

# **School-Based Health Centers in the Anchorage School District Business Plan**

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## **Table of Contents**

- I. Executive Summary
- II. Needs Statement
  - A. Needs statement
  - B. Demographics
- III. Business Overview
  - A. SBHC description
  - B. SBHC history
  - C. Vision
  - D. Mission
  - E. Values
  - F. Program goals
- IV. Operations and Management Plans
  - A. Location/ facilities
  - B. Operating procedures
  - C. SBHC services
- V. Personnel and Resources
  - A. Directors
  - B. Management team
  - C. SBHC staffing and structure
  - D. Community engagement
  - E. SWOT
- VI. Market Strategies
  - A. Product
  - B. Service delivery
  - C. Pricing
  - D. Messaging
  - E. Advertising
- VII. Competitive Analysis
  - A. Competition
  - B. Key assets of competitor and SBHC
  - C. Plan for addressing competition
- VIII. Financial Components
  - A. Key assumptions
  - B. Projected balances
  - C. Financial summary
  - D. Best and worst case scenarios
  - E. Sustainability plan
  - F. Overall assessment
- IX. Risk Management
- X. Exit Strategy

# I. Executive Summary

A diverse group of stakeholders including elected officials, the Anchorage School District, health care providers, health care advocates, members of the All Alaska Pediatric Partnership, and the Municipality of Anchorage began exploring options to provide school based health services in the Anchorage School District in 2007. This group sought funding and spent the summer of 2009 developing a potential health center model and a plan to engage parents and the community for a pilot site at Clark Middle School, with later sites planned at West/Romig and Service High School.

A school based health center (SBHC) will provide services where the students are, in the school, so the students can avoid health-related absences and get support to succeed in the classroom. School health centers elsewhere in the US have been shown to decrease absenteeism and tardiness,<sup>1</sup> increase health care access,<sup>2</sup> and decrease inappropriate use of emergency rooms.<sup>3</sup>

The goal of SBHCs in Anchorage is to provide professional, quality, health services that meet the unique health needs of children attending Anchorage schools. Services would be provided to students in the school housing the SBHC. Initial services proposed include sports physicals, immunizations, limited acute care services, as well as screenings and referrals for other services. Other services would be added based on input from parents and the community as well as on data collected at the SBHC site(s). Based on the input of local health care providers serving children in the pilot community as well as the experience of the Juneau Teen Health Center, behavioral health services are anticipated to be an area of significant need.

Resources at the pilot site would initially be provided through donations of supplies and equipment, volunteer health care providers, space and funding for a coordinator by the Anchorage School District, and provision of an electronic health record system and support from the Municipality of Anchorage. Ongoing operations would be funded through 3<sup>rd</sup> party billing (starting in Year 2 of operations) and potential grant funding. There will be no charges directly to students, and no student would be denied services based on inability to pay.

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<sup>1</sup> Kisker EE, Brown RS, Do SBHCs improve adolescents' access to health care, health status, and risk-taking behavior? *J Adol Health* 1996;18:335-343.

<sup>2</sup> Gall G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of psychosocial screening at a SBHC. *J Sch Health*. 2000;70:292-298.

<sup>3</sup> Key JD, Washington EC, Hulseley TC, Reduced emergency department utilization associated with SBHC enrollment. *J Adol Health* 2002; 30:273-278.

## **II. Needs Statement**

### ***A. Needs Statement***

*“Health services need to be where students can trip over them. Adolescents do not carry appointment books, and school is the only place where they are required to spend time.”*

*- Philip J. Porter, M.D., early architect of the school-based health center movement.*

School based health centers reduce financial barriers to health care access, and are more convenient for parents and students, so provide a means to access services that students would otherwise not receive. Students’ lack of health care access impacts schools: nearly 700 students missed their first day of school this year in Anchorage, Alaska due to not having the required immunizations, specifically the chicken pox vaccine that was newly required for students in 2009.

Students living in the pilot school neighborhood experience higher transportation barriers (fewer cars/household) than other areas of the city, and are all considered to come from financially disadvantaged families. The local community health center that provides primary care services on a sliding fee scale was recently forced to close its neighborhood branch, further reducing access to health care for kids at this school.

SBHCs can provide convenient early screening, education, and prevention services necessary for children to avoid health-related absences.

### ***B. Demographics***

The pilot community is roughly census tracts 6, 8.01 and 8.02, including Mountain View and Russian Jack. In 2000, the population of these census tracts was 17,215. Approximately 32% of residents are younger than 18. The largest racial/ethnic groups were white (47.3%), Alaska Native/American Indian (14.4%) and black (12.0%).

Our SBHC will serve students at Clark Middle School. Before the 2009-2010 school year, Clark anticipated an enrollment of just over 1,000 students in grades 6-8. The most recent detailed demographic data are available from 2006-2007, before the school was reconstructed and before grade 6 was added. During that school year, the largest racial/ethnic groups represented among students were Asian/Pacific Islander (29.5%) and Alaska Native/American Indian (23.8%). All children attending Clark are considered to be economically disadvantaged. Transiency rate in 2006-2007 was 34.2%, and dropout rate was 3.74%.

## **III. Business Overview**

### ***A. SBHC Description***

Research shows students perform better when they show up for class, are healthy, and ready to learn. School-based health centers (SBHCs) provide services where students are, in the school,

so students can avoid health-related absences and get support to succeed in the classroom. Most SBHCs provide comprehensive primary care and behavioral health services such as annual exams, care for illnesses, counseling, prevention, and education. They give students medical attention when needed, diagnosing and treating problems like asthma and diabetes early on, thereby preventing bigger problems later. Our proposal for school based health services at Clark Middle School would be more limited, including just immunizations and sports physicals.

### ***B. SBHC History***

A diverse group of stakeholders, including local elected officials, the Anchorage School District, public health officials, members of the All Alaska Pediatric Partnership and health care advocates sought funding and began exploring options to provide school based health services in the Anchorage School District. This group, chaired by the Municipality of Anchorage, spent the summer of 2009 developing a potential health center model and a plan to engage parents and the community for a pilot site at Clark Middle School.

### ***C. Vision***

The students of Anchorage School District community will be healthy and able to reach their full potential.

### ***D. Mission***

To provide professional, quality, intensive health services that meet the unique health needs of children attending Anchorage schools.

### ***E. Values***

Our philosophy for engaging the school communities is rooted in addressing the conditions that contribute to students not getting the health care that they need to be successful, healthy, and present at school. We believe that it is essential to give all stakeholders an opportunity to provide input on the potential health care services that could be provided within the school, while also recognizing the limitations of the space, diverse needs, and maintaining a realistic scope of service.

Our SBHC has core values, which guide our clinical care and business decisions. We value:

- Accessible and affordable health care for all young people.
- Quality, cutting edge health practices.
- Young people and their health decision-making capabilities.
- The educational and social success of young people.
- The parent-child relationship and our role in nurturing this relationship.
- The cultures and languages of our clients and their families.
- Schools and their critical role in young people's lives.
- All services that promote young people's development.
- Community engagement in planning and assessment of our services.

- Partnership and collaboration.

### ***F. Program Goals***

See Logic Model at Appendix A.

## **IV. Operations and Management Plans**

### ***A. Locations and Facilities***

School based health services will be provided on the school campus. The SBHC space at the pilot site is located next to the nurses' office. As appropriate and as approved by school principals, other areas of the school will also be considered for larger-scale, periodic events, such as sports physical clinics.

The primary space at the pilot site is 210 sq. ft. and exploration has shown that 100 sq. ft is adequate room for the exam room including: table, sink, chairs, and a small desk area. There is an adjoining reception area which will contain: a desk, chairs, filing cabinet, and a kiosk. There is already an accessible bathroom which adjoins between the clinic and nurses' office. Other space for larger events will potentially be available, as approved by the principal.

### ***B. Operating procedures***

Operating procedures will be developed by the SBHC coordinator/ASD with review and approval by the School Health Advisory Committee.

Our policy and procedure manual will be developed by the SBHC coordinator and is expected to include policies on scope of practice, how referrals will be handled, guidelines on record keeping and other data collection.

Our referrals for the SBHS are expected to come from self-referrals or from primary care providers.

### ***C. Operating Equipment***

A logistical examination of the supplies necessary for SBHC pilot site operation has been completed. We anticipate that the start-up and most commonly purchased supplies in the SBHC will be:

Equipment and Supplies for Exam Room and Office

	Quantity	Price	Total	Donation	Still needed
Blanket/Covers (Walmart)	4	\$20.00	\$80.00		\$80.00
Pillow (Walmart)	2	\$20.00	\$40.00		\$40.00
Pillow cases, disposable, 50/case		\$25.00	\$25.00	Yes	
Exam Table (adjustable and sturdy)(we have a gently used one we could donate)		\$2,500.00		Yes	
Exam Table Paper, 12/case		\$25.00	\$25.00	Yes	
Stool		\$200.00	\$200.00		\$200.00
Chairs	3	\$250.00		Clark provides	
Speculum (ear, nose disposable, 100/bag)		\$20.00	\$20.00	Yes	
Desks	2	\$500.00	\$1,000.00	ASD	
Computers	2	\$2,000.00	\$4,000.00	ASD	
Otoscope, Ophthalmoscope, blood pressure, thermometer, specula system		\$2,000.00	\$2,000.00		\$2,000.00
Filing Cabinet (rolling kind)Corp Ex		\$220.00	\$220.00	ASD	
Multi-purpose copier (fax, scan, printer)		\$300.00	\$300.00	ASD	
Supplies-bandaids, cotton balls etc		\$250.00	\$250.00	Yes	
Oximeter		\$450.00	\$450.00		\$450.00
Glucometer and 50 strips		\$50.00		Yes	
Small fridge		\$200.00		ASD	
Scale-digital		\$250.00		ASD	
Eye chart		\$20.00		Yes	
BP cuffs (3 sizes)		\$50.00	\$50.00	Yes	
Trash can- step on		\$100.00	\$100.00	Yes	
Stadiometer		\$200.00		Yes	
Book Shelves		\$200.00	\$200.00		\$200.00
Education Materials Holder		\$100.00	\$100.00		\$100.00
Sharp's container		\$10.00	\$10.00	Yes	\$10.00
Tympanometer		\$500.00	\$500.00		\$500.00
Treatment Tray		\$100.00	\$-	Yes	
Biohazard container and bags		\$50.00	\$50.00	Yes	
Basins (emesis, soaking)		\$20.00	\$20.00		\$20.00
Flashlight		\$20.00	\$20.00		\$20.00
Goose neck examining lamp		\$200.00	\$-	Yes	
Non-Latex gloves- small, medium, large		\$10.00	\$10.00	Yes	
Mirror-Type?		\$50.00	\$50.00		\$50.00
Sterile saline-For irrigation?		\$5.00	\$5.00	Yes	
Paper cups		\$5.00	\$5.00	Yes	
Thermometer for refrigerator		\$50.00	\$-	ASD	
Scissors		\$10.00	\$10.00	Yes	
Syringes-multiple sizes		\$100.00	\$100.00	Yes	
Tongue blades (disposable)		\$5.00	\$5.00	Yes	
Tweezers		\$5.00	\$5.00	Yes	
Tape measure		\$10.00	\$10.00	Yes	
Clock with a second hand		\$50.00	\$50.00		\$50.00
Bulletin board		\$100.00	\$100.00	ASD	
EHR - Insight		\$10,000.00	\$10,000.00	Yes	

Wish List:  
 Kiosk (computer w/stand) \$1,500.00 \$1,500.00 \$1,500.00

Total \$21,510.00 7 **\$5,220.00**

### ***C. SBHC Services***

The following is an initial list of services to be in place by Fall 2010. Other services could be added in response to student needs, community request, and provider availability.

<b>Primary Care</b>	<b>Behavioral Health</b>	<b>Education/ Prevention</b>	<b>Dental</b>	<b>Other:</b>
Services: Immunizations Sports Physicals Limited acute care services	Services: Screening, Referrals	Services: None	Services: None	Services: None
Total hrs/ wk: Immunizations – 4 to 8 hours/week Sports Physicals – special clinics several times per year Limited acute care services – up to 4 hours up to 5 days/wk	Total hrs/ wk: Consistent w/ limited acute care services – up to 4 hours up to 5 days/wk	Total hrs/ wk: N/A	Total hrs/ wk: N/A	Total hrs/ wk: N/A

The top three services provided in the SBHC are:

Medical services	Behavioral Health Services	Dental	Health Education	Other
Immunizations Sports Physicals	N/A	N/A	N/A	Referrals to other services as needed

## **V. Personnel and Resources**

### ***A. Directors***

School Health Advisory Committee will have ultimate responsibility for the health center(s). The membership of the SHAC is described in more detail above.

### ***B. Management team***

The management team of the SBHC includes: ASD Director of Nursing and Health Services, ASD School Health Services Coordinator.

1. Position, name, degree: ASD Director of Nursing and Health Services, Nancy Edtl, BSN, RN, MBA  
Responsibilities: Supervise School Health Services Coordinator  
Relevant experience: Nursing and management experience
  
2. Position, name, degree: ASD School Based Health Center Liaison/Coordinator, Vacant, BSN  
Responsibilities: Coordinate the provision of health services, oversee accountability and implementation of grants, actively seek applicable grants, coordinate writing and submission of grants, recruit and coordinate participation of health care providers, ensure adequate equipment and supplies are on site, facilitate regular meeting of the school based health centers Advisory Board, provide limited case management for students receiving services, including ensuring follow up for referrals.  
Relevant experience: Experience in working with adolescents, working with community partners and advisory groups, grant management, case management, clinic management, broad nursing experience such as pediatrics, chronic illness and/or urgent care

***C. SBHC staffing and structure***

SBHC staff

<b>Staff name</b>	<b>Degree</b>	<b>Role (example: nurse practitioner, physician, dentist, clinical assistant)</b>	<b>Hrs/ wk at SBHC</b>
Vacant	RN	School based health center coordinator	20

<b>Fiscal agent</b>	Receive grant funds and donations on behalf of SBHC; enter into leases, contracts, agreements as necessary and as approved by SHAC; provide governance; make expenditures and disbursements in accordance with general directives from SHAC; provide fiduciary oversight of SBHC funds; member of SHAC.
<b>Relationship with school that houses SBHC</b>	Collaborative relationship with school nurse, principal and other staff. Coordinate appropriate procedures w/ school staff for students to access SBHC during the school day. Use of school newsletters, events, etc to communicate with parents and students.
<b>Relationship with school board</b>	Regular reporting, policy oversight
<b>SBHC community partners</b>	Name of agency/ role in SBHC: Municipality of Anchorage/DHHS – facilitate provision of vaccines to SBHC, provide and support electronic medical record system used by SBHC, provide limited supplies Anchorage School District – house SBHC, fund and oversee SBHC coordinator, provide nurses to give vaccinations. Southcentral Foundation – provide health care providers, member of SHAC.

	Elmendorf AFB – provide health care providers, member of SHAC
<b>SBHC volunteers</b>	Name/ title: Health care providers – represented on SHAC.

### ***D. Community Engagement***

#### Process for community engagement

Work in tandem with school principal and identified school leadership to

- Meet with key stakeholders within student/parent community; with surrounding neighborhood stakeholders; with service providers
- Prepare presentations reflecting what key stakeholders have outlined; use school newsletters, open houses and other venues to share findings and encourage more engagement
- Give presentations to identified community partners, organizations and others (for example: community councils, churches)
- Share findings with those planning services
- Report process and progress regularly to School Superintendent, School Board

Outcome: community engagement plan (including communications tools) that is supported by a coalition of students, parents, teachers, community stakeholders.

- Data gathered is integrated with services, funding committee to create sustainable health services plan for specific school.
- Implement a plan to communicate success of the health services offered, i.e. increased numbers of youth participating in sports, decreased absenteeism, and increased vaccination coverage. Use these successes to leverage future health care expansion within identified schools.

Transition to ASD School Health Services Advisory Committee

- Our SHAC will monitor all aspects of school based health services, including community engagement objectives, building on successes and learning from setbacks. (See previous section)

#### SCHOOL HEALTH ADVISORY COUNCIL (SHAC)

SHAC is the bridge between community and ASD; it advises ASD regarding school based health services and related matters. It is not a medical advisory committee but rather a council that links teachers, students, parents and community to work together.

Create SHAC that

- Reports to SBHS Coordinator
- Meets quarterly to review policy, planning, funding and other administrative/management matters
- Sets up needed subcommittees to delve into specific task areas
- Links with ASD Medical Advisory Committee (MAC)

- Holds public meetings as needed for listening and promoting various health needs

#### SHAC membership:

- Principal (or designee) from each school with health services
- Community medical provider – one from each agency providing health care personnel
- Two parents
- Two youth
- Two teachers
- One school board member
- Up to two school nurses
- Fiscal agent representative

SHAC members ought to serve at least two year terms to help build and share knowledge and build/maintain trust within the school community and neighborhoods. Meeting protocol, record keeping, etc. will follow that of the Anchorage School Board.

(NOTE: MAC will continue to advise Health Services ASD staff on medical /issues matters and may be called upon to give specific medical advice to SHAC)

#### Discussion:

Those appointed/chosen for this advisory council will have links to other organizations, groups to whom they are expected to report and represent input from. For example, youth chosen will be in leadership in student organizations; parents chosen will be in leadership in community organizations that support school health services; school board, principal self-explanatory. Some advisory councils also have representation from the partnering organizations who provide health services (Juneau Teen Health Center model).

This council is concerned with policy, funding, evaluation: the ‘big’ picture. It should be “the” place where community members, partners, students, parents can go to learn, be listened to and feel welcomed within ASD. It helps direct focus for the Coordinator and links to other resources within the community.

ASD staff’s preference would be to survey parents and students regularly and have only designated organizational representatives on this council (PTA, Principal, school board). This council is the critical link between school, parents, students and community/neighborhood; to limit its representation may not serve well to build trust and long-term support.

#### Pilot Project: Clark MS

Demonstrated what services could be available by coordinating health fair during school registration week August 4-6 2009

- Partnered with Alaska Health Fair and others to provide vaccinations, screening for sight, blood pressure, weight; education about nutrition and dental. MOA/DHHS provided oversight and coordination as well as vaccine and staff to provide vaccinations.
- 659 children went through the health fair, with 326 receiving vaccination services.
- Lions Club reported 303 received vision screening; 106 received referral (told to see their eye care provider for further services).

- Considered a success by Principal and those students and parents who attended; no formal evaluation was gathered.
- Challenging to find enough volunteers and vaccine/vaccinators for the three days; more lead time and clearer guidelines may have helped. Registration is a challenging time for MOA vaccinators to staff an event.
- Need a point person who can troubleshoot, etc. for the whole time.

Next steps:

With Principal guidance, meet with identified community groups, organizations and other entities

- Dialogue about what is beginning to happen at Clark.
- Gather information about what health services are needed and wanted for students.
- Develop ongoing communications avenues for these groups, organizations, etc.

Tools: Use surveys, listening sessions, presentations at various forums

Place information in school newsletters, parent-teacher conference days/nights, family nights.

- Coordinate with Services, Partner recruitment to clarify what services will be available.
- Coordinate with PTA leadership.

We have experienced the following successes and setbacks:

So far, just the health fair during school registration, considered a success.

***E. Strengths, Weaknesses, Opportunities, & Threats***

We have outlined our strengths, weaknesses, opportunities, threats (SWOTs) in the following chart:

<p>Our Strengths:</p> <ul style="list-style-type: none"> <li>-Accessible health services for students</li> <li>- Partner agency support</li> <li>-Efficient, ability to serve large numbers of students</li> <li>-Supporting families</li> <li>-Billing for services in the second year</li> <li>-Bridging a service gap</li> </ul>	<p>Our Weaknesses:</p> <ul style="list-style-type: none"> <li>-Need to hire and retain knowledgeable and dedicated SBHC staff</li> <li>-Physical facility may be too small for SBHC growth in services</li> </ul>
<p>Our Opportunities:</p> <ul style="list-style-type: none"> <li>-SBHC future health expansion for Clark Middle School and leverage for other ASD SBHC programs</li> <li>-Grant Funding for program sustainability</li> </ul>	<p>Our Threats:</p> <ul style="list-style-type: none"> <li>-Reliance on outside and volunteer providers</li> <li>-SBHC coordinator, nursing shortages?</li> <li>-Competition from other primary care providers</li> <li>-Budget and Funding stability</li> </ul>

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## **VI. Market Strategies**

### ***A. Product***

Our product is health services, specifically sports physicals, immunizations and limited acute care services for ASD students.

Health care providers who see children from the pilot school have identified immunizations, sports physicals, behavioral health services, and nutritional counseling as key needs.

Parents at the pilot school responded well to immunizations that were available during school registration in August 2009, and have in the past appreciated having sports physicals provided at that site.

### ***B. Service delivery***

Exact procedures will need to be developed with the participation of the school principal and/or staff, but ideally clients will access our services by having a consent form signed by a parent on file, and then receiving permission from an instructor to visit the school based health center. Consent forms will be included in registration materials and will also be available online for parents to sign and send to school at any point in the school year. For services outside of school hours (e.g. special sports physical events), students will need to have a signed consent form on file or will need to have a parent/guardian present.

Here are some things that we anticipate may get in the way of providing our services:

- Provider availability – we will be relying on volunteers for the first year. We intend to address this issue by having a coordinator to schedule and confirm providers as well as to provide case management for students seen by providers.
- Finances – year 1 will primarily rely on volunteers. During Year 1 we will look for opportunities to apply for grants as well as work out details of how to bill 3<sup>rd</sup> party providers for services provided at the SBHC.

### ***C. Pricing***

There will be no charges for services in our SBHC during the first year. During the second year of services, 3<sup>rd</sup> party payers will be billed for services provided at the SBHC. Most likely, billing information will be exported to providers so that they can bill on their own; in this scenario all providers would use their own established pricing structure. In an alternative scenario the Municipality (whose electronic medical records system will be used for SBHC records and billing) would bill using its own prices, which are set by ordinance at the 50<sup>th</sup> percentile of local prices for each service.

Our sliding fee scale for uninsured will be consistent with the sliding fee scale currently used by the Municipality of Anchorage. It will slide to \$0 and offer a sliding fee for anyone with family incomes below 250% FPL. No one will be denied service based on inability to pay.

Our co-pay for private insurances is \$0. No money will be collected from students.

Our reimbursement fee schedule from Medicaid will be developed once a coordinator is onboard, in coordination with MOA/DHHS.

### ***D. Messaging***

### ***E. Advertising***

Our plan for advertising our SBHC is outlined below:

<b>Audience</b>	<b>What</b>	<b>When</b>	<b>Materials</b>	<b>Anticipated outcome</b>
Clients <i>example</i>	SBHC information posted in public places in school: halls, bulletin boards	Put up new information every 3 months	Posters	Students will know how to access SBHC.  Self-referrals will increase.  Keep clients abreast of any changes in services, staff, and hours.
Parents	SBHC information in registration packets	August	Brochures	Parents will know how to allow students to access SBHC.  Parents will understand what services are available at the SBHC.  % of students with signed consent forms to use the SBHC will increase.
School staff	Presentations	August, and anytime services substantially change	Brochures	Staff will understand what services are available and how students can access them.  Staff will be able to answer student and parent questions about services available and how to access them.

## VII. Niche analysis

### A. Competition

Our five nearest competitors are:

1. Anchorage Neighborhood Health Center
2. Southcentral Foundation
3. Elmendorf AFB
4. Other private medical providers

### B. Key assets of competitor and SBHC

<i>Competitor name</i>	<i>Strengths</i>	<i>Weaknesses</i>	<i>Assets they have that the SBHC does not</i>	<i>How the SBHC is different than competitor</i>
ANHC	<p>FQHC with sliding fee scale</p> <p>Committed to serving medically underserved in Anchorage</p> <p>People know this clinic</p>	<p>Since Mt View location closed, more difficult for this community to access services</p> <p>Kids/parents need to leave school/work in order to access</p> <p>Potential financial barriers despite sliding fee scale</p>	<p>Full range of primary care services</p> <p>Open full time, 5 days/week</p> <p>Federal grant to subsidize services</p>	<p>Services more convenient for kids and parents</p> <p>Fewer financial barriers</p>
Elmendorf AFB	<p>Military medical treatment facility</p> <p>Military families are familiar with it</p>	<p>Kids/parents need to leave school/work in order to access</p>	<p>Full range of primary care services</p> <p>Open full time, 5 days/week</p> <p>Funded directly by DoD</p>	<p>Services more convenient for kids and parents</p>
Southcentral Foundation	<p>Tribal health corporation for the Southcentral region</p> <p>Beneficiaries are familiar with their services</p>	<p>Kids/parents need to leave school/work in order to access</p>	<p>Full range of primary care services</p> <p>Open full time, 5 days/week</p> <p>Funded by IHS</p>	<p>Services more convenient for kids and parents</p>

Private providers	Established relationships with kids/families	Kids/parents need to leave school/work in order to access  Potential financial barriers	Wider range of services  More hours available	Services more convenient for kids and parents  Fewer financial barriers
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### ***C. Plan for addressing competition***

Our plan for monitoring our competition is involving them in our planning, advisory, and provider groups. We do not want to compete with existing services; the SBHC should provide services that students otherwise would not obtain, either because they do not have access to them or because they are not convenient enough for students to access easily.

Our plan for updating our services to keep up with the market is involve community members and health care providers on our advisory council.

For the benefit of continuity of care for our client we plan to collaborate with our competitors in the following ways: involve agency staff in SBHC development and possibly as volunteers, refer SBHC clients as needed to other agencies.

## **VIII. Financial Components**

### ***A. Key Assumptions***

Our assumptions are as follows:

- Facility will be essentially free including maintenance.
- SBHS will offer all required student vaccines free of cost.
- SBHS will not be open in the summer.
- SBHS will conduct all school sports health exams.
- SBHS will bill private insurance and Denali Kid Care (via MOA/DHHS) beginning in Year 2 of operation.
- SBHS health providers will donate services free of charge during Year 1 of operation.
- Many SBHS equipment and supplies will be donated by community organizations.
- SBHS coordinator will be funded by and located within the Anchorage School District.
- SBHS vaccine will be provided free of charge by the Alaska Immunization Program.
- SBHS will apply for grants as available.

### ***B. Projected Balance Sheets***

Because we plan to rely on volunteer providers and donated supplies in Year 1, we do not plan to bill initially. We will complete a detailed analysis on potential revenue and cash flow to enable billing in Year 2.

### ***C. Cash Flow Projections***

Because we plan to rely on volunteer providers and donated supplies in Year 1, we do not plan to bill initially. We will complete a detailed analysis on potential revenue and cash flow to enable billing in Year 2.

### ***D. Best/Worst Case Scenario***

Factors that can affect our revenue after Year 1 are percentage of kids receiving services who are either enrolled in Denali Kid Care or have private insurance, receipt of grant funds.

Our best-case scenario is we secure grant funding to cover provider and supply costs, most kids either have insurance or are enrolled in DKC, and we are reimbursed for most services provided.

Our worst-case scenario is that grant proposals are unsuccessful, a small percentage or no kids have 3<sup>rd</sup> party coverage to reimburse for services.

We believe the most-likely scenario is we will be able to be reimbursed for a substantial portion of services.

### ***E. Sustainability plan***

Our plan for financial sustainability includes the following steps:

<b>Step</b>	<b>Timeframe</b>	<b>Anticipated outcome</b>
Step 1 Bill for services	Fall 2011	Providers receive some compensation for their time.
Step 2 Apply for grant funds.	Starting late 2009	

### ***F. Overall Assessment***

Our overall assessment of the financial viability of the SBHC is a financially tight first year with many resources being donated. Subsequent years should see receipt of grant funding and billing for services instituted.

## **IX. Risk Management**

Much as the children under our care need to be protected from harm, our organization serving them needs to be protected to survive and continue to operate in the future. To do this, we have considered the risks we may encounter and have plans to reduce them.

First and foremost, we will follow the school district risk-reduction policies. Some additional risk situations we have considered and risk reduction strategies we have in place include the following:

<b>Anticipated risk situation</b>	<b>Risk reduction strategy</b>
Provider backgrounds (criminal)	All partner agencies will conduct background checks on staff assigned to provide SBHS.
Staff having basic safety training (CPR, blood born pathogens, XXX)	All partner agencies will provide basic safety training to staff assigned to SBHS.
Occasional hostile parents (this can sometimes happen when abuse situations arise)	Notify principal of possible hostile parent (no names) arrival; principal may elect to have security nearby.
Adverse outcomes and litigation as a result of services	All providers sign MOU approved by ASD and that addresses liability

## **X. Exit Strategy**

In the event that we have to close our SBHC, we have considered the following items that will need to be addressed in a professional and expedient way:

<b>Areas to consider</b>	<b>Exit strategy</b>	<b>Who will be in charge of this activity</b>
Staff	6 months' notice to staff	ASD
Partners	Notify as soon as possible	ASD/Coordinator
Transfer of clients	Notify students, coordinate transfer with medical homes. Finish process no later than 1 month prior to closing.	ASD/Coordinator
Client's records	Export to medical homes; maintain in MOA system for 7 years	MOA/DHHS
Communication with school district	Notify school and SHAC immediately of closure and exit plan.	ASD/Coordinator
Communication with parents	Notify parents/students as far in advance as possible of closure and process to transfer care and records to medical homes.	ASD/Coordinator and Principal
Communication with community	Notify community as far in advance as possible, but after notifying school, parents, students.	ASD/Coordinator/SHAC
Debtors	Notify any debtors as far in advance as possible of closure and plan to pay debts in full.	Fiscal agent

Funders	Notify any grantors as far in advance as possible, and no later than 6 months in advance. Make arrangements to give back any funds not spent to close out SBHC operations.	Fiscal agent
Excess cash reserves	Do not anticipate having cash since any billing receipts will go directly to providers, and any grant funds will need to be returned to grantor.	
Assets	Donate equipment to community agencies as appropriate; sell or dispose of other equipment no later than 1 month prior to closing.	ASD/Coordinator