Practices & Strategies for Increasing SBHC Enrollments

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Objectives

- Participants will be able to describe how to communicate and collaborate effectively to obtain buy-in from school leadership and staff.
- Participants will be able to identify at least 2 strategies for increasing awareness of SBHC services.
- Participants will be able to identify and adapt promotional materials to market the SBHC in their school(s).

School-Based Health Centers in NYC

140 SBHCs

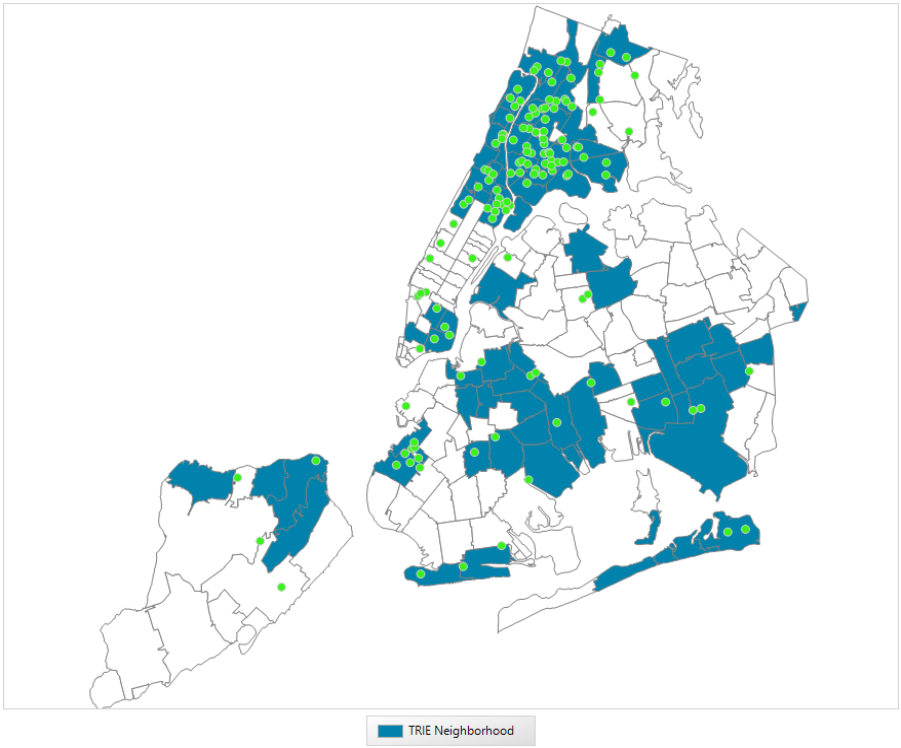
- Operated by 18 Sponsoring Organizations

150,000 Students Served

- Primarily High School Students

Services Available:

- Physical exams
- Immunizations
- Mental Health services
- Age-appropriate sexual and reproductive health services
- Health Education
- Dental Care (at select sites)



Areas with blue shading denote communities prioritized by the NYC Taskforce on Racial Inclusion & Equity (TRIE) due to high burdens of COVID-19 and other health and socioeconomic disparities.
Green dots represent school-based health center locations.

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NYC SBHC Consent Forms

Parental Consent for Primary Care + Dental Services

- Intended for students under 18 years old
- Allows access to all SBHC primary care services(medical & mental health)
- As well as dental services (if applicable)

Adult Student General Consent

- 18+, emancipated, or parenting students, as well as runaway or homeless youth
- Allows access to full range of SBHC services

Student Self-Consent for RH Services

- Provided to sexually active students
- Allows access to sexual and reproductive health services only
- Not to be distributed by school

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SBHC & School Principals Collaborative Protocol

School Year: 2025-2026

School-Based Health Center & School Principal Collaborative Protocols

(Discussed and completed in a joint meeting in Fall and updated annually with each Principal on Campus

School: [Enter Name] **School Principal: [Enter Name]** **Date: [Date Completed]**

Collaborative Protocols Meeting Participants: *[Enter Names]*

SECTION ONE

A) DAILY OPERATIONS COLLABORATION:

Collaboration and Facilitation	SBHC should contact the following School Personnel (Phone #)
Designated Liaison to the School Health Center? (*School Leadership*)	Contact:
Where will parents submit completed SBHC consent forms? **(School Secretary, SBHC Mailbox, Parent Coordinator**?) *SBHC will pick up daily from designee.*	Contact:
Process for providing students with a pass to attend the SBHC	Contact:
Who can provide access to the student class schedules	Contact:
Assistance in distributing daily student appointment reminders	Contact:
Assistance in recalling students who miss important appointments	Contact:
Designated school staff in charge of student immunization compliance lists	Contact:
Dates of Principal Council Meetings and Safety / BRT Meetings (*SBHC Designee should be invited and be present at meetings)*	Council Dates and Periods : Safety Dates and Periods:
Dates of Guidance/ Student Support (PPT) Committee Meetings. Who is contact for the School Crisis Team? When are meeting held?	Meeting Dates: Contact Person:
Name of Parent Coordinator and dates of scheduled Parent Meetings. (*SBHC teams should be invited to Parent Meetings/Events*) Can she distribute parent letters by mailing or emailing to all parents?	Contacts: Meeting Dates:
Notification of School Personnel\ when a sick student needs to be sent home	Contact:
Distribution of Faculty Letters/Flyers to School Personnel on SBHC services. Dates of faculty professional development days. (*SBHCs should be invited to present on SBHC services/updates or a desired health topic)*	Contact: Meeting Dates:

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SBHC & School Principals Collaborative Protocol

School Year: 2025-2026

B) STUDENT ENROLLMENT COLLABORATION:

Collaboration and Facilitation	SBHC should contact the following School Personnel (Phone #)
Inclusion of the Parental SBHC Consent form with other school registration documents	Contact:
Placing SBHC information and the Parent Consent Form on the School Website or Social Media account (***location needs to be easily visible to parents/guardians***)	Contact:
Distribution of the SBHC Consent Form to Parents who come to main office /guidance or Deans, including robo call announcements, and other messages about SBHC consent and services to the home on quarterly basis.	Contacts:
Approval to post SBHC Marketing Materials (Posters/Flyers) throughout school campus including the bathrooms.	Contact:
Conducting tabling events in the cafeteria or at main entrance to market SBHC services.	Contacts
Conducting classroom or advisory groups presentations (15 minutes) to inform students about SBHC services (SBHC engagement chats) ***(Specify if different person per grade level)***	Contacts:
Meet with sports coaches to discuss enrollment and sports physicals for students including all health teachers on campus	Contacts: Contacts:
Meet with 504 Coordinators to Discuss SBHC services for students with chronic illnesses and obtain MAF/DMAF and have them enroll in the SBHC.	504 Coordinator Contact:
Invitation of SBHC to Other School Events: ***(please keep SBHC invited to student/parent events such as health fairs , shows, student government meetings, etc)***	Contact:

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SBHC & School Principals Collaborative Protocol

School Year: 2025-2026

SECTION TWO

EMERGENCY PROCEDURES: *SBHC & School Leadership communications on emergency situations*

Emergency or Urgent Issues	Assigned School Contact Person(s)	Notification Process/Other Notes
First Aid and Emergency Care: The SBHC Medical Practitioner will provide first aid and emergency care services to ALL STUDENTS on campus whether they are enrolled or not enrolled the SBHC, as per the NYCDOE MOU.		
List staff trained to administer the following in an emergency: Epipen administration and CPR administration ***(as per chancellor regulations)***	EpiPen: CPR:	**List AED locations in the school:**
Notification of a 911 Medical or Psychiatric Emergency needing ambulance transportation and school escort to accompany student.	Contact(s): Designated escort:	
Notification of post-dismissal Medical or Psychiatric emergencies.	Contact:	
Notification of suicidal behaviors (serious ideations, plans, attempts, etc.)	Contact:	
Notification of an ACS report made by the SBHC? (***SBHC personnel will provide the OSH Principal information form to designee)***	Principal : Designated Contact :	
Notification of a Police Report made in a student-related incident?	Contact:	
Notification of inappropriate or harmful behavior by a teacher/school staff toward a student	Contact:	
Notification of student-to-student bullying, harassment, and/or assaults	Contact:	
Notification of campus safety concerns: planned violence/threats, selling drugs, carrying weapons, etc.	Contact:	
Notification of imminent danger in the SBHC location.	Security Contact:	

Protocols Completed by:

School Principal/Designee Signature: _____ **SBHC Program Manager Signature:** _____

Collaborative Protocol Copies need to be shared with Principal, School Leadership, SBHC team and the Office of School Health Manager.
The SBHC Manager is responsible for providing the Principal & School Leadership a list of all SBHC Staff and their role at the beginning of each School Year.
This document needs to be reviewed annually with the Continuing Principal and their Leadership to capture new updates to staff designees if applicable. ***A new Collaborative protocol document needs to be initiated and completed once there is a NEW PRINCIPAL for the School.***

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Building Awareness of SBHC's

Campus Level

- SBHC/OSH posters on each floor/corridors
- SBHC flyers in office/classroom
- Faculty Letters for School Staff
- SBHC way finding signage
- School orientations/SBHC tour

Group Level

- Classroom presentations
- PTA presentations
- Tabling at school events
- Staff professional development

Individual Level

- One on one conversation

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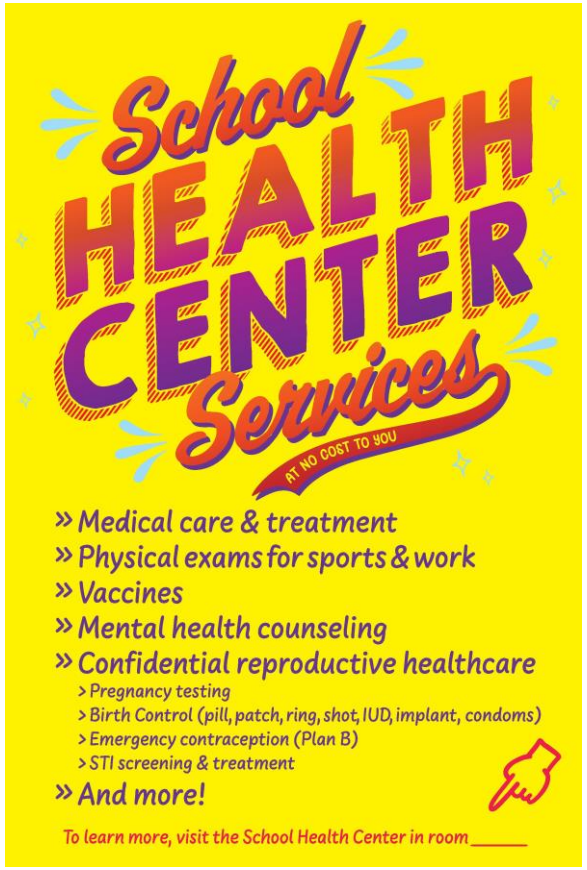
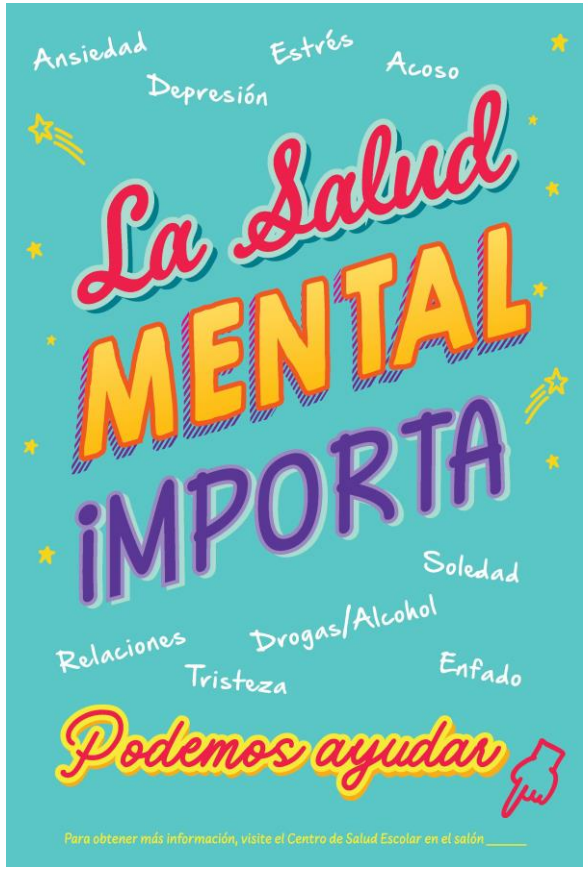
School Health Center Posters





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SBHC Faculty Letter

The Faculty Letter is used to inform school staff of SBHC services and enlist their help to encourage students to use the services.

Ideally these letters should go out to all staff at the beginning of the school year so they know about the services you offer and can refer their students.

School HEALTH CENTER Services

Dear Faculty,

Our School Based Health Center (SBHC) needs your help with increasing student engagement at the SBHC. Our team at the health center is dedicated to providing comprehensive adolescent health care services to students. SBHC services include the following:

- Medical Care & Treatment
- Physical Exams for Sports & Work
- Vaccines
- Mental Health Counseling
- Confidential Reproductive Healthcare
- And more!

A parent/guardian consent is needed to access the full range of SBHC services; students 18 and over can sign on their own behalf. *Students who are not enrolled are still able to receive first aid and urgent care, confidential reproductive healthcare, urgent mental health support, and vaccines.*

Please remind students that we have a school based health center where they can receive comprehensive health care services. These services are exclusively available to students at no cost, regardless of insurance.

Thank you in advance for your help and support. Feel free to come visit our health center in Room 203 to learn how to make referrals to services and to meet the SBHC staff at your convenience.

Sincerely,
The School Based Health Center

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SBHC Parent Letter Template

School HEALTH CENTER Services

Dear Parent/Guardian,

Our School Based Health Center (SBHC) is dedicated to providing comprehensive health care services to all students on this campus. SBHC services include the following:

- Emergency & Sick Visits
- Vaccines
- Physical Exams
- Medicine & Prescriptions
- Counseling Services
- And so much more!

What is a School Based Health Center (SBHC)?

A school-based health center is a medical facility inside your child's school building, sponsored by a local hospital or health center, to provide primary care services to the students who attend the schools on campus.

What if my child already has a primary doctor?

You DO NOT need to change your primary doctor for your child to receive services at the SBHC. The SBHC provider will compliment the care that their primary doctor provides.

How can my child use the SBHC services?

Complete a consent form to enroll your child in the SBHC! This will allow your child to receive comprehensive health services in their school building, minimizing their time away from class and your time away from work. Without enrolling in the SBHC, your child will only be able to access limited services (first aid, emergency care, vaccines).

What is the cost? Does my child need health insurance?

At the SBHC, your child can receive services at NO COST to you! The SBHC will treat your child regardless of insurance status. The SBHC is allowed to bill your insurance but you will not receive a bill or be responsible for any copays.

Feel free to come visit our health center in Room 105 or call (718) 585-5014 for more information.

The OSH Parent Letter gives parents a brief description of SBHC services, answers questions about accessing SBHC services and provides the SBHC contact information.

These can be customized by the SBHC Team to include their SBHC phone number, room number and even QR code for consent forms!

These letters are available in English and Spanish.

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SBHC Elevator Pitch

4 STEPS TO CREATING A GREAT PITCH

1 Know Your Audience

- Think about how you will spark interest
- SBHC benefits that affect them
- Address their potential concerns

2 Craft Your Message

- Make it personal & Introduce yourself
- Convey your passion or enthusiasm for the SBHC

3 Give A Call to Action

- What should they do next?
- Is there a deadline for completion?

4 Keep the Door Open

- Ask for input
- Extend opportunities to learn more
- Follow up with students who took consent forms as possible

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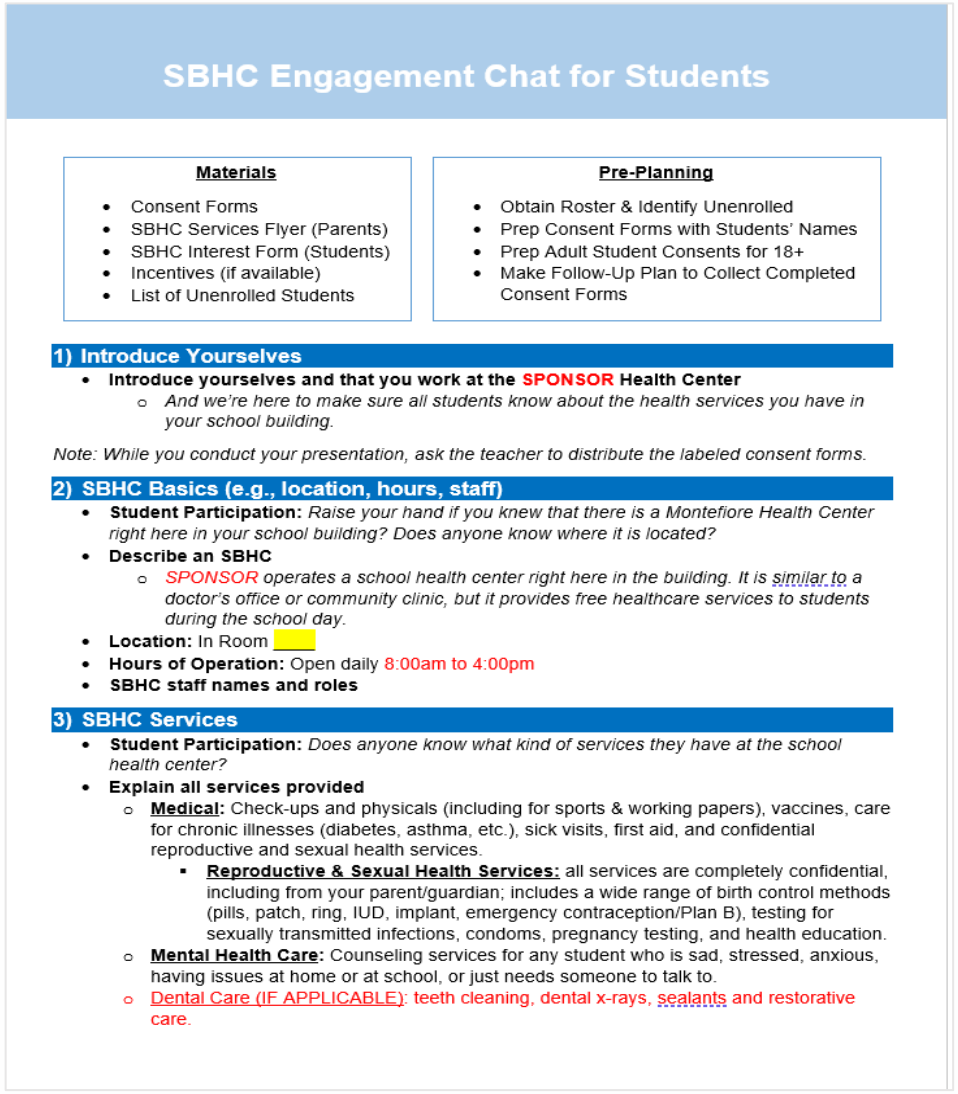
SBHC Engagement Chats



SBHC Engagement Chat for Students

Materials

- Consent Forms
- SBHC Services Flyer (Parents)
- SBHC Interest Form (Students)
- Incentives (if available)
- List of Unenrolled Students

Pre-Planning

- Obtain Roster & Identify Unenrolled
- Prep Consent Forms with Students' Names
- Prep Adult Student Consents for 18+
- Make Follow-Up Plan to Collect Completed Consent Forms

1) Introduce Yourselves

- **Introduce yourselves and that you work at the SPONSOR Health Center**
  - *And we're here to make sure all students know about the health services you have in your school building.*

Note: While you conduct your presentation, ask the teacher to distribute the labeled consent forms.

2) SBHC Basics (e.g., location, hours, staff)

- **Student Participation:** *Raise your hand if you knew that there is a Montefiore Health Center right here in your school building? Does anyone know where it is located?*
- **Describe an SBHC**
  - *SPONSOR operates a school health center right here in the building. It is similar to a doctor's office or community clinic, but it provides free healthcare services to students during the school day.*
- **Location:** In Room ____
- **Hours of Operation:** Open daily 8:00am to 4:00pm
- **SBHC staff names and roles**

3) SBHC Services

- **Student Participation:** *Does anyone know what kind of services they have at the school health center?*
- **Explain all services provided**
  - **Medical:** Check-ups and physicals (including for sports & working papers), vaccines, care for chronic illnesses (diabetes, asthma, etc.), sick visits, first aid, and confidential reproductive and sexual health services.
    - **Reproductive & Sexual Health Services:** all services are completely confidential, including from your parent/guardian; includes a wide range of birth control methods (pills, patch, ring, IUD, implant, emergency contraception/Plan B), testing for sexually transmitted infections, condoms, pregnancy testing, and health education.
  - **Mental Health Care:** Counseling services for any student who is sad, stressed, anxious, having issues at home or at school, or just needs someone to talk to.
  - Dental Care (IF APPLICABLE): teeth cleaning, dental x-rays, sealants and restorative care.

Engagement Chats are short presentations (10-15 min) used to educate middle or high school students about the services available in the SBHC and encourage them to enroll and schedule an appointment.

The Engagement Chat Script covers:

- SBHC Basics (location, hours, staff)
- SBHC Services
- Consent Forms
- Accessing Services at the SBHC

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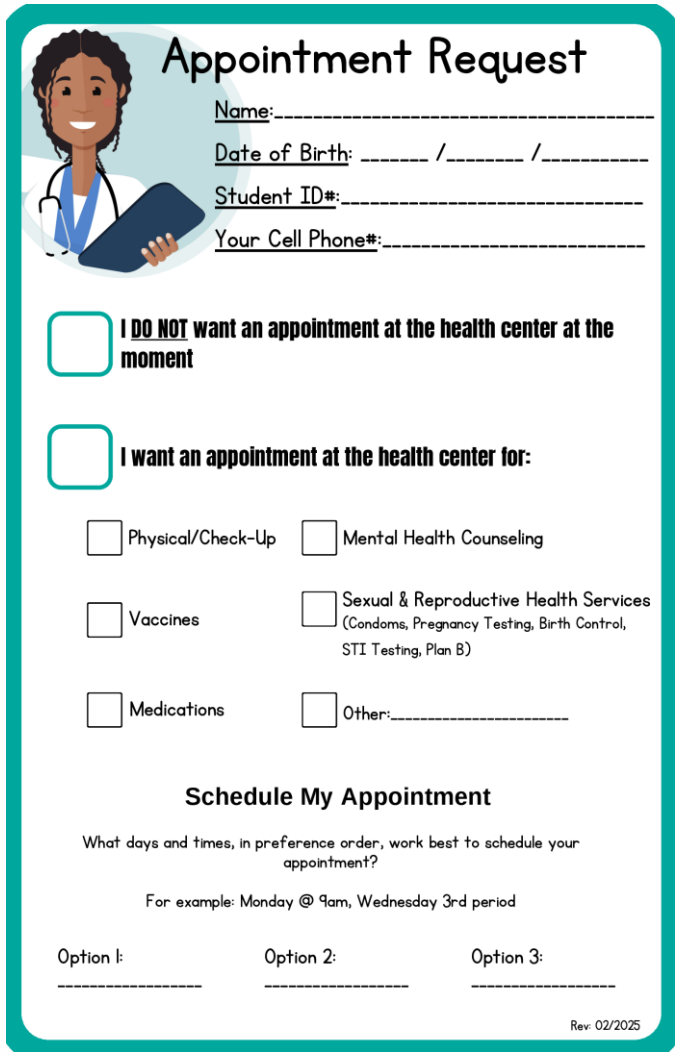
SBHC Appointment Request Forms



Appointment Request

Name:_____

Date of Birth: _____ /_____ /_____

Student ID#:_____

Your Cell Phone#:_____

☐ I DO NOT want an appointment at the health center at the moment

☐ I want an appointment at the health center for:

☐ Physical/Check-Up ☐ Mental Health Counseling

☐ Vaccines ☐ Sexual & Reproductive Health Services (Condoms, Pregnancy Testing, Birth Control, STI Testing, Plan B)

☐ Medications ☐ Other:_____

Schedule My Appointment

What days and times, in preference order, work best to schedule your appointment?

For example: Monday @ 9am, Wednesday 3rd period

Option 1: _____ Option 2: _____ Option 3: _____

Rev: 02/2025

Appointment Request Forms can be given out to students during outreach events so they can request an appointment at the SBHC.

We ask all students to fill these out during engagement chats, indicating if they want an appointment, what services they need, and a confidential phone number.

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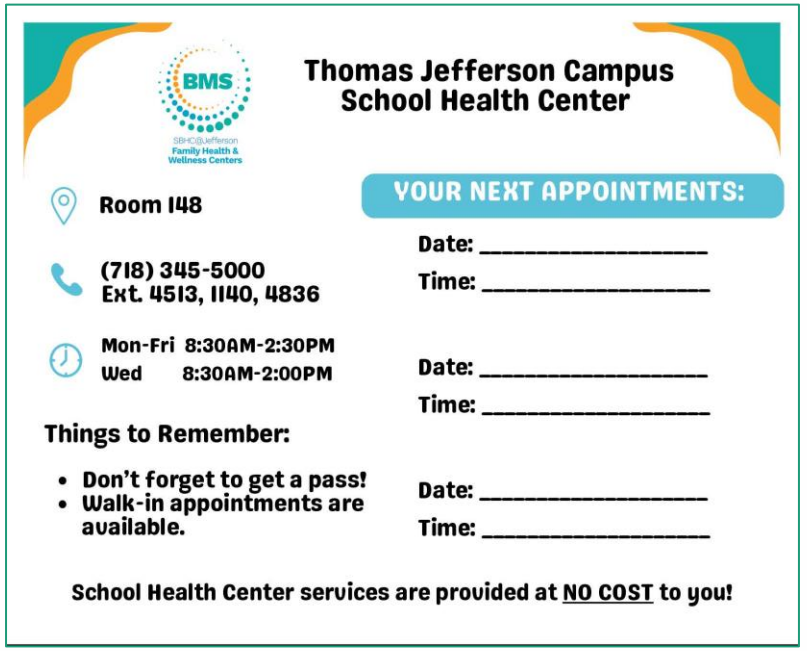
SBHC Appointment Reminder Slip /Membership Cards



The **Appointment Reminder Slip/Membership Card** cards should be given to students when they enroll with the information of their next appt written on the back.

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SBHC Patient Priority List

Sponsor	*ABC Medical Center*
Site	*Millstone High School*
CIR Records as of:	*2025-05-29*
OSCR Data as of:	*2025-06-03*
File Created:	*2025-06-03*

Category:		Definitions:	Patients fall out of this category if:
1 - BCM Refill	41	• Patients who are sexually active (SAEver = Yes) • Had a Medical visit this School Year • Received BCM (OCP/Depo/Patch/Ring) from SBHC this School Year • Patient is Overdue or coming-due for refill within 1 month	They have a medical visit at which: • BCM or EC are newly dispensed • OR Indicate they are already using a different BCM or EC • OR Decline a method, indicate having a same-sex partner, being abstinent, or are pregnant or seeking pregnancy in the last 90 days
2 - Vaccines Due (Excludable / Provisionally Admitted)	121	• Any student on campus (Consented or Not Consented) currently due for DOE required vaccines in CIR • DOE immunization status is either "Excludable" or "Provisionally Admitted"	• Their DOE immunization status changes to Complete.
3 - SA Recall	47	• Patients who are sexually active (SAEver = Yes) • Patient has NO Medical visit this School Year	• They have a medical visit in the SBHC this School Year
4 - CPE Due	209	• Patients had a CPE completed previously by the SBHC provider • Most recent CPE by any source is more than 365 days ago	• They have a CPE documented in OSCR which is up-to-date
5 - Asthma Recall	20	• Patients ever diagnosed with asthma • Patient has NO Medical visit this School Year	• They have a medical visit in the SBHC this School Year
6 - Consented No Visit	612	• Consented students • Patient has never been called down for a Medical Visit	• They have a medical visit in the SBHC

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Summary

- ❑ Engage and build partnerships with your School Principal/Leadership Team
- ❑ Identify "School Champions" to be your liaison in student engagement and participating in school events
    - Team up with Parent Coordinators to participate in PTA Meeting and advertise your SBHC services to parents/guardians
- ❑ Attend school meetings, familiarize yourself with staff and integrate the SBHC into the fabric of the school
- ❑ Collaborate with Community Based Organizations(CBO) on campus to share resources and support students' wellbeing
- ❑ Offer presentations to school staff during professional development days on SBHC services, health trends, SBHC projects including varied child/adolescent health topics
- ❑ Ensure that your SBHC is friendly and welcoming to the children and adolescents which will result in students staying connected to the health center

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Thank you!

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