

MEMORANDUM

Date: January 10, 2007

To: The Honorable Mary Ann Handley, Co-Chair, Public Health Committee
The Honorable Margaret Sayers, Co-Chair, Public Health Committee
The Honorable Andrew Roraback, Ranking Member, Public Health Committee
The Honorable Mary Ann Carson, Ranking Member, Public Health Committee

From: J. Robert Galvin, MD, MPH, Commissioner
Connecticut Department of Public Health

Re: Public Act 06-195 - School Based Health Centers

On behalf of the Ad Hoc Committee established in accordance with section 51 of Public Act 06-195, the Department of Public Health presents to the Public Health Committee a report containing recommendations to improve health care through access in School Based Health Centers.

The Act required that the Commissioner of Public Health submit the results of the evaluation, with specific recommendations for statutory and regulatory changes; this report provides an overview of discussions by the Ad Hoc Committee and outlines their specific recommendations.

Their recommendations identify and recommend fiscal support for the operational and capital activities of school based health centers to strengthen and expand the delivery of care provided through School Based Health Centers to Connecticut's children, their families and their communities.

Please do not hesitate to contact me with any questions.

APPENDIX A

Substitute Senate Bill No. 317

Public Act No. 06-195

AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES.

Excerpt

Sec. 51. (*Effective from passage*) (a) The Commissioner of Public Health shall establish an ad hoc committee for the purpose of assisting the commissioner in examining and evaluating statutory and regulatory changes to improve health care through access to school based health centers, particularly by persons who are underinsured, uninsured or receiving services under the state Medicaid program. The committee shall hold its first meeting not later than July 15, 2006. The committee shall focus on improving school based resources, facilitating access to school based health centers and identifying or recommending appropriate fiscal support for the operational and capital activities of school based health centers. The committee shall also assess the current school based health center system, with particular focus on (1) expansion of existing services in order to achieve the school based health center model, (2) supportive processes necessary for such expansion, including the development and use of unified data systems, (3) identifying geographical areas of need, (4) financing necessary to sustain an expanded system, and (5) availability of services under the current system and under an expanded system. Other topics may be included at the discretion of the commissioner and the committee.

(b) (1) The ad hoc committee shall consist of the Commissioners of Public Health and Social Services, or their designees, and the following members appointed by the Commissioner of Public Health (A) two employees of the Department of Public Health, (B) one employee of the Department of Mental Health and Addiction Services recommended by the Department of Mental Health and Addiction Services, (C) one employee of the Office of Policy and Management recommended by the Office of Policy and Management, and (D) three school based health center providers recommended by the Connecticut Association of School Based Health Centers.

(2) The Commissioner of Public Health may expand the membership of the ad hoc committee to include representatives from related fields if the commissioner decides such expansion would be useful.

(c) On or before December 1, 2006, the Commissioner of Public Health shall submit, in accordance with section 11-4a of the general statutes, the results of the examination, with specific recommendations for any necessary statutory or regulatory changes, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

APPENDIX B

BUREAU OF COMMUNITY HEALTH SCHOOL AND ADOLESCENT HEALTH UNIT DPH STANDARD MODEL FOR FULL TIME COMPREHENSIVE SCHOOL BASED HEALTH CENTER - LEVEL V

- I. THE SCHOOL BASED HEALTH CENTER (SBHC) MUST HOLD A STATE OF CONNECTICUT LICENSE FOR OUTPATIENT CLINICS AS OUTLINED IN THE PUBLIC HEALTH CODE, SECTIONS 19-13-D45 THROUGH 19-13-D53, OR A HOSPITAL SATELLITE LICENSE AS OUTLINED IN THE CT GENERAL STATUTES, SECTION 19A-493.
- II. THE SBHC MUST OPERATE FULL TIME DURING THE ACADEMIC YEAR.
 - A. Open September through June (excepting weekends, holidays and school vacations).
 - B. Open all hours of school operation. Extended hours are encouraged when possible.
- III. SOLID PLANS FOR THE PROVISION OF SERVICES DURING NON-OPERATIONAL TIMES MUST BE CLEARLY IDENTIFIED.
 - A. Medical and mental health/social service coverage must be clearly defined (with letters of agreement) to cover emergencies during times the center is not open (i.e., after school hours, weekends, holidays, vacations).
 - B. Ideally, the center staff would have privileges at the back-up site(s) in order to enhance continuity of care for the target population.
- IV. STAFF SHOULD BE SUFFICIENT TO OPERATE A FULL TIME SBHC (AS DEFINED IN #I) AND INCLUDE:
 - A. A center coordinator/manager with training and experience in health/mental health systems management, supervision and administration.
 - B. At least one masters-prepared nurse practitioner (CPNP, CFNP; APRN preferred) with experience serving the target population (including age and ethnicity), with appropriate clinical consultation and backup or a certified physician assistant with appropriate physician supervision.
 - C. At least one clinically trained Masters level social worker (MSW), licensed clinical social worker (LCSW) preferred, with expertise in working with the target population (including age and ethnicity) with LCSW supervision/consultation and back up. A Marriage and Family Therapist (MFT) may be considered with clearly demonstrated expertise in working with the target population, with LMFT clinical supervision/consultation and back up.

- D. A Medical Director who must be a licensed physician with experience serving the target population and working with mid-level practitioners.
 - E. Support staff as needed, (i.e., clerical, receptionist, data entry professionals, etc.)
 - F. Additional health and/or allied health professionals as needed (i.e., nutritionist, substance prevention specialist, health educator, outreach worker, parent aid, medical assistant, psychologist, etc.)
 - G. If oral health/dental services are to be provided (optional), a licensed Dental Director and additional licensed dental providers, as needed.
- V. **MINIMUM PRIMARY CARE SERVICES TO BE PROVIDED: (UTILIZATION OF CENTER SERVICES REQUIRES WRITTEN PARENTAL PERMISSION)**
- A. **Physical Health/Medical Services:** Services must be provided in accordance with nationally recognized and accepted standards such as the American Academy of Pediatrics, “Guidelines for Health Supervision” or the Maternal Child and Health Bureau, (Health Resources & Services Administration (HRSA) and Health Care Financing Administration (HCFA)) “Bright Futures, Guidelines for Health Supervision of Infants, Children and Adolescents”. Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.
 - 1. Primary health care including:
 - a. Physical exams/health assessments/screenings for health problems.
 - b. Diagnosis and treatment of acute illness and injury
 - c. Diagnosis and management of chronic illness
 - d. Immunizations
 - e. Health promotion and risk reduction
 - f. Nutrition and weight management
 - g. Reproductive health care
 - h. Laboratory tests
 - i. Prescription and/or dispensing of medication for treatment
 - 2. Referral and follow-up for specialty care that is beyond the scope of services provided in the SBHC.
 - B. **Mental Health/Social Services:** Services must be provided in accordance with nationally recognized and accepted standards such as the Child Welfare League of America or the National Association of Social Workers, Inc. Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.

1. Services:

- a. Assessment, diagnosis and treatment of psychological, social and emotional problems
- b. Crisis intervention
- c. Individual, family and group counseling or referral for same if indicated
- d. Substance abuse and HIV/AIDS prevention
- e. Risk reduction and early intervention services
- f. Outreach to students at risk
- g. Support and/or psycho-educational groups focusing on topics of importance to the target population
- h. Advocacy and referral for such services as day care, housing, employment, job training, etc.
- i. Consultation to school staff and parents regarding issues of child and adolescent growth and development
- j. Referral and follow-up for care that is beyond the scope of services provided in the SBHC

C. Health Education Services: Services should be supportive of existing (LEA) health education activities:

1. Consultation to school staff regarding issues of child and adolescent growth and development
2. School staff and parent training regarding issues of importance in target population
3. Individual and group health education
4. Classroom presentations

D. Oral Health Services: (If provided) must be provided in accordance with nationally recognized and accepted standards such as Pediatric Dentistry Special Issue: Reference Manual 1995-96. 17(6): 31-79 (November 1995). or US Public Health Service, Oral Health Coordinating Committee, DHHS. An essential oral health benefits package. Working draft. February 24, 1993., or other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.

1. Services may include:

- a. Screenings
- b. Prophylaxis
- c. Fissure sealants
- d. Diagnostic X-rays
- e. Treatment for carries
- f. Simple extractions
- g. Referral and follow-up for care that is beyond the scope of services provided in the SBHC

VI. LINKAGES WITH COMMUNITY:

Establishing linkages with medical, mental health, social service providers, and other relevant groups is expected. These may include the local health department, community health center, medical schools and hospitals, schools of public health, mental health and family service agencies, youth service bureaus, and recreational agencies, etc.

APPENDIX C

School Based Health Centers (SBHC) Ad Hoc Committee - October 9, 2006

Department of Public Health Representatives

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State Department of Education Representative

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Project Consultant: Marijane Carey, Carey Consulting,

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APPENDIX D

Fact Sheet: School Based Health Centers – A Child-Focused Safety Net Strategy *

* See SBHC website under: A Child-Focused Safety Net Strategy (Fact Sheet)

APPENDIX E and APPENDIX F

Fact Sheet: Children’s Dental Health Needs and School Based Services**

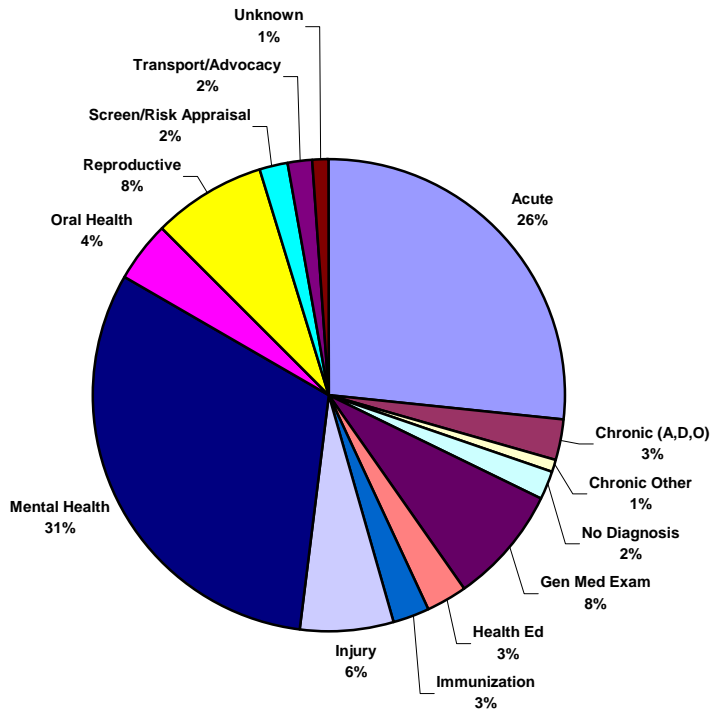
- and -

Fact Sheet: Children’s Mental Health Needs, Disparities and How SBHCs are Addressing the Disparities**

** See SBHC website under: Dental/Mental Health Needs and Disparities (Two Fact Sheets)

APPENDIX G

SBHC Visits by Reason for Visit 2004-05



APPENDIX H
CT Association of School Based Health Centers
Vision for SBHCs in Connecticut
Prepared October 2006

If resources were NOT an issue-

- What would SBHCs look like
 - Where would they be located
 - Who would they serve
 - What services would they provide
 - Who would support them
1. Supported by State funding with billing revenue being used for expansion and pilot programs/ Combination of local, state and federal funding, as well as local foundations. Support from DOE and corporate sponsorship.
 2. Located in ALL schools
 3. Expand model to include psychiatrist/psych APRN, nutritionist, dental, etc. (as needed by each community)
 4. Preventive dental at all sites. Restorative services available based on community need
 5. Outreach/Health Educator
 6. Year round services @ 40+ hours/week
 7. State of the art facilities on school grounds – district-wide for communities in need; adolescent centers across the state in all schools
 8. United Health team -> SBHC, School nurse, family resource centers
 9. Expansion of hours in order to see families of children in the schools, including providing adult, pediatric, and prenatal care (three out of the four groups included this. Perhaps, we should say that this depends on the community need and the desire of the “parent” organization to provide this. Obviously, increase in funding would be necessary to do this)
 10. Ideal staff: 2 physical health providers, 2 mental health providers, 1 RN, 1 LPN, 1 Med Assistant, 1 clerical, 1 other support (based on space, size of school, etc)
 11. Billing team – 1 or more coding specialists/community
 12. Central data collection person (IT specialist)
 13. Collaborative relationships with medical/dental/mental health internship programs (ex. residents provide on-site services some specified time each week)
 14. Strong collaboration with outpatient clinics, community practices, and with local hospitals.
 15. Increased square footage for SBHC within schools

VISION FOR CASBHC

- What would CASBHC look like
 - What would CASBHC do
 - Who would the membership be
 - Who would the leadership be
 - Who would fund the organization
1. Full Administrative (Paid) staff
 2. Begin with Foundation funding with goal of becoming self-sustaining through fundraising and donations, corporate sponsorship, grants. Also may be supported through a dues structure.
 3. Have a centralized location – with office space and necessary “tools” (computers, fax, telephone, etc.)
 4. Ability to support centralized services: financial, technical assistance, legal consultant, billing assistance
 5. Board Membership including reps from NASW, AAP, DOE, FRCs, DSS, legislators liaisons, consumers, representative from insurance company, representation from corporate entity, and rotating representation from CASBHC board – to meet quarterly...very diverse board and including a CASBHC Executive Director
 6. Monthly Meetings with all SBHC Directors
 7. Powerful organization comprised of anyone who provides health care to children
 8. Connected to institutions of higher learning (UConn Medical, Dental, Social Work)

CURRENT STRENGTHS OF CASBHC

- Presence on State Boards (Medicaid Managed Care, Healthy Kids, Behavioral Health Partnerships, Public Health Preparedness, Commissioner’s Ad Hoc Committee)
- Being connected to other “causes” which serves as a marketing tool for SBHCs
- Consistent Board – very little turnover
- Many local legislators have become advocates of SBHCs to the rest of the legislative body
- Materials (video, annual report) provide a unified message
- CASBHC has been able to secure a lobbyist
- Data on a chronic medical condition (asthma) which clearly documents the cost effectiveness of SBHCs

IMPROVEMENTS NEEDED IN CASBHC

- Increased membership
- Hire staff (exec. Director, support)
- Provide TA and Knowledge about SBHCs – i.e., central site to provide information to other organizations requesting it
- EXPAND SBHCs to all communities that want them
- CASBHC is at a growth point in its developmental stage

APPENDIX I
BUDGET FOR YEAR ROUND LEVEL V MODEL

Comprehensive Model (Level V) Year Round Service		
	Amount	Detail
PERSONNEL:		
APRN – 1 FTE	\$ 72,800	\$40/hr @ 35 hrs per wk @ 52 wks per yr.
BH provider – 1 FTE	\$ 54,600	\$30/hr @ 35 hrs per wk @ 52 wks per yr.
Administrator - .5 FTE	\$ 39,780	\$45/hr @ 17 hrs per wk @ 52 wks per yr.
Clerical support – 1 FTE	\$ 27,300	\$15/hr @ 35 hrs per wk @ 52 wks per yr.
Billing specialist - .3 FTE	\$ 8,190	\$15/hr @ 10.5 hrs per wk @ 52 wks per yr.
Ancillary staff - .5 FTE	\$ 19,448	\$22/hr @ 17 hrs per week @ 52 wks per yr. Ancillary can include, but is not limited to outreach workers and health educators. Specific type of staff hired would depend on the needs of the SBHC.
Benefits	\$ 62,193	Calculated at 28% of salaries for full time staff
Total Personnel Costs	\$284,311	
NON-PERSONNEL		
Contractual fees	\$ 13,000	\$100/hr for Dr. & \$150/hr for Psych for 1 hr/wk @ 52 wks/yr
Medical supplies & medications	\$ 1,000	
Diagnostic tests	\$ 1,200	
Educational items	\$ 1,000	
Office supplies & maintenance of equip.	\$ 2,200	
Postage	\$ 1,500	
Dues	\$ 600	Annual dues for CLIA, CASBHC, etc.
Audit/administrative fee	\$ 1,000	Estimate
Insurance	\$ 5,400	Professional liability for SWs and NPs
Travel/mileage	\$ 1,200	For travel to DPH/ CASBHC meetings
Total Non-Personnel Costs	\$ 28,100	
TOTAL COST	\$312,411	
Inkind -- Space & Phones	\$115,200 (\$9,680/month)	In-kind based on average of \$12/sq. foot/month x 800 sq. feet X 12 months (square footage can vary between \$10-\$15 /square foot throughout the state)
TOTAL COST with Inkind	\$427,611	Level V year round service WITHOUT dental

Dental Costs Year Round		
Dental	\$ 70,616	Dentist - \$75/hr @ 14 hrs per wk @ 52 wks per yr and dental assistant - \$22/hr @ 14 hrs per wk @ 52 wks per yr for restorative care. (Another option is a dental hygienist at \$40/hr x 35 hrs/wk @ 52 weeks for preventive care for a cost of \$72,800 minus the restorative dental supplies of \$13,500.)
Dental supplies		
Prevention	\$ 5,000	
Restorative	\$ 13,500	Range from \$12,000 to \$15,000
Maintenance of dental equipment	\$ 1,000	For spore testing, autoclave, radiation monitoring.
TOTAL FOR DENTAL	\$ 90,116	
TOTAL COST with Inkind	\$517,727	Level V year round service WITH dental

APPENDIX I, Part 2
BUDGET FOR ACADEMIC YEAR LEVEL V MODEL

Comprehensive Model (Level V) for the Academic Year		
	Amount	Detail
PERSONNEL:		
APRN – 1 FTE	\$ 58,800	\$40/hr @ 35 hrs per wk @ 42 wks per yr.
BH provider – 1 FTE	\$ 44,100	\$30/hr @ 35 hrs per wk @ 42 wks per yr.
Administrator - .5 FTE	\$ 32,130	\$45/hr @ 17 hrs per wk @ 42 wks per yr.
Clerical support – 1 FTE	\$ 22,050	\$15/hr @ 35 hrs per wk @ 42 wks per yr.
Billing specialist - .3 FTE	\$ 6,615	\$15/hr @ 10.5 hrs per wk @ 42 wks per yr.
Ancillary staff - .5 FTE	\$ 15,708	\$22/hr @ 17 hrs per week @ 42 wks per yr. Ancillary can include, but is not limited to outreach worker or health educator. Specific type of staff hired would depend on the needs of the SBHC.
Benefits	\$ 50,233	Calculated at 28% of salaries
Total Personnel Costs	\$ 229,636	
NON-PERSONNEL		
Contractual fees	\$ 10,500	\$100/hr for Dr. & \$150/hr for Psych for 1 hr/wk @ 42 wks/yr.
Medical supplies & medications	\$ 1,000	Estimate
Diagnostic tests	\$ 1,200	
Educational items	\$ 1,000	
Office supplies & maintenance of equip.	\$ 2,200	
Postage	\$ 1,500	
Dues	\$ 600	Annual dues for CLIA, CASBHC, etc.
Audit/administrative fee	\$ 1,000	Estimate
Insurance	\$ 5,400	Professional liability for SWs and NPs
Travel/mileage	\$ 1,200	For travel to DPH/ CASBHC, meetings
Total Non-Personnel Costs	\$ 25,600	
TOTAL COST	\$279,867	
Inkind -- Space & Phones	\$115,200 (\$9,680/month)	In-kind based on average of \$12/sq. foot/month x 800 sq. feet X 12 months (square footage can vary between \$10-\$15 /square foot throughout the state)
Total Cost with Inkind	\$395,067	Level V academic year service WITHOUT dental

Dental Costs Academic Year		
Dental	\$ 57,036	Dentist - \$75/hr @ 14 hrs per wk @ 42 wks per yr. and dental assistant - \$22/hr @ 14 hrs per wk @ 42 wks per yr. for restorative care. (Another option is a dental hygienist at \$40/hr x 35 hrs/wk @ 42 weeks for preventive care for a cost of \$58,800 minus the restorative dental supplies of \$13,500.)
Dental supplies		
Prevention	\$ 5,000	
Restorative	\$ 13,500	Range from \$12,000 to \$15,000
Maintenance of dental equipment	\$ 1,000	For spore testing, autoclave, radiation monitoring.
TOTAL FOR DENTAL	\$76,536	
TOTAL COST with Inkind	\$471,603	Level V academic year service WITH dental

APPENDIX J
TOWN LISTING BY INDICATORS OF NEED:
DRGs, INADEQUATE PROGRESS, MUAs AND HPSAs,
AND PUBLIC SCHOOL ENROLLMENT

Town	2006	2004-05	2005	2005	2005
	DRG	Inadequate Progress	MUA	HPSA	Enrollment PK-12
Bridgeport •	I	X	X	PDM	21722
Hartford •	I	X	X	PDM	22171
New Britain •	I	X	X	PDM	10947
New Haven •	I	X	X	PDM	20272
New London •	I	X	X	PDM	2982
Waterbury •	I	X	X	PDM	18099
Windham •	I	X	X	PDM	3405
Ansonia •	H	X		P	2714
Danbury •	H	X	X	PDM	9587
Derby	H	X			1484
East Hartford •	H	X	X	PDM	7939
Meriden •	H	X	X	PDM	8869
Norwalk •	H	X	X	DM	10878
Norwich •	H	X	X	PDM	3867
Stamford •	H	X	X	PDM	14648
West Haven	H		X	PDM	6882
Bloomfield	G				2208
Bristol •	G	X	X	PDM	9040
East Haven	G				3845
Groton	G	X	X	PDM	4974
Hamden	G		X		6265
Killingly	G	X		PDM	2895
Manchester	G		X		6798
Middletown	G		X	PDM	5148
Naugatuck	G		X		5205
Plainfield	G			PDM	2635
Putnam	G				1195
Stratford	G		X	PDM	7479
Torrington	G		X	PDM	4848
Vernon	G		X	PDM	3913
Winchester	G				1087

• Indicates a **Priority School District (PSD)**. PSD are school districts with the greatest academic need.

DRGs are District Reference Groups from CT State Department of Education (DRGs) and consist of three indicators of socioeconomic status; three indicators of need; and enrollment status. (For more information on DRGs go to: http://www.ctkidslink.org/pub_detail_303.html.)

Inadequate Progress refers to schools not making adequate progress on No Child Left Behind goals. (For more information on NCLB go to: <http://www.csde.state.ct.us/public/cedar/nclb/index.htm>.)

MUA - Designations of Medically Underserved Areas (MUAs), which are geographic areas in which residents have a shortage of personal health services. (For more information on MUAs go to: <http://bhpr.hrsa.gov/shortage/>.)

HPSA - Health Professional Shortage Area (HPSA) designations, which indicate a shortage of providers within geographic areas, population groups or facilities. A HPSA designation can be in primary medical care (HPSA-P); and/or dental (HPSA- D) and/or mental health (HPSA-M). (For more information on HPSAs go to: <http://bhpr.hrsa.gov/shortage/>.)

Enrollment PK-12 – Data is from the CT State Department of Education website <http://www.sde.ct.gov/sde/site/default.asp>.)

APPENDIX K

ENHANCED SCHOOL HEALTH CLINICAL SERVICES FOR THE ACADEMIC YEAR

	Amount	Detail
PERSONNEL:		
	\$ 58,800	To support one of the following providers: medical, behavioral health or dental APRN provider– 1 FTE \$40/hr X 35 hrs/wkX42 wks/yr. (\$58,800) BH provider– 1 FTE \$30/hr X 35 hrs/wk X 42 wks/yr. (\$44,100) Dental - To be used for preventive and/or restorative care based on the following hourly rates: dentist - \$75/hr and dental assistant - \$22/hr for 14 hours/week x 42 wks/yr. for restorative care (\$57,036) or a dental hygienist - \$40/hr x 35 hours/week x 42 wks/yr. for preventive care (\$58,800)
Administrator - .3 FTE	\$ 19,845	\$45/hr @ 10.5 hrs per wk @ 42 wks per yr.
Clerical support – .5 FTE	\$ 11,025	\$15/hr @ 17.5 hrs per wk @ 42 wks per yr.
Billing specialist - .3 FTE	\$ 3,150	\$15/hr @ 5 hrs per wk @ 42 wks per yr.
Benefits	\$ 25,989	Calculated at 28% of salaries
Total Personnel Costs	\$118,809	
NON-PERSONNEL		
Contractual fees	\$ 6,300	\$150/hr for Medical director or Psychiatrist for 1 hr/wk @ 42 wks/yr.
Dental/ medical supplies; diagnostic tests	\$ 12,000	For medical or dental supplies and medical laboratory testing
Maintenance of dental/medical equipment	\$ 1,000	For spore testing, autoclave, radiation monitoring, calibration
Educational items	\$ 1,000	
Office supplies	\$ 1,200	
Postage	\$ 1,500	
Dues	\$ 600	Annual dues for CLIA, CASBHC, etc.
Audit/administrative fee	\$ 1,000	Estimate
Insurance	\$ 1,350	Professional liability for SW or NP
<u>Travel/mileage</u>	\$ 500	\$50/month x 10 months
<u>Total Non-Personnel Costs</u>	\$ 26,450	
<u>TOTAL COST</u>	\$ 145,259	
INKIND - Space & Phones	\$ 57,600 (\$4,800/month)	In-kind based on average of \$12/sq. foot/month x 400 sq. feet X 12 months (square footage can vary between \$10-\$15/square foot throughout the state)
Total including inkind support	\$202,859	

This model allows for enhanced school health clinical services for one of the following disciplines: medical, behavioral health or oral health; based on the needs of the school and the available community resources.

Space and phones would be in-kind and the figure is shown separately at the bottom. Average space for a comprehensive SBHC would be 800 square feet – with only one provider, 400 sq. feet would be the acceptable average.