

Planning Grantee

Request for Technical Assistance

PROGRAM NAME _____

CONTACT NAME _____ PHONE # _____ FAX # _____

TECHNICAL ASSISTANCE NEEDS:

- Confidentiality (consent & legal issues)
- Programmatic planning for a SBHC
- MIS/Data collection
- Conducting needs assessments
- Working effectively with schools
- Quality Assurance - PCER, JACHO
- Working with PCAs/PCOs on state issues concerning SBHCs
- Other



- Recruiting & training effective staff
- Clinical guidelines & practice in SBHCs
- Developing effective referral networks
- Evaluation of SBHCs
- Outreach & SCHIP enrollment
- Billing arrangements including Medicaid
- Community acceptance & participation community linkages

DETAILED DESCRIPTION OF NEED:
