School-Based Health Center
Semi-Annual and Annual Goals Report

INSTRUCTIONS FOR COMPLETING SBHC SEMI/ANNUAL GOALS REPORT—

1. **SBHC Name:** Begin by filling in the name of the School-Based Health Center (SBHC) at the designated space provided on the form. Ensure the name is accurate and matches the official name of the SBHC.
2. **Date**: Fill in the date of submission for the report. This should reflect the date the report is being completed and submitted.
3. **Objectives:** The objectives section is where the SBHC outlines its goals and targets for the reporting period. Each objective should contribute to the overall improvement and effectiveness of the SBHC's services while fulfilling each of the listed 7 goals.
4. **Evaluation Metrics**: The evaluation portion of the report consists of the required metrics used to assess the progress and effectiveness of each SBHC. enter all Semi-Annual report metrics in the “Semi-Annual” columns and all the Annual report metrics in the “Annual” Column. The Annual Goals report should include the originally reported Semi-Annual Report numbers for comparison.
5. **Completion of Evaluation**: For each objective listed, provide a summary of the evaluation results based on the designated metrics. This may include numerical data, qualitative assessments (comments), and any relevant observations or insights gained during the reporting period. Evaluate whether each objective was met and to what extent, identifying areas of success and areas for improvement.
6. **Narrative Portion**: Utilize this section to provide additional insights into the completion of goals, objectives, and evaluations. Discuss challenges faced, lessons learned, and noteworthy achievements or milestones reached during the reporting period. Additionally, please share updates on how healthcare services are coordinated, suggestions for improvement, and insights into the center's involvement with the school community. Feel free to share any other relevant information that could assist in continuous efforts to improve services. Your contributions are highly appreciated.
7. **Submission:** Once the SBHC Semi/Annual Goals Report is completed, review it for accuracy and completeness. Ensure all required sections are filled out and that the information provided is clear and concise. Save the file with the fiscal year (FY##) followed by the SBHC name, report type, and "Goals Report." For example, if the fiscal year is 2024, the SBHC name is "Delmar," and it's a semi-annual report, the file should be saved as "FY24 Delmar Semi-Annual Goals Report." For annual reports, it would be "FY24 Delmar Annual Goals Report." Submit the Semi-Annual report no later than February 15 and the Annual report no later than August 15 to DHSS_DPH_SBHC@delaware.gov.

School-Based Health Center
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Center: Date:

Goals Report

GOAL #1

To reduce the critical health problems of adolescents by ensuring the utilization of comprehensive health services provided by the SBHC.

Objective 1	Semi-Annual	Annual	
			Total student population.
			% projected of student enrollment will be registered at the SBHC this year.
			% of goal achieved.
Objective 2	**Semi-Annual**	**Annual**	
			Total projected visits to the SBHC this school year.
			Actual visits to the SBHC, year-to-date.
			% of goal achieved.
Objective 3	**Semi-Annual**	**Annual**	
			Projected number of unduplicated users.
			Actual number of unduplicated users.
			% of goal achieved.

GOAL #2

To improve the physical health of students by providing age-appropriate medical services through the SBHC.

Objective 1	Semi-Annual	Annual	
			Projected number of physical exams.
			Actual number of performed physical exams, year-to-date.
			% of goal achieved.
Objective 2	**Semi-Annual**	**Annual**	
			Projected number of immunization visits.
			Actual number of immunization visits, year-to-date.
			of goal achieved.
Objective 3	**Semi-Annual**	**Annual**	
			Projected nutrition diagnoses this school year.
			Actual number of nutrition diagnoses visits, year-to-date.
			% of goal achieved.

GOAL #3

To reduce the incidence of high-risk behaviors through health education and risk reduction efforts.

Objective 1	Semi-Annual	Annual	
			Projected number of health educational activities (health fairs, # of school programs the center will assist with)
			Actual number of health educational activities, year-to-date. (health fairs, # of school programs the center assisted with)
			% of goal achieved.

GOAL #3

To reduce the incidence of high-risk behaviors through health education and risk reduction efforts.

Objective 2	Semi-Annual	Annual	
			Projected number of students and group sessions. (smoking cessation, anger management, weight reduction, etc.)
			Actual number of students and group sessions. completed, year-to-date. (smoking cessation, anger management, weight reduction, etc.)
			% of goal achieved.

GOAL #4

To reduce the mental health and psychosocial problems of adolescents by improving access to utilization of mental health services provided by the wellness center.

Objective 1	Semi-Annual	Annual	
			Projected number of individual and family counseling visits.
			Actual number of individual and family counseling visits. year-to-date.
			% of goal achieved.

Objective 2	Semi-Annual	Annual	
			Projected number of group counseling visits.
			Actual number of group counseling visits, year-to-date.
			% of goal achieved.

GOAL #5

To ensure coordination with student's medical home and/or primary care provider. (Measurable objectives for this goal shall include developing procedures for informing primary care providers of SBHC encounters.)

Objective 1	Comment(s)

GOAL #6

To increase number of parental/school involvements in the SBHC and center's care of students.

Objective 1	Semi-Annual	Annual
Actual number of Advisory Council meeting(s) occurred, year-to-date.		
Number of students serving on Advisory Council.		
Number of parents serving on Advisory Council.		
Number of faculty serving on Advisory Council.		
Number of other school staff serving on Advisory Council.		

Objective 2	Semi-Annual	Annual
Actual number of Principal (or Superintendent) meeting(s), year-to-date.		

GOAL #7

To increase community awareness of wellness centers.

Objective 1	Semi-Annual	Annual
Number of SBHC presentations to school board.		
Number of presentations to community groups.		

GOAL #7

To increase community awareness of wellness centers.

Objective 2	Semi-Annual	Annual	
			Number of health fairs, if applicable.
			Number of articles in school newspaper, if applicable.

NARRATIVE PORTION—

We value your input to enhance our operations. Please provide updates on how health care services are coordinated, any challenges faced, suggestions for improvement, and insights into the center's involvement with the school community. Additionally, feel free to share any other relevant information that could assist us in our continuous efforts to improve our services. Your contributions are highly appreciated.

Risk Assessment Narrative — (Annual Reporting Requirement)

Each SBHC is required to conduct at least one (1) risk assessment on every active enrolled student each year using a DPH-approved evidence-based tool (e.g., RAAPS). Please provide a narrative summary that includes the following:

1. Gender, ethnicity, and age level of participating students.

2. Intervention strategies provided based on identified risks.

3. Description of how referrals were followed.

4. Baseline information and subsequent risk data to assess trends in risk reduction over time.