



**United  
Community  
Schools**



# Relationship Building for Equitable & Sustainable SBHC Services: A Community School Strategy

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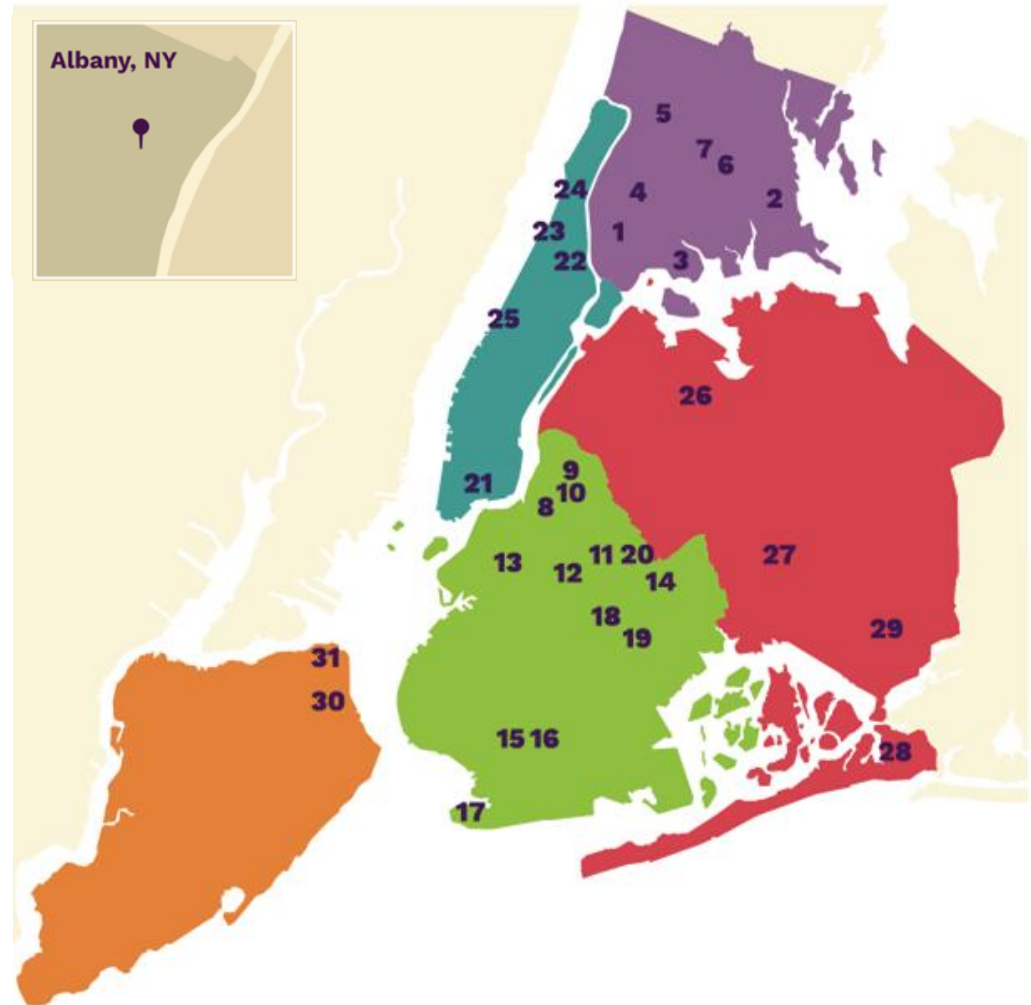
June 30, 2022

2022 National School-Based  
Health Care Conference



# United Community Schools (UCS)

- Launched by the United Federation of Teachers in 2012 with support from the New York City Council, the Partnership for New York City and Trinity Wall Street.
- We **facilitate** partnerships between schools, non-profits, business and government to **connect vital services** to public school buildings, **improve student achievement** and **meet** the health, safety and social service **needs of students and communities.**





# Session Objectives

**As a result of today's session, the learners will:**

1. Examine the relationship between enrollment and utilization at their SBHC.
2. Identify barriers to SBHC enrollment and develop strategies to address them integrating Community School best practices.
3. Develop their own action plan for outreach and enrollment to advance health equity and support SBHC sustainability.



# Community Norms

1. Be **present** - minimize distractions.
2. Be an **active** participant, ask questions, add thoughts.
3. **Use the chat** to share/ask a question.



**What does *equitable access to services* mean to you?**



# What is equitable access to services?



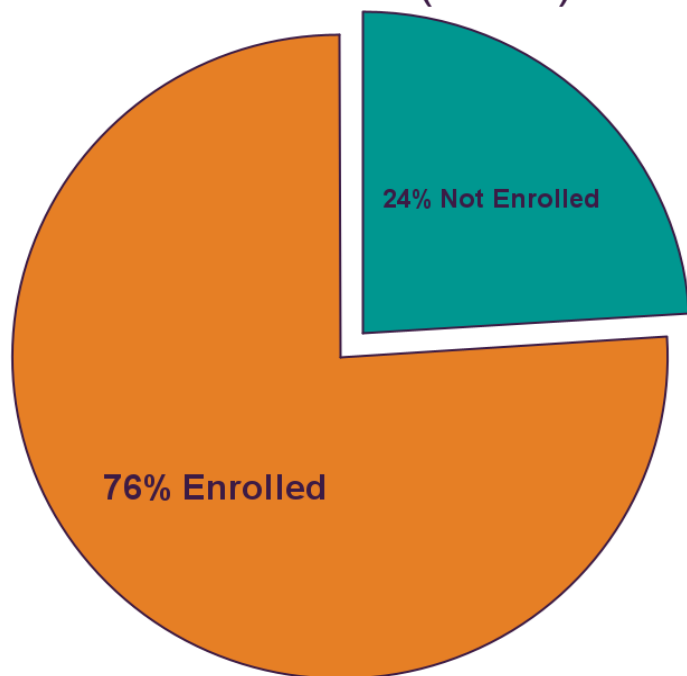
An equity lens leads us to ask, why have 24% of students *not* enrolled in services?





# By the Numbers

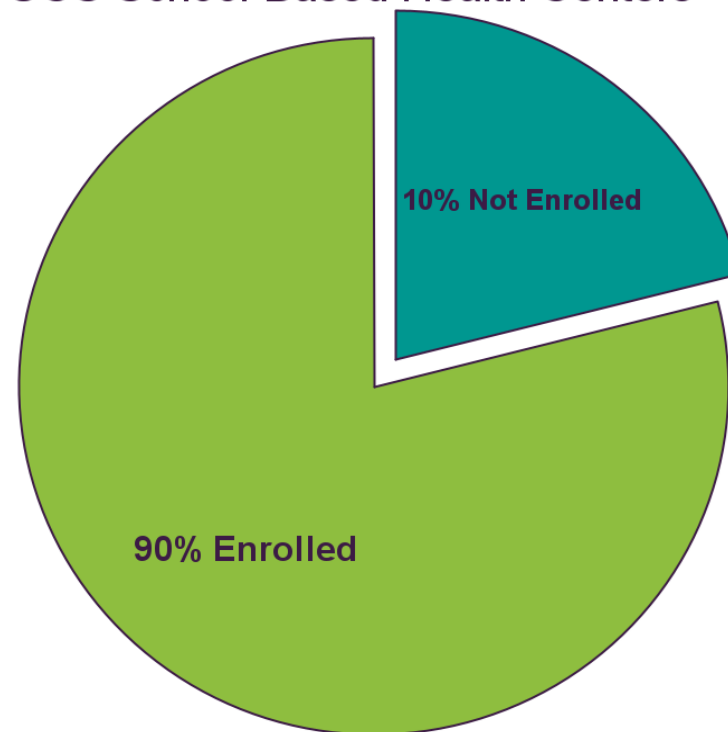
School-Based Health Centers in New York State Fact Sheet (SBHC)



Number of students in NY schools with SBHCs: 263,020 students (Based on 2018 - 2019 data)

<https://www.health.ny.gov/statistics/school/skfacts.htm>

UCS School-Based Health Centers



In UCS SBHCs enrollment on average is 85% or higher in the first year oopening and 90% or higher in subsequent years.



# UCS Framework





# UCS Keys to Success

**1**

**Identifying Barriers**

**2**

**Identifying Stakeholders**

**3**

**Creating a Strategic Plan**



# **STEP 1: Identifying Barriers to Enrollment**

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# Enrollment Challenges

The school aide told some of my students' parents that they have to switch care from their primary provider to the school health center in order for their child to receive services.

I am not enrolling my child. Stop calling me!

I don't want to give up my child's doctor.

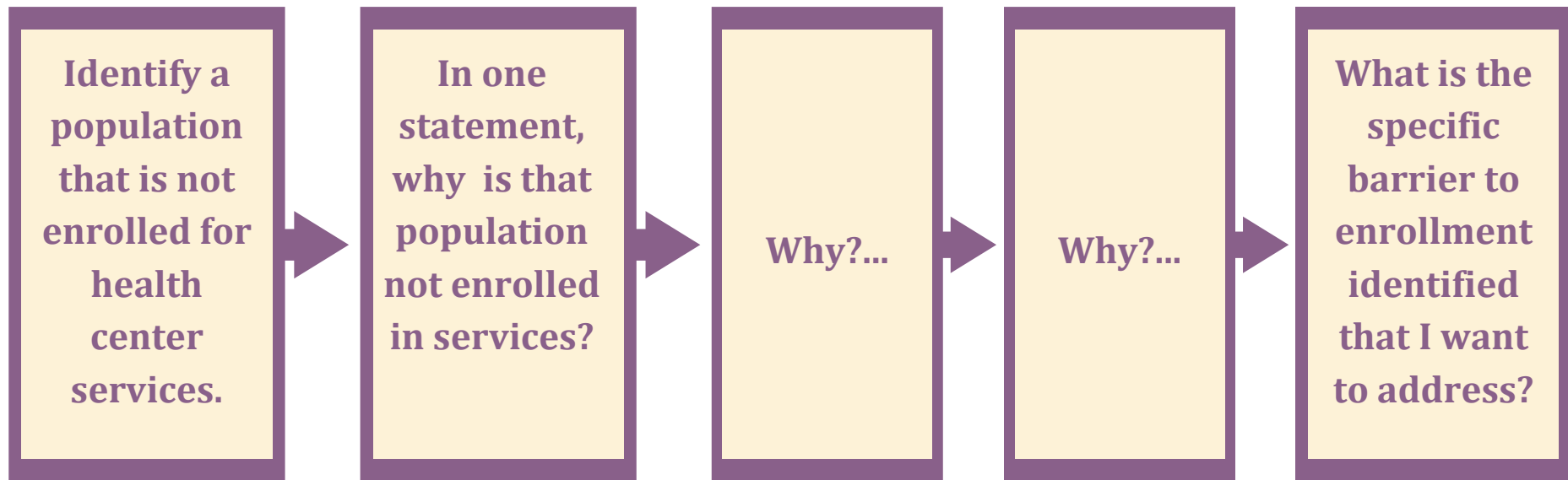
I didn't know we have a dentist at the school.

I don't have insurance.

Who is Dr. Jane? Why is she calling me?

A parent in my child's class told me they received a bill in the mail from the health center.

# Identifying Barriers to Access: who isn't enrolling and why





# Action Planning Practice: Step 1



**Complete PAGE 1  
of the Action Plan  
Google Doc.**

**“Step 1:  
Identifying  
Barriers”**



# **STEP 2: Identifying Stakeholders**

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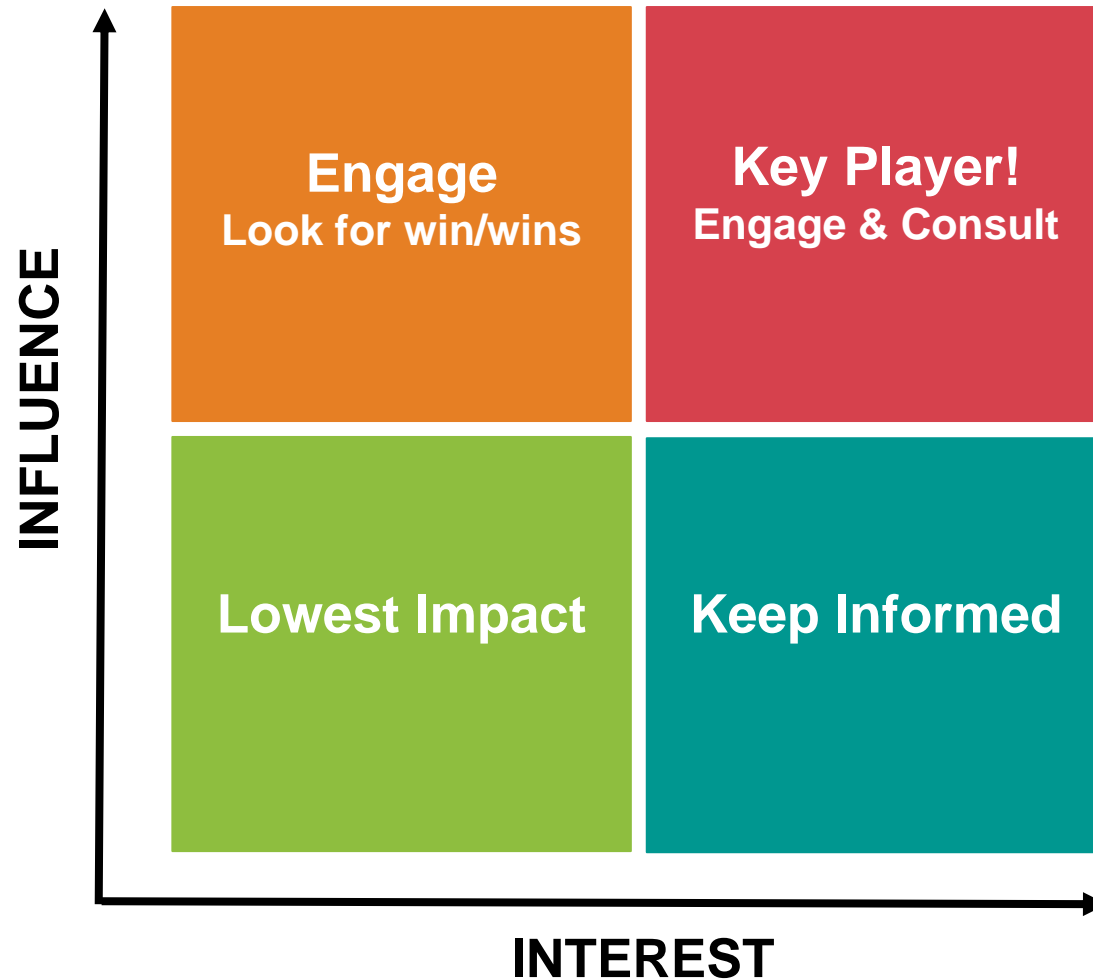
# Power of Relationships

- **Leveraging relationships are key to mitigating barriers**
- **Recognizing the importance of trust in enrollment**
- **Maximizing the relationship between clinic staff and school staff**
- **Collaborating with school staff for successful outreach**





# Stakeholder Analysis



# Action Planning: Step 2

## IDENTIFYING STAKEHOLDERS



**Return to your  
Action Plan Google  
Doc and complete:**

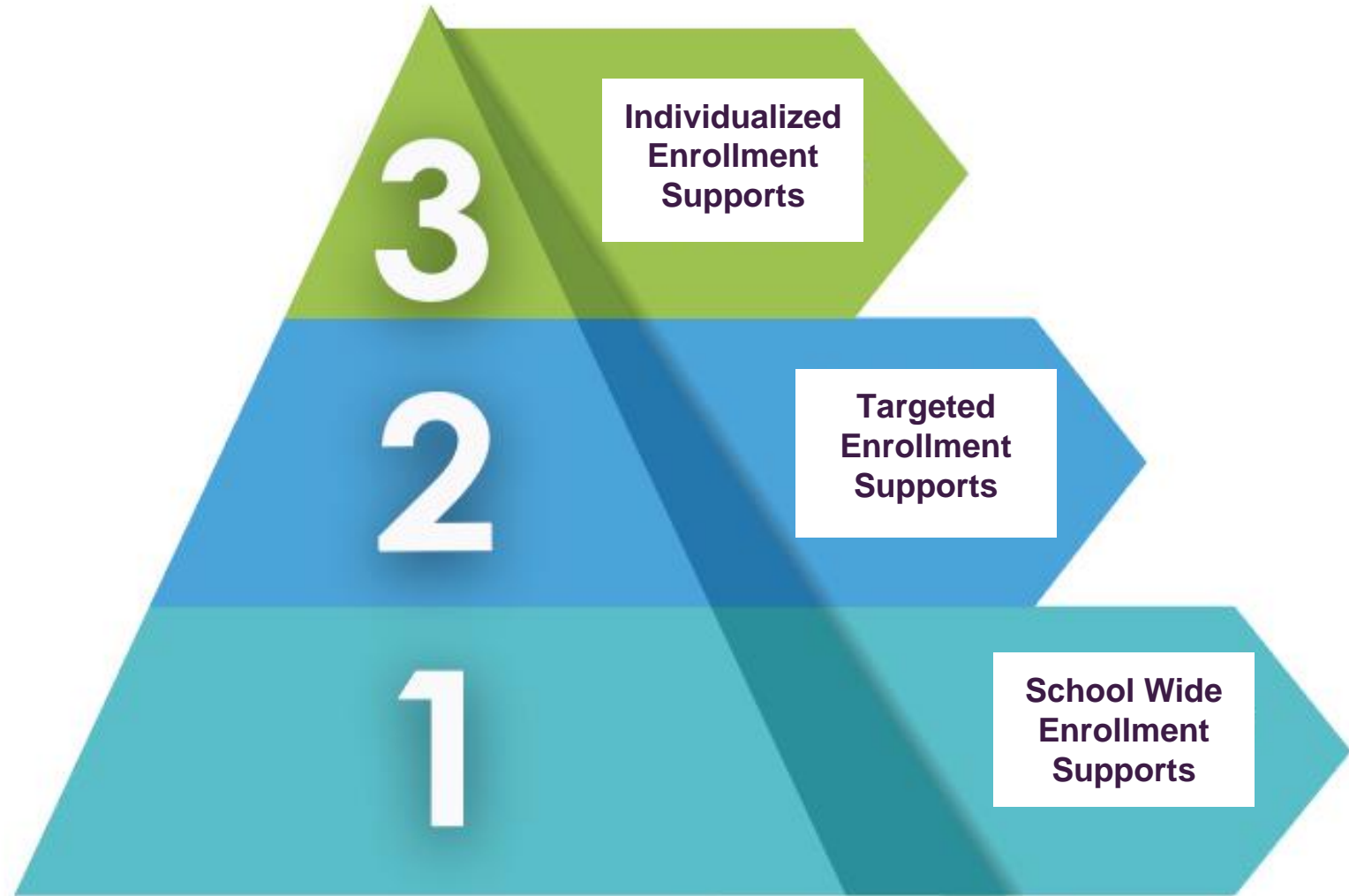
**“Step 2:  
Identifying  
Helpful  
Stakeholders”**



# **STEP 3: Creating a Strategic Plan**

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# Systematic Enrollment Plan: Using a Tiered Approach





# Case Study: PS 18X

## School based health center enrollment plan

### **Tier 1:**

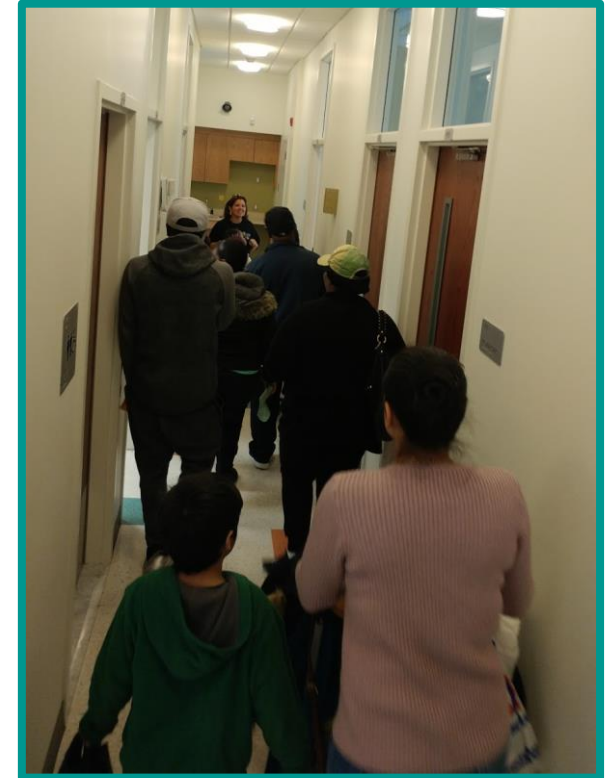
- Teacher information and parent information sessions with community school director and health center staff
- Enrollment drive event during parent/teacher conference night

### **Tier 2:**

- Enrollment drive event during parent/teacher conference night with Spanish speaking staff as translators
- Incentive giveaways for enrollment (classwide, teacher, first to respond)

### **Tier 3:**

- Partnering with Pre-Kindergarten and Kindergarten teachers and Educational Assistants with trusted relationships with families for one-on-one outreach.
- Health center staff outreach to caregivers of individual students when they arrive for a visit but are not yet enrolled.





# Case Study: PS40K

## School based dental clinic enrollment

### **Tier 1:**

- school wide distribution of enrollment forms in Welcome Packet in 3 languages
- promotion of clinic with photos and link to enrollment forms in school newsletter and over school app
- staff tour of clinic to build understanding and excitement

### **Tier 2:**

- integrating providers into school Welcome Back event for families to connect, ask questions, and build relationships with SBHC staff

### **Tier 3:**

- partnering with ELL teacher and school social worker who have trusted relationships with specific unenrolled families for one-on-one outreach
- provider calls to individual students not yet enrolled

New York City Department of Education Oral Health Clinic Program - School Parental Consent Form  
 Family Health Centers at NYU Langone (OHCP)  
 5800 Third Avenue, Brooklyn, NY 11220 (OHCP Address)

STUDENT INFORMATION		PARENT/GUARDIAN INFORMATION	
Student's Last Name: _____	Mother Last Name: _____ First Name: _____	Student's First Name: _____	Father Last Name: _____ First Name: _____
Date of Birth: _____ / _____ / _____ Month Day Year	Legal Guardian, if Applicable Last Name: _____ First Name: _____	Student Address: _____ City State Zip Code	Relationship of legal guardian to student <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Other
School: _____ Grade: _____	Contact Information for parent or guardian Home Tel: _____ Work Tel: _____ Cell: _____ Email: _____	Teacher's Name: _____	Additional Emergency Contact Name: _____ Relationship to Student: _____ Home Tel: _____ Work Tel: _____ Cell: _____ Email: _____
<b>IMPORTANT MEDICAL QUESTION</b> Does your child have any medical condition that may affect or complicate dental treatment? This may include heart, breathing or bleeding issues, seizures, allergies, communicable diseases, immune disorders, etc. If Yes, explain if NO, LEAVE BLANK.			
<b>INSURANCE INFORMATION</b>			
Does your child have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes: Medicaid ID # _____	Does your child have coverage through an employer based plan or other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes: Health Plan: _____ Member ID or Social Security Number: _____	Does your child have Child Health Plus? <input type="checkbox"/> No <input type="checkbox"/> Yes: CHP # _____	Does your child have coverage through an employer based plan or other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes: Health Plan: _____ Member ID or Social Security Number: _____
Which Plan? <input type="checkbox"/> Affinity <input type="checkbox"/> Fidelity <input type="checkbox"/> HealthFirst <input type="checkbox"/> Health Plus Amengroup <input type="checkbox"/> HIP <input type="checkbox"/> MetroPlus <input type="checkbox"/> WellCare <input type="checkbox"/> United Healthcare <input type="checkbox"/> MVP <input type="checkbox"/> Empire BlueCross BlueShield <input type="checkbox"/> Other: _____	Name of Insured Adult: _____ Birth Date of Insured Adult: _____ Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.	Which Plan? <input type="checkbox"/> Affinity <input type="checkbox"/> Fidelity <input type="checkbox"/> HealthFirst <input type="checkbox"/> Health Plus Amengroup <input type="checkbox"/> HIP <input type="checkbox"/> MetroPlus <input type="checkbox"/> WellCare <input type="checkbox"/> United Healthcare <input type="checkbox"/> MVP <input type="checkbox"/> Empire BlueCross BlueShield <input type="checkbox"/> Other: _____	Name of Insured Adult: _____ Birth Date of Insured Adult: _____ Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.
<b>PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CLINIC SERVICES</b>			
I understand that my child will be receiving oral health services and my signature provides consent for my child to receive services provided by the OHCP for as long as my child is enrolled in school. I may withdraw my consent at any time by written notice to the OHCP. I understand that I will report any significant changes in my child's health to the provider.			
NOTE: By law, parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated. My signature indicates I have received a copy of the Notice of Privacy Practices.			
Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) _____		Date _____	
<b>HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION</b>			
I have read and understand the release of health information on page 2 of this form. My signature indicates my consent to release information as specified.			
Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law) _____		Date _____	



## PS40 HAS A DENTIST! PS40 TIENE UN DENTISTA!

We are excited to announce the opening of our dental clinic in Room 147! Our dentist will provide cleanings and check-ups. Enroll your child using the attached form and they can visit the dentist without missing school for an outside appointment!

¡Nos complace anunciar la apertura de nuestra clínica dental en Room 147! Nuestro dentista proporcionará limpiezas y chequeos. ¡Inscriba a su hijo usando el formulario adjunto y podrá visitar al dentista sin faltar a la escuela para una cita externa!

**Register your child now!  
Registre a su hijo ahora!**

INSURANCE INFORMATION	
Does your child have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes: Medicaid ID # _____	Does your child have coverage through an employer based plan or other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes: Health Plan: _____ Member ID or Social Security Number: _____
Does your child have Child Health Plus? <input type="checkbox"/> No <input type="checkbox"/> Yes: CHP # _____	Does your child have coverage through an employer based plan or other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes: Health Plan: _____ Member ID or Social Security Number: _____
Which Plan? <input type="checkbox"/> Affinity <input type="checkbox"/> Fidelity <input type="checkbox"/> HealthFirst <input type="checkbox"/> Health Plus Amengroup <input type="checkbox"/> HIP <input type="checkbox"/> MetroPlus <input type="checkbox"/> WellCare <input type="checkbox"/> United Healthcare <input type="checkbox"/> MVP <input type="checkbox"/> Empire BlueCross BlueShield <input type="checkbox"/> Other: _____	Name of Insured Adult: _____ Birth Date of Insured Adult: _____ Services will be provided to your child regardless of whether or not your child has health insurance, at no cost.
<b>PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CLINIC SERVICES</b>	
I understand that my child will be receiving oral health services and my signature provides consent for my child to receive services provided by the OHCP for as long as my child is enrolled in school. I may withdraw my consent at any time by written notice to the OHCP. I understand that I will report any significant changes in my child's health to the provider.	
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# Best Practices in Enrollment

- 1. Add a family friendly cover sheet on enrollment forms that has a point of contact that is trusted and familiar to families**
- 2. Pitch services to school staff to build excitement about enrollment**
- 3. Integrate providers into school events to create opportunities for providers to become trusted and familiar faces**
- 4. Remove language barriers by providing enrollment forms in all necessary languages**
- 5. Remove technology barriers by providing enrollment forms digitally and in paper**
- 6. Remove literacy barriers by connecting with school based staff to know who might require a phone call or face-to-face meeting for enrollment form support**

# Action Planning: Step 3

## STRATEGIC ENROLLMENT PLAN



**Return to your  
Action Plan Google  
Doc and complete:**

**“Step 3: Creating  
a Strategic  
Enrollment Plan”**



# Questions

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**Thank you!**

**UnitedCommunitySchools.org**

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