telehealth, telemedicine, and mobile clinics. This also includes linkages with community clinics where the student is taken off-site during the school day for services. This would not apply to partners that are only in the school building a few times per year.

Mobile clinics bring health care to one or more schools using a vehicle fully equipped with exam rooms and needed medical equipment. Mobile clinics may provide comprehensive medical care, oral health care, or specialty care for conditions like asthma. Mobile health clinics increase access to needed services in rural and urban areas and are usually more economical than building several school health clinic facilities.

Common Themes

School health clinics are started for a variety of reasons. Here are some common themes for why school health clinics were started in some of our LEAs:

“To offer convenient and more health services to students and their families. Along with extending partnerships with community partners.”

“Provide a convenient way for students and staff to receive health care with minimal disruption to instruction.”

“To serve families where barriers, such as transportation, prevent students from accessing services.”

“For students who do not have healthcare.”

“To help parents not miss work for sick visits and cut down on absenteeism for students.”

“To provide medical services to students who might otherwise not be diagnosed, to prevent parents from having to miss work, to prevent our staff members from missing work and/or to get them diagnosed and home as needed.”

“We are a rural area and we wanted to help our students have greater access to healthcare.”

“Improve access to medical care for all students. Specifically, for students that may fall through the cracks. Healthy students can learn better.”

Main Aspects of School Health Clinics

Services Provided

Many LEAs provided either sick visits or a combination of services. Nineteen LEAs indicated sick visits are the most utilized service. See the table below for additional information.

Table1. Services Provided in LEAs with School Health Clinics

Service Provided	Number of LEAs
Sick Visits Only	15
Primary Care Only	1
Combination of Services	16
Behavioral/Mental Health	9
Dental	5
Primary Care	9
Well-child	11
Immunizations	5
Optometry	3
Sports Physicals	3

Utilization of Services

School health clinics provide services to all students. Twenty-four LEAs provide services to staff. Six LEAS allow family of staff to use services. Three LEA school health clinics are available to community members, and one LEA provides services to school visitors if needed.

Method of Providing Services

Services are provided to students in a variety of ways, with 22 LEAs providing services via telehealth/telemedicine. Twelve LEAs provide services on school grounds, with providers coming to the school or based in the school. Four LEAs utilize mobile health units and two LEAs offer off-site appointments.

Hours of Operation

All school health clinics are open during normal school hours, apart from one LEA, whose clinic is open year round. One LEA offers weekend hours and extended hours one day a week.

Equipment

Common equipment utilized includes computer, computer cart, camera, exam tables, vaccine refrigerator/freezer, virtual stethoscope, digital otoscope, lab tests, dental camera, virtual ophthalmoscope, testing supplies, lab equipment and supplies, blood pressure cuff, thermometer, and pulse oximeter.

Factors for Success

Obtaining Stakeholder Buy-In

Stakeholder buy-in is an important component of successfully planning and implementing a school health clinic. LEAs worked with parents, community partners, school administration, and school board members utilizing authentic stakeholder engagement methods. Promotion strategies utilized by LEAs to obtain buy-in include presentations, letters, social media posts, phone calls, and workshops for parents/guardians. Some LEAs presented to school boards and visited other school health clinics with school administration to increase buy-in.

Startup Costs

Startup cost is a one-time, fixed cost that includes the cost of renovating or constructing the school space, the purchase of initial office and medical equipment, and staff salaries for the initial implementation phase.

Many LEAs were not responsible for startup costs, with the partnering organization providing funding for startup costs. Some LEAs had minimal fees such as paying for internet, phone line, etc. Of the LEAs that purchased their equipment, the cost varied from \$5,000 to \$9,800. Three LEAs paid for the renovation of space needed to implement the school health clinic. Five LEAs received startup cost funding from grants, LEA budget, or state funds.

Common Themes when Starting a School Health Clinic:

“Telemedicine requires buy-in from all parties and constant promotion of the services to be utilized.”

“Determination, delegation, multitasking, understanding, and teamwork within a school is imperative to have a successful telehealth clinic.”

Operating Costs

Operating costs are annually recurring medical costs (e.g., medical supplies, lab tests) and non-medical costs. Many LEAs do not have any operating costs, with 23 LEAs indicating operating costs are provided through Medicaid reimbursement, organization partnerships, or grants. Some LEAs indicate minimal operating costs such as purchase of office supplies and hiring of clerical staff.

Length of Time between Planning and School Health Clinic Opening

LEAs varied on the length of time from planning phase to clinic opening. The greatest length of time from planning to opening was two years. On average, most LEAs were able to open their clinic in less than one year from when they began the planning process.

Evaluation of School Health Clinics

LEAs utilize a variety of evaluation tools to evaluate their school health clinic's success. The most common evaluation tools include return-to-class rate, number of clinic visits, number of telehealth visits, number of referrals, visit outcome, absenteeism rate, and number/type of tests/services performed.

Barriers to Success

Several barriers to successful health clinic implementation, sustainment, and operation have been identified. These include:

- Parent/guardian completing and returning required forms
- Lack of nursing staff
- Lack of promotion of school health clinic
- COVID-19
- Buy-in from school nurses overwhelmed to begin with
- Equipment malfunction
- School clinic closes during telemedicine visit
- Gaining community support from local clinics
- Initial hesitation from parents/guardians
- Appropriate space for services
- Establishment of patients in initial phase of clinic opening
- Learning the process (ex: how to operate equipment)
- Continued funding from partnering organization

System of Support

Competencies

School nurses oversee student health and health issues in the school setting and understand the priorities of both education and health. School nurses can improve health care access and student population health with access to school health clinics. Best practice in the development of school health clinic policies, standards and guidelines includes school nurses, school and district leaders, parents and community health organizations. The [School-Based Health Alliance](#) developed seven competencies that represent the knowledge, expertise, policies, attributes, and practices that every school health clinic should demonstrate in its pursuit of student wellness. The seven competencies are outlined below:

Access

The school health clinic assures students' access to health care and support services to help them thrive.

- **Location:** Health center is located in a facility—either fixed or in portable space—within the school building or on school campus.
- **Operations:** Health center makes on-site services available whenever the school is open, or as needed, to serve the needs of the student population. Student access is heightened by SBHC policies that accept walk-ins and offer same-day appointments when possible; the school and SBHC have a clear protocol for referrals from faculty and staff.
- **Facility:** Health center operates within an appropriate physical plant that complies with laws and regulations governing health facilities, is conducive to efficient health care practice, and is welcoming to students and safeguards their privacy.
- **Consent:** Health center obtains from parent/guardian/caregiver of enrolled students informed written consent covering all services, and a HIPAA compliant consent form allowing the school nurse or other school health services staff to share health information with health center or other HIPAA covered entity unless student is 18 or older, an emancipated minor, or as otherwise allowed by state law.
- **After-hours care:** Health center puts in place a system for patients to access care when center is not open (e.g. primary care physician on-call, nurse hotline, emergency room, urgent care center, or behavioral health crisis line).
- **Non-discrimination:** Health center does not discriminate against patients based upon race, color, sexual orientation, religion, national origin, age, disability, sex, health insurance status, or ability to pay.
- **Other populations:** Health centers that make services available to populations other than students or out-of-school youth (such as faculty and/or school personnel, family of student users, or other people in the community), prioritize the care of the student body and assure their safety and privacy. This may be accomplished by offering student-only hours or organizing a separate entrance and/or waiting room area for non-students.

Student-Focus

The school health clinic team and services are organized explicitly around relevant health issues that affect student well-being and academic success.

- **Comprehensive service scope:** Health center delivers primary care services designed to promote the optimal social, emotional, and behavioral health of students, as well as minimize the effects of poverty, chronic disease, social determinants of health, and other adverse childhood experiences on their school success.
- **Evidence-based standards:** Health center is guided by evidence-based standards of care on issues affecting healthy development, including strength and risk assessment, well care exams, immunizations, obesity, school failure, asthma, ADHD, exposure to violence and trauma, sexual and reproductive health, depression, substance use, and oral and vision care.

- **Competence:** Health center services and materials are developmentally appropriate and respectful of cultural and linguistic diversity.
- **Confidentiality:** Health center protects confidentiality of patient information as required by state and federal law when transmitted through conversation, billing activity, telemedicine, or release of medical records.
- **Patient engagement:** Health center encourages students (as age-appropriate) to be effective advocates and consumers of their own health care by encouraging them to schedule their appointments, manage medications, ask questions about their care, and improve their health literacy.
- **Youth advisors:** Health center meaningfully engages students in a variety of functions, including community asset mapping and needs assessment, evaluation of services, youth-led outreach and promotion, peer-to-peer health education, and advocacy mobilization on behalf of their health needs.

School Integration

The school health clinic, although governed and administered separately from the school, integrates into the education and environment to support the school's mission of student success.

- **Shared vision for student success:** Health center has a formalized understanding of how it collaborates with school administration, teachers, and support staff—school nurses, psychologists, and counselors—to ensure the partnership meets student needs efficiently, effectively, and seamlessly.
- **Shared outcomes:** Health center partners with the school to achieve improved outcomes for students struggling with attendance, behavior, or academic performance issues.
- **Integration:** Health center and school personnel participate jointly in the development and governance of policies, procedures, and structures that support student health and academic achievement (school improvement, school wellness, alternatives to discipline, Individual Education Program or IEP team, and Americans with Disabilities Act) .
- **Crisis response and support:** Health center serves as partner in the management of school's crisis prevention and intervention plans.

Accountability

The school health clinic routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.

- **Quality improvement:** Health center implements a quality assurance system that monitors and evaluates the appropriateness, effectiveness, and accessibility of its services.
- **Satisfaction:** Health center routinely assesses patient and community satisfaction with services and assess unmet needs.

- **Performance:** Health center collects and reports on key performance measures, including individual and population-level outcomes, to assure accountability to partners, payers, funders, and other stakeholders.

School Wellness

The school health clinic promotes a culture of health across the entire school community.

- **School climate:** Health center actively promotes building-level policies and practices that assure a safe and healthy school environment for all students and staff.
- **Student body wellness:** Health center advances population health and preventive services through group, classroom-based, and school-wide inclusive modalities to screen for and minimize risk factors, promote community assets, and address social determinants of health (e.g., nutrition education, trauma support groups, asthma education, physical activity, and health careers).
- **Family wellness:** Health center engages parents/guardians/caregivers in health education and promotion events to promote family wellness.
- **Staff wellness:** health center assesses the health and wellness needs of school staff and offers services, such as support groups, stress management activities, and health literacy.
- **Health authority:** Health center contributes subject matter expertise on health education curriculum, school wellness policies, and health-related programs and services (nutrition, physical activity, safety, discipline) that support student well-being.

Systems Coordination

The school health clinic coordinates across relevant systems of care that share in the well-being of its patients.

- **Care coordination:** Health center coordinates and integrates efforts (including exchange of health information as appropriate) with existing systems—primary care, behavioral health, oral health, vision providers, and health plans—to improve continuity of care, reduce fragmentation, and prevent duplication of services.
- **Care partners:** Health center has formal partnership referral and follow-up linkage agreements and protocols with the broader health care community to ensure access to after-hours care (e.g., primary care physician, nurse hotline, emergency room, urgent care center, or behavioral health crisis line) and coverage beyond clinical capacity—including oral, reproductive, behavioral, and specialty health care.
- **Parent/guardian/caregiver engagement:** Health center informs and educates parents/guardians/caregivers about a child’s health issues and involves them as supportive participants in the student’s health care whenever appropriate and possible.

Sustainability

The school health clinic employs sound management practices to ensure a sustainable business.

- **Administrative systems:** Health center is supported by a fiduciary (or sponsor) agency that provides administrative and clinical systems, including medical supervision, liability coverage, human resources, procurement of medical equipment and supplies, quality improvement, training and leadership development, health information technology, marketing, and practice/fiscal management.
- **Billing infrastructure:** Health center has the capacity to collect patient revenue efficiently through use of health information management systems, dedicated administrative personnel, and policies and procedures.
- **Analysis of financial standing:** Health center creates a business plan with financial performance metrics that consider, among other things, the cost of the program, expected patient volume by provider, and payer source. In monetizing services, all expenses of the program—direct and indirect alike, including staffing, facilities, pharmacy, administration, billing, care coordination, and health promotion—are considered.
- **Sustainable resources:** Health center employs sound business models based on financial planning strategies that rely on a diversity of stable and predictable funding sources, maximize patient revenue, and minimize the role of grants to support operations for the long-term.

Sources:

National Association of School Nurses. (2017, June). *The Role of School Nursing in Telehealth: Position Statement*. <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-telehealth>

School-Based Health Alliance. *Core Competencies*. Accessed March 1, 2019. <http://www.sbh4all.org/resources/core-competencies/>

The Path to Implementation

The following table, from the American Medical Association , offers twelve steps to implementation of school health clinics. The first six steps focus on the initial planning phase and the remaining steps focus on implementing your school health clinic. Use this table as a guide while understanding: the order of steps may vary based on your school system, steps may overlap and/or occur simultaneously, some steps may take more or less time than others, and you may need to revisit earlier steps as challenges arise. For more information on each step, visit the [Telehealth Implementation Playbook](#).

TIMELINE OF STEPS

PART 2

IDENTIFYING A NEED
What's the problem?



DEFINING SUCCESS
What are we trying to achieve?



MAKING THE CASE
How do we get political and financial buy-in?



PART 3

DESIGNING THE WORKFLOW
What will need to change to integrate this technology?



PARTNERING WITH THE PATIENT
What does the patient need?



EVALUATING SUCCESS
Did it work?



FORMING THE TEAM
Who needs to be involved and when?



EVALUATING THE VENDOR
What's the right technology?



CONTRACTING
What's our expected timing, budget, and plan with our vendor?



PREPARING THE CARE TEAM
Does everyone know what they need to do to make this successful?



IMPLEMENTING
How does it work in practice?



SCALING
What's next?



Community Partners

LEAs rely on the support of community partners to establish and maintain school health clinics. Below is a non-comprehensive list of organizations LEAs have partnerships with:

Ascension St. Thomas Health	LeBonheur Mobile Health	Ronald McDonald Care Mobile
Ballad Health	LeBonheur School Health	Satellite Med
Cherokee Health Systems	Nursing Services	Matthew Walker
Christ Community Health Services	Local and regional Health Departments	Comprehensive Health and Mobile Unit
CVS Pharmacy	Mercy Community Healthcare	United Way
eMD Anywhere	Niswonger Children’s Hospital (A part of Ballad Health)	Well Child
Erlanger Health System	Ocoee Regional Health Corporation	West TN Healthcare
ETSU	Professional Care Services	Contracted local healthcare providers
Hardeman County Community Health Center		

Grants

[Federal Policies and Opportunities for School-Based Health Centers](#) identifies sections of the Affordable Care Act and Every Student Succeeds Act that provides opportunities for school health clinics and provides recommendations for school health clinics. This guide highlights the name of the program or implementing agency, duration of funding, program description, examples of school health clinic participation, and who is eligible to apply

Resource:

[Grants Without Deadlines | California School-Based Health Alliance](#)
[Center for Health and Healthcare in Schools Grant Alerts](#)

Operating a School Health Clinic Positive Themes

Despite experiencing common barriers and setbacks related to operating a school health clinic, LEAs have positive reviews of school health clinics:

“Services are really helpful to our population that does not have access to transportation to go the doctor/dentist.”

“The program is wonderful!”

“Minimal disruption to the school day.”

“Mobile unit is great and easy to deal with.”

“The clinic has been wonderful for many children who come to school sick and whose parents are unable to come and get the child and take them for a medical eval. I think the children get quicker access to care.”

Considerations and Recommendations

The school nurse is the school’s health advisor and ambassador, leading the day-to-day management and oversight of the school population’s health. School-based health clinics supplement the school nurse’s role by providing an easily accessible site for student referrals for students without a provider home or a student who may need more comprehensive services.

Starting a school health clinic can seem like a daunting task, from the beginning phases to day to day clinic operation and clinic sustainment. This document has highlighted key components of school health clinics in Tennessee. Despite barrier and setbacks, many LEAs have school health clinics that are successful.

It is important to remember that beginning a school health clinic is not something a LEA can do on its own but requires collaboration among a variety of partners including school administration and staff, parents and guardians, and community organizations. The benefits a school health clinic can provide to the students in your LEA, whether urban or rural, is immeasurable. The following recommendations are made to assist LEAs with school health clinic creation and implementation.

Considerations:

- School health clinic benefits likely depend on population density. It may be necessary to develop modified models for schools in rural settings and schools with fewer students.
- While school health clinics are particularly relevant to low-income communities, financing can be challenging. Medicaid and the State Children's Health Insurance Program (SCHIP) have been common sources of financing for school health clinics.
- Included studies indicated that the greater the range of services offered by a school health clinic, the greater the magnitude of benefits. Offering services both during and outside of school hours increases effectiveness.
- It is expected that providing free services will increase their use and effectiveness; however, lack of information on fees prevented analysis of this expected relationship.

Recommendation 1: If your LEA is in the planning phase of opening a school health clinic, use this document to provide guidance on key aspects of opening a school health clinic.

Recommendation 2: If your LEA has never considered how a school health clinic can benefit your community, use this guide to brainstorm what a school health clinic in your LEA might look like.

Recommendation 3: Reach out to school administration to discuss how a school health clinic may benefit students in your LEA.

Recommendation 4: Connect with local community organizations to determine how they may be able to partner with your LEA to provide services.

Reference:

The Community Guide. (2015, March). *Health Equity: School-Based Health Centers*.

<https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers>

Resources

[Telehealth Essentials Checklist Training](#)

[Basic Provider Telehealth and Telemedicine Toolkit](#)

[Telehealth and Mental Health Webinar Series](#)

[TennCare Billing Manual: Tennessee School Districts](#)

[Tennessee Department of Education School Based Medicaid](#)

[The Center for Health and Health Care in Schools: Development and Implementation Materials](#)

[Benefits of School-Based Health Centers](#)

[School-Based Health Centers: Improving Health, Well-being, and Educational Success](#)

[Health and Learning](#)

[Health Equity: School-Based Health Centers](#)

[One Pager: School-Based Health Centers](#)

[Connecting Kids to Care: Developing a School-based Telehealth Program](#)

[Sample Assessment Surveys of Process Effectiveness](#)

[School-Based Health Center Sustainability Tools](#)

[School-Based Health Center Sustainability Self-Assessment](#)

[Sample Needs Assessment Survey](#)

[Sample Outreach Material](#)