

Employment and Delivery Models*



School District

Health Departments

Health Care Systems

School-Based Health Centers

Pros

School/district employee
Most common model, and traditional model
Whole child approach more connected to academic achievement
Team approach can be achieved more easily

Health department resources (programs, provider)
Usually supervised by a nurse
Professional development specific to health

Additional resources
Usually supervised by a nurse
Electronic Health Record (interoperability with health providers)
Professional development specific to health

Reimbursement of Medicaid understood- which can help fund school nursing
Coordination between school nurse and SBHC crucial. One does not replace the other
Even better when SBHC and school nurse have same employer

Cons

Tight education budgets
Often not supervised by a nurse
Integration with education team may be challenging

May not feel part of school community or decision-making of education
Often take preventative approach

May not feel part of school community
Often take a chronic condition focus

Often funded by outside entity, so issues connecting into school
HIPPA vs. FERPA can be barrier to communication

Collaborative Care Delivery Models



Community-Based Health Centers

Telehealth

Mobile Clinic

Contracted services with community providers for specialty needs (i.e. mental health)
Part of community school model
School nurses can facilitate connecting entire families to a medical home

Telehealth can expand school nurse access to remote areas or allows other provider to visit students without leaving school
Physical or behavioral health
School nurses can facilitate visits, provide private space, and have access to consultation with providers

Common services: Visions, Dental, Immunizations, or physicals
Provides onsite services
Preventive and restorative services
School nurse helps coordinate and obtain parent permission