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Washington County School-Based Health Center (SBHC) Initiative

Cracking the Code: How to Design a Successful
Business Model for Funding and Sustainability
of School-Based Health and
Mental Health Services



Presenter

- William Thomas MSW, MSc. - Director,
Office of Children and Youth Services
Department of Health and Human Services
Washington County, OR
- 503-380-1665
- william_thomas@co.washington.or.us

Workshop Objectives

Participants will be able to:

- Analyze the importance of six proven service development strategies for funding & sustainability of school-based health and mental health services
- Design a successful business model for funding school-based health and mental health services
- Develop a multi-year sustainable business plan and budget, incorporating key financing strategies and performance metrics for sustainability

Six Proven Service Development Strategies For Funding & Sustainability

The success of the SBHC Initiative is based on:

- Collaboration Across Systems
- Common Vision and Collaborative Goals
- Community Mobilization
- Comprehensive and Integrated Clinical Model
- Structures for Accountability
- Sustainable Business Plan

Results - The Good News!

Since 2007, the SBHC Initiative has secured over **\$5,500,000** in private and public grants to develop and operate **five** new high school SBHCs serving **seven** school districts with 85,000 + students

- Tigard in April 2008
- Forest Grove/Gaston/Banks in April 2009
- Century (Hillsboro) in March 2013
- Beaverton anticipated in December 2014
- Tualatin/Sherwood planned for 2014-15



Collaboration Across Systems

More than 25 funders and organizations committed to a common vision, mission & goals

- Two Community Health/Mental Health Providers
- Two Universities - OHSU and Pacific University
- Three County Agencies – Children & Families, Mental Health and Public Health
- Four Hospital Systems – Kaiser Permanente, Legacy, Providence and Tuality Healthcare
- Seven School Districts and the Regional ESD

Commitment To A Common Vision

- **Increase access to healthcare** prevention, primary care, dental care, behavioral health, mental health & substance abuse services
- **Reduce barriers** to learning and other risk factors for children and youth
- **Promote wellness, educational success** and other protective factors for children, youth and their families, and thereby move upstream to address the social determinants of health



Washington County

School-Based Health Center Partnership Model

July 20, 2012

Community Hospitals

- Kaiser Permanente
- Legacy Meridian Park
- Providence St. Vincent/Newberg
- Tuality Healthcare
- Cash and In-Kind Contributions
- Financial Underwriting
- Assist in Resource Development
- Equipment/Diagnostics/Pharmacy
- Potential Medical Sponsor/Medical Provider
- Countywide SBHC Initiative Steering Committee

County Public Health/Mental Health

- Manages State SBHC Funds
- Assists in Resource Development
- Facilitates SBHC Certification
- Referrals for Health Services
- Immunizations
- Quality Assurance
- Countywide SBHC Initiative Steering Committee

Virginia Garcia Memorial Health Center Neighborhood Health Center

Lifeworks Northwest

- Medical Sponsor
 - * Medical Director
 - * Liability Insurance
 - * Medical Oversight
 - * Ownership of Medical Charts
- Medical/Mental Health Providers
 - * Employ SBHC Staff
 - * Develop Policies, Procedures and Systems
 - * Bill for SBHC Services
- Quality Assurance
- Countywide SBHC Initiative Steering Committee

School-Based Health Centers

- Primary Care Provider (Nurse Practitioner, Physician's Assistant or Medical Doctor)
- Office Assistant/Medical Assistant
- Mental Health Counselor/Alcohol and Drug Counselor
- SBHC Advisory Committee
- SBHC Operations Team

Community Organizations

- Advocacy (Child And Family, Minority) and Civic Groups
- Businesses and Local Governments
- Clergy and Faith Groups
- Health Insurers (OHP and Private)
- Health and Social Service Providers
- Higher Education (OHSU, Pacific U.)
- NWRegional Education Service District
- Community Advocacy and Support
- Program Partnerships
- Cash and In-Kind Contributions
- Assist in Resource Development
- Countywide SBHC Initiative Steering Committee

Commission on Children & Families

- Fiscal Agent
- Assist in Resource Development
- Support Local Planning Committees
- Support Countywide SBHC Initiative Steering Committee
- Support SBHC Operations Teams

School Districts

- Beaverton
- Forest Grove/Banks/Gaston
- Hillsboro
- Tigard-Tualatin
- Sherwood
- Facility Space
- Cash and In-Kind Contributions
- Medicaid Administrative Claiming
- Oregon Healthy Teens Survey
- Medicaid/Healthy Kids Outreach
- Convene Local Planning Committees
- Countywide SBHC Initiative Steering Committee
- SBHC Advisory Committees
- SBHC Operations Teams

Washington County School-Based Health Center Development Timeline

Eight Years: July 2006 to July 2014

Phase One - SBHC Collaborative Development

1. Identify partners and create countywide steering committee
2. Develop partnership model and development timeline
3. Identify data needs and resources for planning
4. Develop model business plan to be refined by districts
5. Identify medical sponsors and providers

Phase Two – SBHC District Planning

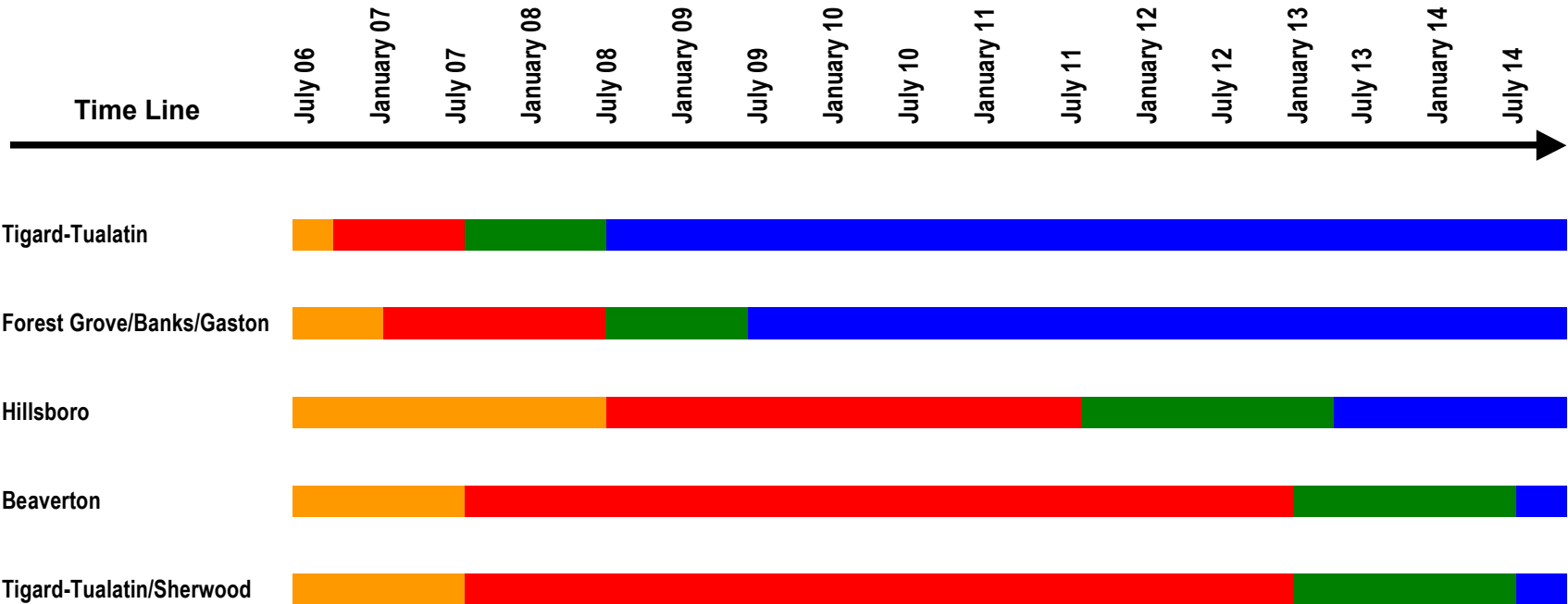
1. Identify population to be served, location and space
2. Ensure school board support for planning
3. Convene local committee to ensure community support
4. Obtain planning funds in collaboration with partners
5. Develop implementation plan and obtain start-up funds

Phase Three – SBHC Site Implementation

1. Remodel space, equip center and hire staff
2. Establish protocols, policies and procedures
3. Establish billing and operating systems
4. Provide SBHC services
5. Obtain certification from State DHS

Phase Four - SBHC Operations and Maintenance

1. Ensure appropriate management systems
2. Ensure sufficient operating funds
3. Ensure delivery of high quality services
4. Ongoing evaluation of program and services
5. Ongoing quality improvement



Effective community mobilization

- **Community readiness and involvement** – Engage faith, civic, school and other community leaders, as well as parents and students, in SBHC development, advocacy and oversight
- **Marketing, outreach and enrollment** - On-going marketing and outreach campaigns are essential for maximizing SBHC utilization, as well as for maximizing Medicaid/SCHIP enrollment
- **Youth engagement and empowerment** – Youth Advisory Councils support youth-led advocacy, marketing and health promotion

Comprehensive, integrated clinical model

- **Federally Qualified Health Center (FQHC) as SBHC medical sponsor:** FQHC has robust referral systems, is state certified for provision of mental health services and can be certified as Tier III Patient-Centered Primary Care Home (PCPCH)
- **Comprehensive services:** includes prevention, primary care, dental care, behavioral health, mental health and substance abuse services
- **Integrated electronic health records:** billing, practice management and service integration

Structures For Accountability

- **Contract** - among County, medical sponsor and school districts, which specifies expectations for certification, collaboration, funding and services
- **Memorandum of Understanding** – between school district and medical sponsor, specifying roles and responsibilities for the SHBC facility
- **Operations Teams** – for on-going problem solving among partners in each SHBC – over time the SBHC Operations Teams have been combined with local **SBHC Advisory Boards**

Sustainable Business Plan

- **Our central financing strategy is maximizing billings to commercial and public insurance - to “right-size” the on-going need for grants and public funding**

A person in a red shirt and dark pants is performing a BMX stunt on a ramp. The person is in mid-air, with the front wheel of the bike touching the ramp and the back wheel and handlebars pointing upwards. The background is a clear blue sky with a bright sun in the upper left corner, creating a lens flare effect.

Extreme!
Go for it!

Located on campus!
Drop in or call:
503-431-5775

Take charge of your healthcare!

The logo for SBHC (Student Behavioral Health Center) features a stylized human figure with arms raised, set against a blue background with a white outline of a person's head and shoulders.

The **SBHC** provides quality, confidential, comprehensive physical, mental, and preventive health services.

Fly!



To your next
appointment
and back!

Miss less class time
and score higher! Visit the
**School-Based Health
Center** located right here on
campus! It provides services
which include routine physical
exams, treatment of minor
illness and injury, mental health
counseling, and much, much more!

Let's get healthy!

Drop in or call:
503-431-5775

Take charge of
your healthcare!



The **SBHC** provides quality, confidential, comprehensive physical, mental, and preventive health services.

- **Leveraging FQHC wraparound payments is an essential strategy for sustainability** – FQHC wraparound payments are made for Medicaid/SCHIP eligible primary care, dental, behavioral, mental health, substance abuse and other encounters

- **Performance metrics are set for sustainable funding and monitored to inform business practices** – encounter, productivity, payor mix and revenue share targets for replacing grant revenues with patient revenues from insurance billings over the first four years



Speed!

Get back to class faster...

And do better in school!
The **School-Based Health Center** is located right here on campus providing services which include routine physical exams, treatment of minor illness and injury, mental health counseling, and much, much more! The health center welcomes all students.

Let's get healthy!

Drop in or call:
503-431-5775

Take charge of your healthcare!



The **SBHC** provides quality, confidential, comprehensive physical, mental, and preventive health services

A Successful SBHMHS Business Model

- Will have the flexibility to **adapt and change its core assumptions** to fit a changing world and an evolving health care financing system
- Will focus **less on elements of the budget and more on the functions and hydraulics in the model** that drive expenses and revenues
- Will “right-size” the on-going need for grants and public funding by **maximizing the potential for earned revenues** from patients, through billings to commercial and public insurance

Designing a Successful Business Model for Funding & Sustainability

Key design elements of a SBHMHS business model :

- Access Decisions and Factors
 - Host School Site and Size, District Need, Operations, Parent Involvement, Physical Access, Service Access
- Clinical and Systems Decisions
 - Clinical Services, Integration, Primary Care Home, Medical Sponsor, Reproductive Health Svs., Staffing
- Revenue Decisions and Factors
 - Insurance, Reimbursement, Self-Pay/Uninsured

Access Decisions and Factors

- | | OURS | YOURS? |
|----------------------|-----------------|--------|
| • Host School Site | | |
| ▫ High | High Schools | |
| ▫ Middle | | |
| ▫ Elementary | | |
| • Host School Size | | |
| ▫ Host School | 1,700-2,000 | |
| ▫ School District(s) | 7,500(3)-39,500 | |
| • District Need | | |
| ▫ % FRL Take-up | 38-63% | |
| ▫ # 0-18 Medicaid | 3,365-21,000 | |
| ▫ # 0-18 Uninsured | 645-4,585 | |

	OURS	YOURS?
• Operations		
▫ Partial/Full Week	Both	
▫ Non-School Hours	Before & after	
▫ School Year	10 months	
▫ Year Round	Partial summer	
• Parent Involvement		
▫ Encouraged	Encouraged	
▫ Minor Consent Law	Followed	
▫ Required	Not for 14+	
• Physical Access		
▫ External Entrance	Yes	
▫ Parking	Yes	
▫ Public transport.	Varies	

- | • Service Access | OURS | YOURS? |
|-------------------------|-------------------------------------|--------|
| ▫ Host School Only | | |
| ▫ Host and Feeders | | |
| ▫ All District Students | All 0-21 in | |
| ▫ All 0-? in District | districts, plus | |
| ▫ Employee Children | children of | |
| ▫ District Employees | employees and
district employees | |
| ▫ Adults in District | | |
| ▫ Community Clinic | | |

Clinical and Systems Decisions

- | | OURS | YOURS? |
|-----------------------|---------|--------|
| • Clinical Services | | |
| ▫ Primary Care | Yes | |
| ▫ Dental | Partial | |
| ▫ Behavioral | Yes | |
| ▫ Mental Health | Yes | |
| ▫ Substance Abuse | Yes | |
| • Integration | | |
| ▫ Clinical | Yes | |
| ▫ Electronic Records | Yes | |
| ▫ Front Office/PM | Yes | |
| ▫ Back Office/Billing | Yes | |

• Staffing	OURS	YOURS?
▫ Primary Care		
• MD/PA	PA	
• FNP/PNP/NP/RN	FNP/PNP	
• MA/OA	MA	
▫ Dental		
• Dentist		
• Expanded Practice	Expanded Practice	
• Dental Hygienist	Hygienist	
▫ Behavioral Health		
• Psychlgst./Psy.NP		
• Social Worker	LCSW/CADC	
• Counselor	LMFC	

Revenue Decisions and Factors

- | | OURS | YOURS? |
|----------------------|-------------------------|--------|
| • Insurance | | |
| ▫ Commercial | | |
| ▫ Medicaid | All | |
| ▫ Medicare | | |
| • Reimbursement | | |
| ▫ Commercial | \$60-110 | |
| ▫ Medicaid | \$90-100 | |
| ▫ FQHC with wrap. | \$200 | |
| • Self-Pay/Uninsured | | |
| ▫ Co-pay/Deductible | Yes | |
| ▫ Free/Sliding Scale | Sliding scale (\$15 up) | |

Developing a Multi-Year SBHMHS Business Plan, Budget and Metrics

Key inputs, outputs and metrics for sustainability in a multi-year SBHMHS business plan and budget:

- Projected Expenses For Business Model In Year 3
 - Personnel (salaries & benefits), Services & Supplies (contracted, MIS, other), Indirect, Total
- Projected Revenues For Business Model In Year 3
 - Clinic Days, Encounters, Productivity, Payor Mix, Projected Revenue, Program Income, Grants, Total
- Metrics - From Start-Up to Sustainability

Projected Expenses For Model: Yr. 3

	OURS -10 mo.	YOURS?
• Personnel		
▫ Salaries	\$114,000 (FNP/MA)	
▫ Benefits	<u>\$ 33,000</u> (29%)	
▫ Subtotal	\$147,000	
• Services & Supplies		
▫ Contracted	\$ 59,000 (MH)	
▫ MIS	\$ 18,000	
▫ Other	<u>\$ 12,500</u>	
▫ Subtotal	\$ 89,500	
▫ Indirect	<u>\$ 26,000</u> (11%)	
• Total (w/o in-kind)	\$262,500	

Projected Revenues For Model: Yr. 3

PRIMARY CARE OURS YOURS?

- Clinic Days

- Months Open 10
- Clinic Days 175

- Encounters

- Patients 656 (33-39%)
- Encounters/Patient 2.0
- Total Encounters 1,312
- Encounters/Day 7.5

- Productivity Target

- Encounters/Day 9.0

- | | OURS | YOURS? |
|----------------------|--------------------|--------|
| • Payor Mix Targets | | |
| ▫ Commercial/Other | 10% | |
| ▫ Public | 50% | |
| ▫ Uninsured | 40% | |
| • Projected Revenues | | |
| ▫ Commercial/Other | \$ 14,500 (@\$110) | |
| ▫ Public | \$123,250 (@\$200) | |
| ▫ Uninsured | <u>\$ 7,250</u> | |
| ▫ Subtotal | \$145,000 | |
| • Program Income | | |
| ▫ % Total Expenses | 55% | |

MENTAL HEALTH OURS YOURS?

- Clinic Days

- Months Open 10
- Clinic Days 175

- Encounters

- Clients 86 (4-5%)
- Encounters/Client 7.5
- Total Encounters 648
- Encounters/Day 3.7

- Productivity Target

- Encounters/Day 5.0

- | | OURS | YOURS? |
|----------------------|-------------------|--------|
| • Payor Mix Targets | | |
| ▫ Commercial/Other | 40% | |
| ▫ Public | 50% | |
| ▫ Uninsured | 10% | |
| • Projected Revenues | | |
| ▫ Commercial/Other | \$16,000 (@\$67) | |
| ▫ Public | \$60,000 (@\$200) | |
| ▫ Uninsured | <u>\$ 4,000</u> | |
| ▫ Subtotal | \$80,000 | |
| • Program Income | | |
| ▫ % Total Expenses | 30% | |

	OURS	YOURS?
• Program Income		
▫ Primary Care	\$145,000	
▫ Mental Health	<u>\$ 80,000</u>	
▫ Subtotal	\$225,000	
▫ % Total Expenses	86%	
• Grants		
▫ State Allocation	\$53,000	
▫ Other Grants	<u>\$ 8,000</u>	
▫ Subtotal	\$61,000	
▫ % Total Expenses	23%	
• Total Revenues	\$286,000	
▫ % Total Expenses	109%	

Metrics - Start-Up To Sustainability

Targets: Revenues OURS YOURS?
As a % of Expenses

- 3rd Year Revenues

- From Patients 86%
- From Grants 23%
- Total 109%

- 2nd Year Revenues

- From Patients 60% (~71% Yr. 3)
- From Grants 45%
- Total 105%

Targets: Revenues As a % of Expenses

OURS

YOURS?

- 1st Year Revenues

- From Patients 35% (~41% Yr. 3)
- From Grants 70%
- Total 105%

- Partial Year Revenues

- From Patients 10% (~12% Yr. 3)
- From Grants 95%
- Total 105%

WASHINGTON COUNTY SCHOOL-BASED HEALTH CENTER INITIATIVE
SBHC SUSTAINABLE BUSINESS PLAN METRICS

REVENUE MIX TARGETS BY SOURCE AS A PERCENTAGE OF EXPENSES

REVENUES	PARTIAL	1ST YEAR	2ND YEAR	3RD YEAR
Total	105%	105%	105%	109%
From Patients	10%	35%	60%	86%
From Grants	95%	70%	45%	23%

PAYOR MIX TARGETS BY SOURCE AS A PERCENTAGE OF ENCOUNTERS

ENCOUNTERS	PRIMARY CARE	MENTAL HEALTH
Medicaid	50% or more	50% or more
Other Insurance	10% or more	40% or more
Uninsured	40% or less	10% or less

PRODUCTIVITY ENCOUNTER TARGETS BY SERVICE ELEMENT

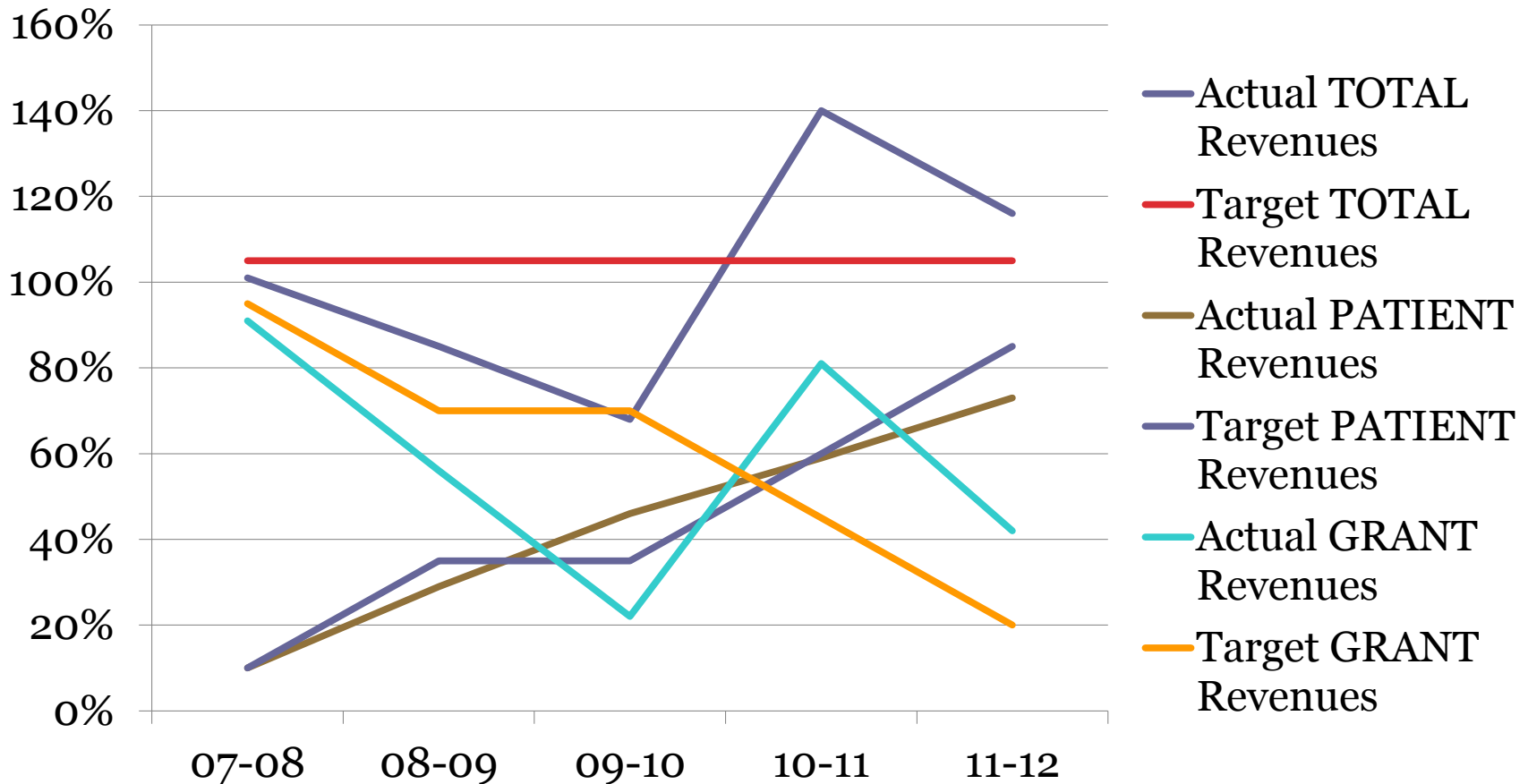
ENCOUNTERS	PRIMARY CARE	MENTAL HEALTH
Encounters Per Day	9	5

SUSTAINABLE FUNDING ENCOUNTER TARGETS BY YEAR

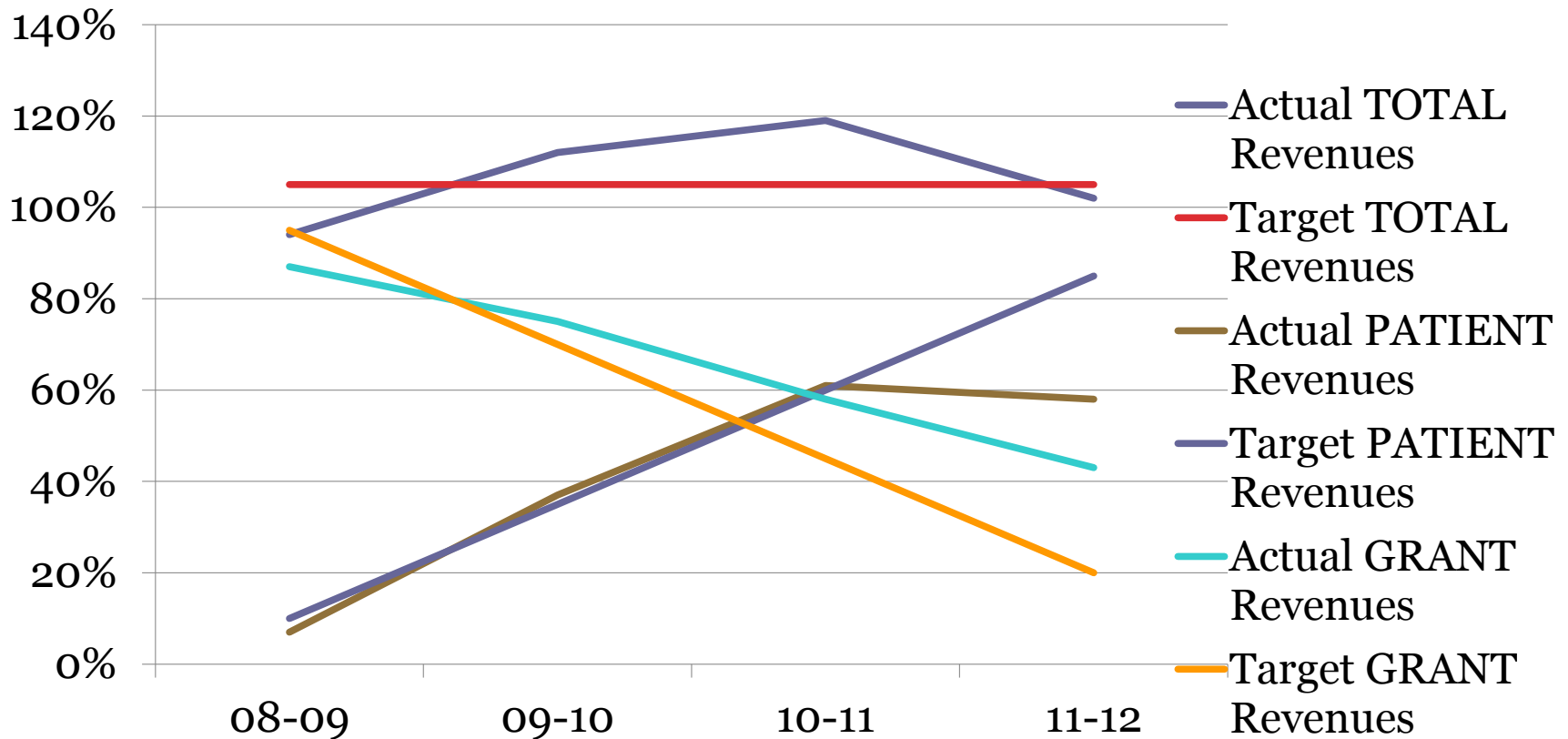
AVERAGE	PRIMARY CARE		MENTAL HEALTH	
Encounters Per Day	7.5		3.7	
Encounters Per Patient	2.0		7.5	
	YEAR 2	YEAR 3	YEAR 2	YEAR 3
Based on 165 Clinic Days				
Encounters/FTE Per Year	830	1,238	408	610
Patients/FTE Per Year	415	619	54	81
Based on 175 Clinic Days				
Encounters/FTE Per Year	879	1,312	434	648
Patients/FTE Per Year	440	656	58	86

October 1, 2013

Tigard-Tualatin SBHC Sustainable Business Plan - Targets and Actuals



Forest Grove SBHC Sustainable Business Plan - Targets and Actuals



Budget Worksheet - SBHC at Beaverton High School
Italics=not confirmed

	Construction FY 13-14 & FY 14-15	TA/Start-Up FY 13-14 FY-14-15	Operations FY 14-15 Year 1	Operations FY 15-16 Year 2	Operations FY 16-17 Year 3	
Grants:			7 months	10 months	10 months	Budget Assumptions:
Capital Construction: HRSA 12/12/12 to 12/11/14	500,000					\$500,000 Awarded
Capital Construction: Beaverton CDBG 7/13 to 6/14	108,000					\$108,000 Awarded
Planning/Development: OHA Phase 1 Grant 10/13-6/14		30,000				\$30,000 Anticipated for Phase I Planning Grant
Equipment/ Start-up: OHA Phase II Grant 7/14-6/15	40,000	5,000	15,000			\$60,000 Anticipated for Phase II Planning Grant
Operating: Kaiser Permanente Community Fund at NWHF		10,300	73,000	30,000		\$113,300 total Secured
Operating: MACC Electronic Health Records Connectivity	3,000		8,000	8,000	8,000	\$3,000 equipment/\$8,000 annual Anticipated, based on awards for other Wash. Co. SBHCs
Operating: Foundations (e.g. Pacific Source)			30,000	20,500		\$50,500 Anticipated based on grant awards for other Washington County SBHCs
Operating: OHA SBHC Allocation				53,000	53,000	\$53,000 Secured if SBHC is certified in FY 14-15, in SBHC allocation formula FY 15-16 on
Total Grants	651,000	45,300	126,000	111,500	61,000	
Targets for grants as a % of expenses (w/o in-kind)	100%	100%	68%	45%	23%	
Program Income:						
Primary Care			\$6.25 K/moX7	\$9.75 K/moX10	\$14.5 K/moX10	Primary Care program income assumptions/ FQHC wraparound rate =\$200/encounter
Private insurance & other Payors (5-10%)			2,189	9,750	14,500	Payor mix targets for primary care are 50% public, 10% private/other payor, 40% uninsured
Public insurance & FQHC wraparound payments (90%-85%)			39,375	82,875	123,250	Productivity target for primary care is 9 visits per day
Self-pay (5%)			2,189	4,875	7,250	Yr 3 = aver 7.5 encounters/day for 165 clinic days over 10 months = 1,238 encounters
Subtotal			43,753	97,500	145,000	Yr 1 is 46% of Yr 3 (@ 3 mo.) = 170 encounters; Yr 2 is 67% of Yr 3 = 830 encounters
Mental Health			\$3.5 K/moX3	\$5.25 K/m X10	\$8 K/mo x 10	Mental Health program income assumptions/ FQHC wraparound rate = \$200/encounter
Private insurance & other Payors (15-20%)			3,675	10,500	16,000	Payor mix targets for mental health are 50% public, 40% private/other payor, 10% uninsured
Public insurance & FQHC wraparound payments (80%-75%)			19,600	39,375	60,000	Productivity target for mental health is 5 visits per day
Self-pay (5%)			1,225	2,625	4,000	Yr 3 = aver 3.7 encounters/day for 165 clinic days over 10 months = 610 encounters
Subtotal			24,500	52,500	80,000	Yr 1 is 46% of Yr 3 (@3 mo.) = 84 encounters; Yr 2 is 67% of Yr 3 = 408 encounters
Total Program Income			68,253	150,000	225,000	
Targets for program income as a % of expenses (w/o in-kind)			37%	60%	86%	
Total Revenue without in-kind contributions	651,000	45,300	194,253	261,500	286,000	
In-kind Contributions:						
Land/Parking and Building: School District	\$490,000					
Medical/Office Equipment: Hospitals/Businesses/District	TBD					
Janitorial/Utilities/Internet/Maintenance/Repairs/Etc.: District			23,000	23,000	23,000	
TOTAL REVENUE:	1,141,000	45,300	217,253	284,500	309,000	
Total Revenue without in-kind:	651,000	45,300	194,253	261,500	286,000	
Total Expense without in-kind:	651,000	45,300	185,000	250,000	262,500	
Surplus or (Shortfall):	0	0	9,253	11,500	23,500	
Targets for total revenue as a % of expenses (w/o in-kind)	100%	100%	105%	105%	109%	
Expense:						
Construction						
Prof. Svs.: Architect/Enginee/Consultants	102,000					
Building Construction	394,800					
Fees/Permits/Testing/Asbestos Mgmt/Project Mgmt/Admin	82,200					
	579,000					
Equipment and Start-Up						
Medical equipment with Unit Cost Over \$5,000	\$ 18,000					
Medical equipment with Unit Cost Under \$5,000	\$ 27,027					
Information Technologywith Unit Cost Over \$5,000	\$ 11,000					
Information Technology with Unit Costs Under \$5,000	\$ 22,217					
Office equipment/furnishings with Unit Costs Under \$5,000	8,756					
(Anticipated value of in-kind equipment/furnishings)	(15,000)					
	72,000					
Operating Expenditures						
Personnel Cost						Personnel budget assumptions
Salaries (Nurse Practitioner and Office/Medical Assistant)			77,500	108,500	113,925	Yr 1.0 FTE Family Nurse Practitioner \$84,000 annual @ 3.5 months
Payroll Taxes @ 9%	-		6,975	9,765	10,250	Yr 1 1.0 FTE Office/Medical Assistant \$40,000 annual @ 3.5 months
Fringe Benefits @ 20%	-		15,500	21,700	22,785	Yr 2 each position +5% @ 10 months; Yr 3 each position +5% @ 10 months
Subtotal	-		99,975	139,965	146,960	Budget does not reflect personnel costs for two summer months

Budget Worksheet - SBHC at Beaverton High School
Italics=not confirmed

Construction FY 13-14 & FY 14-15	TA/Start-Up FY 13-14 FY-14-15	Operations FY 14-15 Year 1	Operations FY 15-16 Year 2	Operations FY 16-17 Year 3
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Services and Supplies

Services and Supplies budget assumptions

SBHC Consultation, Planning, Resource Development and TA	30,000				
Marketing services, materials and printing	5,600				
Professional Services: Contracted 1.0 FTE Mental Health Clinician		40,000	56,000	58,800	Yr 1 costs mental health services and MIS prorated for 3.5 months; Yr 2 +5%
Management Information Systems		12,107	16,950	17,800	Supplies for Start-Up @ \$9,700 is consistent with supplies for opening Forest Grove SBHC
Memberships, Dues and Fees		450	600	630	Other services and supplies costs prorated for 3.5 months in Yr 1; Yr 2 +5%
Supplies	9,700	9,535	5,300	5,565	Yr 3 all services and supplies costs + 5%
Equipment and Vehicles		325	450	470	
Insurance		275	375	395	
Training and Education		2,150	3,000	3,150	
Telephone		1,250	1,750	1,840	
Facility		600	835	877	
Subtotal	-	45,300	66,692	85,260	89,527

Administrative Indirect @ 11%

		18,333	24,775	26,014
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Total Expense without in-kind donations:

	651,000	45,300	185,000	250,000	262,500
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In-kind Contributions:

Land/Parking: School District (6,000 sq. ft. @ \$7.00/ sq. ft.)	\$42,000				
Building: School District (2,560 sq. ft. x\$175.00/ sq. ft.)	\$448,000				
Medical/Office Equipment: Hospitals/Businesses/District	TBD				
Janitorial/Utilities/Internet/Repairs/Etc.: School District		23,000	23,000	23,000	
	\$490,000	45,300	23,000	23,000	23,000

TOTAL EXPENSE:

	1,141,000	45,300	208,000	273,000	285,500
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SBHMHS Sustainability Lessons: Design

To increase the odds for SBHMHS sustainability -

- Develop **partnerships** & build a **collaborative**
- Locate SBHCs at comprehensive **high schools**
- Recruit an **FQHC** to be the SBHC medical sponsor
- Provide **behavioral** and **mental health** services
- Implement integrated **EHR** and **billing systems**
- Ensure adequate **grant revenues** and **reserves**
- Develop a **sustainable business plan**: establish and monitor **metrics** to inform business practices

SBHMHS Sustainability Lessons: Process

To increase the odds for successful collective impact:

- Think and act **strategically**
- Plan **big** - but start **small**
- Identify catalytic and transformational **leadership** that can work across systems
- Identify external and internal **champions**
- Be **flexible** and **resilient**, but also **tenacious**
- Recognize that, while failure may build character, lasting success is built on **relationships**

A Parting Thought From a Local Software Entrepreneur

"A business mentor once told me: *'If you have a solid business plan and have validated the model for generating revenue, you should focus your energy on market penetration and growth.'*"

Balki Kodarapu, founder of returnGuru.com –
The Oregonian 6/18/12



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