

# **School-Based Health in Action: Building Sustainable Partnerships**

Tina Bryant, CEO, Sterling Health Care

## **Sterling Health Care School-Based Health Background**

- 5 Counties (range in size 5,000 – 1,000 students)
- APRN/PA and CMA in each school
- Behavioral Health - LCSW, LPCC or CSW
- Dental - mobile unit
- Introducing vision screening



## 2026 Annual Conference

### **Key Components of partnerships**

- Relationship with School Superintendent, School Board, Key Staff and Health District Coordinator
- Relationship with the School Family Resource Center Staff
- Local Health Department collaboration for events in the school system
- Camaraderie with other organizations that are in the schools, ex. Behavioral Health, Dental
- Collegial relationship with other health care organizations in the community, we are not here to steal patients.



## 2026 Annual Conference

### Strategies for Addressing Barriers

- School Nurse Hesitation, here to help and not compete, ex. Vaccines
- Started with Medical services first and introduced other services as appropriate; BH, Dental, Vision
- Identifying needs within the individual School Systems and being open as to how SBH services can help/assist
  - Ex. School Nurse expense, Lease space
- School Leadership hesitation if they don't see the benefit to students/staff, ex. Dashboard and Communication

# 2026 Annual Conference

| School Attendance |                    |           |       |
|-------------------|--------------------|-----------|-------|
| School            | Remained at School | Went home | Total |
| Camargo           | 150                | 22        | 172   |
| MSE               | 208                | 31        | 239   |
| Mapleton          | 220                | 20        | 240   |
| McNabb            | 324                | 28        | 352   |
| MCHS              | 225                | 36        | 261   |
| Northview         | 201                | 37        | 238   |
| Total             | 1328               | 174       | 1502  |

| Adult/Child |       |       |       |
|-------------|-------|-------|-------|
| School      | Adult | Child | Total |
| Camargo     | 39    | 133   | 172   |
| MSE         | 42    | 197   | 239   |
| Mapleton    | 39    | 201   | 240   |
| McNabb      | 24    | 328   | 352   |
| MCHS        | 34    | 227   | 261   |
| Northview   | 41    | 197   | 238   |
| Total       | 219   | 1283  | 1502  |

| Current SHS patient |      |     |       |
|---------------------|------|-----|-------|
| School              | Yes  | No  | Total |
| Camargo             | 150  | 0   | 150   |
| MSE                 | 208  | 31  | 239   |
| Mapleton            | 220  | 20  | 240   |
| McNabb              | 324  | 28  | 352   |
| MCHS                | 225  | 36  | 261   |
| Northview           | 201  | 37  | 238   |
| Total               | 1328 | 152 | 1480  |

| Behavioral Health Visits |       |       |       |
|--------------------------|-------|-------|-------|
| School                   | Adult | Child | Total |
| Camargo                  | 0     | 13    | 13    |
| MSE                      | 0     | 47    | 47    |
| Mapleton                 | 0     | 10    | 10    |
| McNabb                   | 0     | 48    | 48    |
| MCHS                     | 0     | 49    | 49    |
| Northview                | 0     | 51    | 51    |
| Total                    | 0     | 218   | 218   |

| Type of Visit |      |         |                    |                 |                        |                 |           |       |
|---------------|------|---------|--------------------|-----------------|------------------------|-----------------|-----------|-------|
| School        | Sick | Vaccine | Wellness w/Vaccine | Sports Physical | Wellness w/out Vaccine | School Physical | Follow Up | Total |
| Camargo       | 172  | 0       | 0                  | 0               | 0                      | 0               | 0         | 172   |
| MSE           | 239  | 0       | 0                  | 0               | 0                      | 0               | 0         | 239   |
| Mapleton      | 227  | 0       | 1                  | 1               | 7                      | 1               | 2         | 239   |
| McNabb        | 308  | 1       | 24                 | 15              | 4                      | 0               | 0         | 352   |
| MCHS          | 225  | 0       | 16                 | 11              | 5                      | 2               | 0         | 259   |
| Northview     | 237  | 0       | 0                  | 0               | 1                      | 0               | 0         | 238   |
| Total         | 1408 | 1       | 41                 | 27              | 17                     | 3               | 2         | 1499  |

| Time of Day |         |           |       |
|-------------|---------|-----------|-------|
| School      | Morning | Afternoon | Total |
| Camargo     | 84      | 88        | 172   |
| MSE         | 116     | 123       | 239   |
| Mapleton    | 141     | 99        | 240   |
| McNabb      | 90      | 261       | 351   |
| MCHS        | 75      | 186       | 261   |
| Northview   | 79      | 159       | 238   |
| Total       | 585     | 916       | 1501  |

| Had PCP prior to visit |      |    |       |
|------------------------|------|----|-------|
| School                 | Yes  | No | Total |
| Camargo                | 171  | 1  | 172   |
| MSE                    | 235  | 4  | 239   |
| Mapleton               | 236  | 4  | 240   |
| McNabb                 | 342  | 10 | 352   |
| MCHS                   | 252  | 9  | 261   |
| Northview              | 236  | 2  | 238   |
| Total                  | 1472 | 30 | 1502  |

Free Sports F 2024

95

Flu Shots Do 24-Do

318



## 2026 Annual Conference

### **Approaches to Strengthen SBH Partnerships**

- Involvement with the School Systems Back to School Event
- Involvement with School System Health Fair and Job Fair Events
- SHC Staff promote relationships with the School Staff, nurses, front desk, teachers, administration
- Sponsorship of School Events and Activities
- Involvement in School Staff Appreciation Events
- Offering Free Sports Physical Event
- Vaccine Events, ex. Flu and Catch Up
- Vision Screening Days
- Speaking Engagements of involvement where needed in the School System

## Faculty Disclosure

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# **School-Based Health in Action: Building Sustainable Partnerships**

Maria Ferraris, MSPM, MEd  
VP, Exec. Director, Research Consortium  
Mission Mobile Medical

## The Mobile School-Based Health Operations Model: Driving Care Outward

### The Satellite Clinic Model

**Reach Analysis: Flexible Site Classification:** Mobile healthcare allows sites to be categorized by patient volume (e.g., micro, standard, and high-volume sites), enabling deployment schedules to match community demand and optimize access, staffing, and resources.

- ✓ **Full-service delivery** — medical, behavioral health, and dental
- ✓ **Complements fixed sites** — mobile + SBHC referral loop

### Core Service Lines (School-Based)

Primary Care  
& Sick Visits

Behavioral  
Health

Dental  
Services

Vaccinations  
& Screenings

### Mobile Clinic — The Expansion

*What mobile brings that the room cannot deliver*

- ✓ **Medical primary care:** Well-child, physicals, immunizations, sick visits
- ✓ **Dental services:** Highest Medicaid ROI; fastest trust-builder in school
- ✓ **Multi-school reach:** One unit rotates across campuses — 4× more students
- ✓ **Full billing suite:** Medical + dental + BH = one FQHC encounter per day
- ✓ **Family access:** Parents and siblings seen while student is in school
- ✓ **340B drug access:** Extends medications to students and families on-site



|    | A                                                                                              | B  | C                              | D   | E   | F                          | G      | H         | I                            | J | K | L | M | N |
|----|------------------------------------------------------------------------------------------------|----|--------------------------------|-----|-----|----------------------------|--------|-----------|------------------------------|---|---|---|---|---|
| 1  | Calculate potential volume of patient visits for the mobile clinic                             |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 2  |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 3  | <b>Table 2a - Program Days: how many days in the year will you serve?</b>                      |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 4  |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 5  |                                                                                                | 12 | Work Days per month            | for | 10  | months                     | is     | 120       | available days / year        |   |   |   |   |   |
| 6  |                                                                                                | 10 | Weeks PTO / inactive           |     |     |                            | is     | (50)      | days off                     |   |   |   |   |   |
| 7  |                                                                                                | 5  | Paid Holidays                  |     |     |                            | is     | (5)       | days off                     |   |   |   |   |   |
| 8  |                                                                                                |    |                                |     |     |                            |        | 65        | active days                  |   |   |   |   |   |
| 9  |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 10 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 11 | <b>Table 2b - Program Visits: how many patients can you see?</b>                               |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 12 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 13 |                                                                                                | 6  | hour days                      |     | 30  | provider minutes per visit |        | 12.00     | visits per day per room      |   |   |   |   |   |
| 14 |                                                                                                |    |                                |     |     |                            |        | Dual Exam | Clinic Size                  |   |   |   |   |   |
| 15 |                                                                                                |    |                                |     |     |                            |        | One       | Provider(s)                  |   |   |   |   |   |
| 16 |                                                                                                |    |                                |     |     |                            |        | 780       | annual visits, full capacity |   |   |   |   |   |
| 17 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 18 |                                                                                                |    | Scheduling efficiency - Year 1 | is  | 50  | %                          | equals | 390       | potential visits             |   |   |   |   |   |
| 19 |                                                                                                |    | Scheduling efficiency - Year 2 | is  | 80  | %                          | equals | 624       | potential visits             |   |   |   |   |   |
| 20 |                                                                                                |    | Scheduling efficiency - Year 3 | is  | 100 | %                          | equals | 780       | potential visits             |   |   |   |   |   |
| 21 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 22 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 23 | <b>Table 2c - Reality Check: does this seem like a reasonable workload for your providers?</b> |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 24 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 25 | scheduled visits per day, per provider, at Year 1 capacity                                     |    |                                |     |     |                            |        |           | 6.00                         |   |   |   |   |   |
| 26 | scheduled visits per day, per provider, at Year 2 capacity                                     |    |                                |     |     |                            |        |           | 9.60                         |   |   |   |   |   |
| 27 | scheduled visits per day, per provider, at Year 3 capacity                                     |    |                                |     |     |                            |        |           | 12.00                        |   |   |   |   |   |
| 28 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 29 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 30 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 31 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |
| 32 |                                                                                                |    |                                |     |     |                            |        |           |                              |   |   |   |   |   |

## From Formula to Forecast: School-Based Revenue Projections

**Revenue Formula:** Clinic Days/Year × Visits/Day × CHC Encounter Rate = Annual Gross Revenue

### Year 1

*Baseline — Build Consent*

**\$78,000**

Est. Annual Gross Revenue

65 days × 6 visits × \$200

- Consent rates still building (target ≥60%)
- ~6 visits/day — providers ramping up
- 65 active school days (10 months)
- Break-even not expected; build the data

### Year 2

*Cost-Effective — Billing Carries*

**\$240,000**

Est. Annual Gross Revenue

100 days × 12 visits × \$200

- Consent rates mature; trust established
- ~12 visits/day across medical + dental
- More school days as routes expand
- Program runs on billing, not grants

### Year 3+

*Scale — Full Capacity*

**\$510,000**

Est. Annual Gross Revenue

150 days × 17 visits × \$200

- 15–20 visits/day at full capacity
- Dental + medical + BH on rotating schedule
- Multi-school route fully operational
- Model replicates to additional districts



School-based dental typically adds 30–40% additional revenue above the base encounter rate — model it separately in your cost report.

# Building Your Field Team: Staffing the Mobile Unit

*"Mission-aligned, adaptable, and equipped to work in non-traditional settings - mobile care requires a workforce unlike any other."*

## Clinic Operator

Drives, parks & maintains the unit; trained in vehicle ops and onboard system troubleshooting

## Community Outreach Coordinator / CHW

Logistics, scheduling, compliance, stakeholder engagement: Bridge between Team and Community

## Provider (NP/PA)

Delivers primary care, BH, or specialty services; credentialed and trained in mobile workflows

## Program Coordinator / Nurse Coordinator

Clinical and operational coordination of services to ensure efficient patient care, care coordination, referral management, site readiness, and continuity of care across all deployment locations.

## Medical/Dental Assistant

Patient intake, vitals, documentation, clinical support, and patient-provider liaison

## Behavioral Health Pro.

LCSW/NP/HSP-P; comfortable with multiple roles; trauma-informed and mobile-skilled

### Community Outreach, ROI & Long-Term Sustainability

#### Community Outreach

- ✓ Digital + paper multilingual consent campaigns
- ✓ Community/school champions
- ✓ Community ambassadors & follow-up for no-shows
- ✓ Data driven selection of sites

#### ROI Drivers

- ✓ How many billable visits/clinic day target
- ✓ Consent rates → utilization → revenue
- ✓ Which is the highest Medicaid reimbursement entry
- ✓ How much saved per patient in ED costs → Case for MCOs
- ✓ Reduced health-related absenteeism (district ROI)
- ✓ CHC encounter rate maximization

#### Long-Term Sustainability

- ✓ Outreach-driven patient volume = billing growth
- ✓ Trust → repeat visits → Year-over-year retention
- ✓ Community ownership makes programs grant-ready
- ✓ Adaptability: evolve services to community needs
- ✓ Staff retention via mission alignment & incentives
- ✓ Annual sustainability plan: costs, ROI, outcomes

The Flywheel: Outreach builds consent → consent drives utilization → utilization generates revenue → revenue funds program. Mission and sustainability coexist.

# Same Data, Different Story: Telling It to Each Partner

*Every stakeholder at the table needs the same results translated into their language*



## School District

### Attendance & Instructional Time

- ✓ Health-related absenteeism rate before vs. after
- ✓ Class disruption minutes per student visit
- ✓ Students with chronic conditions under management
- ✓ IEP health support coordination rate
- ✓ Immunization compliance rate by campus

**Use this with: Superintendents, Principals, School Board**

*Every avoided absence = recovered instructional time.  
Translate clinical data into the metric district leaders  
report to their boards.*



## Managed Care / Payer

### Cost Avoidance & Utilization

- ✓ ED visit reduction (21% yr1–2; 35% yr3)
- ✓ Cost per student served vs. ER alternative (\$30–\$469 savings)
- ✓ Preventive dental vs. restorative claims downstream
- ✓ PHQ-2/9 screening → early BH = lower crisis cost
- ✓ CHC encounter rate vs. specialist referral cost

*MCOs pay \$30–\$469 less per SBHC visit vs. ER.  
Show payers their own claims data — early  
intervention saves what they were spending on  
avoidable visits.*

**Use this with: MCO medical directors, Medicaid offices**



## Funders & Grants

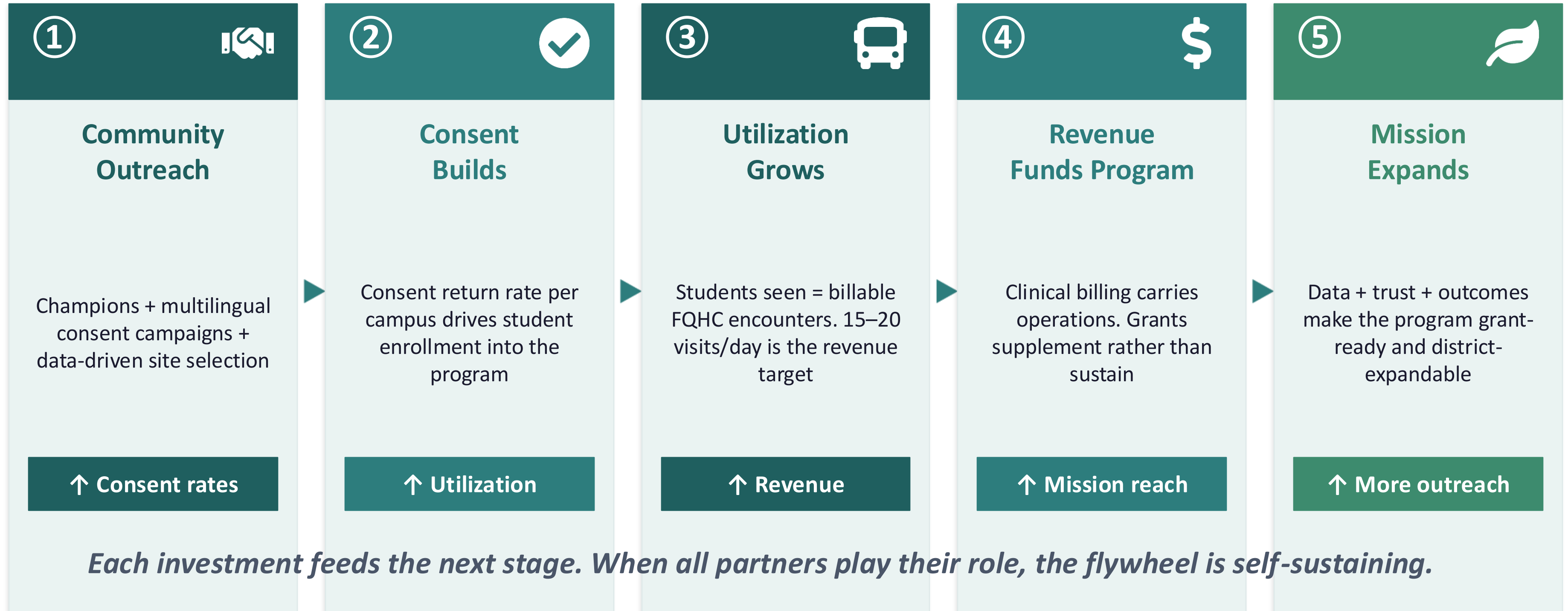
### Equity Reach & Community ROI

- ✓ Uninsured students reached via sliding fee
- ✓ SDOH screenings completed (food, housing, transport)
- ✓ Multilingual families served (by language)
- ✓ McKinney-Vento student engagement rate
- ✓ Grant leverage: \$1 grant → \$X in clinical revenue

*Show funders the communities their dollars  
reached. One \$191K grant alongside a \$13M  
program (SCHS) = 1.5% cost. That story wins  
renewals.*

**Use this with: Foundations, County**

## The Partnership ROI Flywheel



 The Flywheel: Outreach → Consent → Utilization → Revenue → Mission expansion → More outreach. Mission and sustainability coexist.

## The Student Health Report Card: An Annual Mobile Care Plan

*3–4 scheduled visits per year, tied to the school calendar, billed like any clinic visit, familiar to every family.*

The model: every consented student receives a predictable annual care plan at their school. Parents know what is coming — the same way they know report card day.

01



### Annual Medical Visit

*Near the student's birthday*

Well-child exam · Immunization review · Vision & hearing screen · Chronic disease check · Sports physical if needed

💰 Preventive FQHC encounter — primary care rate

*A birthday anchor is memorable without a calendar reminder. Parents recognize it as 'their child's annual' — already familiar from pediatric visits outside school.*

02



### Dental Visit #1

*Fall semester — September / October*

Preventive exam · Professional cleaning · Fluoride treatment · Sealants as indicated by risk

💰 Dental — most reimbursable Medicaid service; highest program ROI

*Start of school = peak family engagement. Consent packets are fresh. Pairs naturally with sports physicals and immunization drives already on the school calendar.*

03



### Dental Visit #2

*Spring semester — February / March*

Six-month recall exam · Cleaning · Restorative follow-up from Fall · Fluoride

💰 Second billable dental encounter — meets full AAP & AAD preventive care guidelines

*Two dental visits drives retention and fully meets the preventive standard. Revenue per student doubles with the second visit. Tracks exactly to semester rhythm.*

04



### Behavioral Health Check

*Flexible — semester-based or as indicated*

PHQ-2 / PHQ-9 or CRAFFT screen · Brief counseling session · Warm handoff or referral · IEP touchpoint (with consent)

💰 Billable BH encounter — verify LCSW coverage with each payer before launch

*Routine screening removes stigma — it becomes part of the annual rhythm rather than a crisis response. 42%+ of high schoolers reported depression symptoms in 2021.*

Why it works: parents continue the rhythm they already know from school — report cards, back-to-school nights, semester milestones. Health is woven in. No new system. Same school. Same trust.

# **School-Based Health in Action: Building Sustainable Partnerships**

Alecia Cyprian, PhD

CEO, Southeast Community Health Systems

**Upon completion of this educational activity, you will be able to:**

- Identify key components of effective partnerships between healthcare organizations, schools, and community partners that support school-based health programs.
- Describe strategies for addressing common barriers to implementing and sustaining school-based health services.
- Apply practical approaches for strengthening school-based health partnerships to expand access to care for children and adolescents.



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## **Faculty Disclosure**

Info should be the same as what was listed on the Disclosure form that was signed and returned to CECentral.

## School-Based Health at a Glance

Southeast Community Health Systems — a rural FQHC serving southeast Louisiana

**21**

school-based and  
early-childhood sites

**4**

parishes served

**920**

school-based site  
patients in 2025

**382**

clinic hours scheduled  
each week

### What the footprint is built on

- Nearly half of the 2,049 patients under 18 we served in 2025 were seen at a school-based service site.
- Most school sites began as behavioral health, not primary care — lower capital cost, faster to stand up, and what school leaders are asking for.
- Whole-child scope: wellness exams, immunizations, sports physicals, and vision screening alongside individual, group, and family therapy.

# Growing the Footprint, 1999–2024

Twenty sites added in four distinct waves — each one a separate partnership conversation

**1999**

**+3 sites**

St. Helena Parish: High school; middle; and elementary schools — These are free-standing clinics on the school campuses

**3 total**

**2016**

**+11 sites**

Six Tangipahoa campuses, plus five Head Start and early learning sites across three parishes. Behavioral Health only services inside the schools.

**13 total**

**2022–23**

**+6 sites**

Zachary Community School District: Zachary High and Elementary, Northwestern Middle and Elementary, Copper Mill, Rollins Place. Behavioral Health only services inside the schools

**19 total**

**2024**

**+1 site**

Port Hudson School in Zachary — the twentieth school-based site. Behavioral health only services inside the schools.

**21 total**

## Who's at the Table

Name the parish system first — the system is the partnership, the campuses are the proof

### Tangipahoa Parish School System

**6 campuses:** Kentwood High Magnet · O. W. Dillon Leadership Academy · Chesbrough Elementary · Spring Creek Elementary · Jewel M. Sumner Middle · Jewel M. Sumner High

### St. Helena Parish School Board

**4 sites:** St. Helena College & Career Academy · St. Helena Arts & Technology Academy · St. Helena Early Learning Center · St. Helena Head Start & Early Start

### Zachary Community School District

**7 campuses:** Zachary High · Zachary Elementary · Northwestern Middle · Northwestern Elementary · Copper Mill Elementary/Middle · Rollins Place Elementary · Port Hudson School

### Head Start and early childhood

**4 partners:** Central Tangipahoa Head Start · North Tangi Head Start (Ready Start Tangi) · Livingston Head Start · Regina Coeli Child Development Center

**System and payer partners:** LDH Bureau of Family Health · HRSA Section 330 · six Medicaid managed care plans

**Beyond the schoolhouse:** YMCR -- the crisis coalition adds school districts in 12 parishes, DCFS, law enforcement, and judicial districts

# What Makes a Partnership Durable

Four things that keep a school-based site open after year one

**1**

## One named provider per campus

Not a rotation. Two counselors covers six rural campuses, and the principals know them by name. Familiarity is the referral engine.

**2**

## A consent workflow the office runs

We keep separate registration packets by district, so the front office is never guessing. We've also built custom fields in our EHR to assist with consent completion rates.

**3**

## A same-day feedback loop, with consent

Providers share what the teacher and the school board need to know — including IEP meetings — so students get academic supports, not just clinical ones.

**4**

## Show up for the whole child

Wellness exams, immunizations, sports physicals, chronic disease management, and vision screening alongside individual, group, and family therapy.

**In practice:** our school clinics added a handheld vision screener that flags possible vision concerns in seconds during a well-child visit or sports physical — something a classroom would never catch.

# What Keeps a School Site Open After Year One

Grant-funded school programs close when the grant closes. Ours bill.

**90.2%**

of our patients under 18 carry  
insurance — 82% of them Medicaid

**9.8%**

uninsured, served on the sliding fee  
scale

## **Bill for the care you deliver**

SCHS collected \$6.5M in patient service revenue in 2025 alongside a \$4.2M Section 330 award.

## **Use grants to start, not to sustain**

Our School Based Service Expansion grant was \$191,220 — about 1.5% of \$13.0M in total costs.

## **A billable site, not an outreach event**

All 20 school and early-childhood sites are in our HRSA scope, so the visit bills as an FQHC encounter.

# Honest Challenges — and What Transfers

The problems we have not solved, and the four decisions worth copying

## Where we still struggle

**Continuity across the summer break.** When the building closes, engagement drops just as family stress rises.

**Consent packets that do not come back.** The clinical model is not the bottleneck. A signed form is.

**Data we did not capture on day one.** Income is unknown for 85% of our patients and race for another 9.5%. You cannot rebuild those fields later.

**The dental workforce ratio.** St. Helena Parish had one dentist for part of the year and no others, so sealant volume has not moved.

## What transfers to your health center

**Start with behavioral health.** Lower capital cost, faster to stand up, and what school leaders ask for.

**Name one provider per campus.** Coverage is a schedule; trust is a person.

**Build the consent workflow first.** The school office has to be able to run it without you.

**Define your data fields on day one.** Income, race, referral source, campus ID. You cannot reconstruct them later.

*“School-based health works because it removes the two barriers families cannot solve themselves — transportation and time. Everything else is logistics.”*

