



Technical Assistance Sampler on:

School-Based Health Centers



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Copies may be downloaded from: <http://smhp.psych.ucla.edu>

If needed, copies may be ordered from:
Center for Mental Health in Schools
UCLA Dept. of Psychology
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The Center encourages widespread sharing of all resources.

We realize that each individual and organization requesting technical assistance has unique and special information needs. To accommodate this diversity, we are developing samplers to provide immediate information on a variety of resources and how to access them.

In compiling samplers, we conduct a search of agencies, organizations, the Internet, relevant programs, and library resources. Then, we select a sample of diverse resources -- including resources that are themselves links to other resources and information. We also provide information on how to access other knowledgeable individuals who are ready to offer assistance. All resources listed are relatively easy to access through libraries, by phone, or over the Internet.

We hope the attached sampler is sufficient to meet your needs. However, should you require further help, please let us know. And should you know of something you think we should add, let us know this as well.

Also See Quickfind on School School-Based Health Centers at
http://smhp.psych.ucla.edu/qf/p2312_02.htm

School-Based Health Centers

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If we can be of further assistance, please do not hesitate to contact the center

I. About School-Based Health Centers

A. Facts and Stats

From: *National Assembly on School-Based Health Care*

School-Based Health Centers: A National Definition

- School-based health centers are partnerships created by schools and community health organizations to provide on-site medical and mental health services that promote the health and educational success of school-aged children and adolescents.
- The school-based health care team works in collaboration with school nurse and other service providers in the school and community.
- School-based health centers have a policy on parental consent.
- Although the model may vary based on availability of resources and community needs, school-based health centers are typically open every school day, and staffed by an interdisciplinary team of medical and mental health professionals that provide comprehensive medical, mental health and health education services. School-based health centers make provisions for care beyond the centers' operating hours or scope of service.
- Because of the unique vantage point and access to students, the health center team is able to reach out to students to emphasize prevention and early intervention.
- Services provided by the school-based health care team are determined locally through a collaborative process that includes families and students, communities, school districts, and individual and agency health care providers. Services typically offered in school-based health centers are age-appropriate and address the most important health needs of children and youth. These services may include but are not limited to: primary care for acute and chronic health conditions, mental health services, substance abuse services, case management, dental health services, reproductive health care, nutrition education, health education and health promotion.
- School-based health centers are supported by local, state, and federal public health and primary care grants, community foundations, students and families, and reimbursement from public and private health insurance.

<http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2561553/k.B215/basics.htm>

I. About School-Based Health Centers

A. Facts and Stats

Making the Case for School-Based Health: Where Do We Stand?

Journal of Health Politics, Policy Law

2008 33(1): 3-37

Mina Silberberg

Duke University Medical Center

Joel C. Cantor

Rutgers University

School-based health centers (SBHCs) have proliferated rapidly nation-wide and remain politically popular. This article explores the disconnect between the evidence and the discourse on SBHCs, drawing upon the authors' evaluation of SBHCs in Newark, New Jersey, and a critical assessment of the evaluative literature and public discourse on school clinics to argue that a number of important issues are being overlooked by both research and advocacy. These issues include variations in the health needs and health care resources of different communities and the questions of whether and how SBHCs can best integrate with existing resources to fill unmet local needs. Furthermore, despite the cautions of experts that third-party reimbursement (via traditional fee-for-service insurance or participation in health maintenance organizations) cannot cover clinic expenses and is difficult to obtain, pursuit of reimbursement continues to be a goal of some SBHC sponsors, helping to promote a clinic model that in some communities is very likely not to be the best way to address student needs or to build on clinic strengths. Discussion around SBHCs should focus on diagnosing specific community needs, identifying the best approach to meeting those needs, and seeking funding sources that match the work that needs to be done.

I. About School-Based Health Centers

A. Facts and Stats



School-Based Health Centers

National Census School Year 2004-05

Census 2004-05 identified 1709 school-connected programs nationwide.

This number includes school-based, mobile and linked programs. 1335 or 78% of known programs responded to the survey. These data on practices and operations during the 2004-05 school year were collected from October 2005 through October 2006. Efforts were made to confirm that non-respondents were open during the 2004-05 school year. This report describes the 1235 sites providing a minimum of primary care service, defined as having a staffing profile with a nurse practitioner, physician assistant or physician on school grounds. Programs not providing primary care services on school grounds are not presented in this report.

Settings for SBHCs are as varied as the types of schools in the United States. As schools nationwide re-design for students' academic success, SBHCs adapt to meet the age-appropriate needs of the students they are serving.

- 80% of the programs report serving at least one grade of adolescents.**
- 41% are designated as Title One schools.**
- 6% of SBHCs are in alternative schools.**
- 41% of SBHCs are in schools with more than 1000 students.**

Students in schools with SBHCs are predominantly minority and ethnic populations that have historically experienced health care access disparities. 69% of SBHCs report that more than half of their student population is eligible for the United States Department of Agriculture's National School Lunch Program, which provides free and reduced lunch – a marker for underserved students.

Who pays for SBHCS? Most SBHCs finance their operations through a diversity of funded sources from by federal, state and local public sector grants, foundations, patient revenue, private/corporate support, and in-kind contributions from school and community agency partners. According to a national survey of SBHCs, the most common sources of grant funding are: state government (65%), private foundation (49%), county/city government (33%), corporate (29%), and federal government (28%). Eighty percent of SBHCs bill students' health insurance.

I. About School-Based Health Center
B. Principles and Goals

National Assembly on School-Based Health Care

Principles and Goals for School-Based Health Care

These Principles and Goals for School-Based Health Care set a national standard for the field, provide guidelines by which to benchmark programs, define the essential elements of a school-based health center, and provide a framework for accountability and continuous improvement.

Supports the School

The school-based health center is built upon mutual respect and collaboration between the school and the health provider to promote the health and educational success of school-aged children.

- Understands and respects accountability within the educational system.
- Works with the school administration to develop and achieve a shared vision.
- Communicates the vision to all school constituencies including teachers, support staff, students and parents.
- Builds collaborative and mutually respectful relationships with school personnel.
- Identifies community resources that provide support to students and promote successful learning.
- Serves as a resource in times of school crises and community disasters.

Responds to the Community

The school-based health center is developed and operates based on continual assessment of local assets and needs.

- Assesses child and adolescent health care needs and available resources in the community through formal evaluation methods.
- Informs the community of student health needs and trends.
- Solicits community input to address unmet health needs and support the operations of the program.

Focuses on the Student

Services involve students as responsible participants in their health care, encourage the role of parents and other family members, and are accessible, confidential, culturally sensitive, and developmentally appropriate.

- Encourages the student's active, age appropriate participation in decisions regarding health care and prevention activities.
- Involves the parents or other adult caregivers as supportive participants in the student's health care whenever appropriate and possible.
- Ensures confidentiality of information whether transmitted through conversation, billing activity, telemedicine, or release of medical records.
- Provides services and materials that are culturally sensitive and respectful of family values and diversity.

Delivers Comprehensive Care

An interdisciplinary team provides access to high quality comprehensive physical and mental health services emphasizing prevention and early intervention.

- Provides a scope of services that is consistent with identified health care needs. Services may include, but are not limited to: age appropriate well-child exams, immunizations, diagnosis and treatment of acute illness and injury, management and monitoring of chronic conditions, basic laboratory services, capability to prescribe commonly used medications, health education and anticipatory guidance, basic mental health

Principles and Goals for School-Based Health Care (cont.)

services, substance abuse services, violence prevention education and intervention counseling, and preventive and primary dental care.

- Promotes availability of on-site services whenever the school is open and facilitates after-hours care 24-hours-a-day, seven-days-a-week.
- Adopts generally accepted guidelines for clinical practice.
- Promotes the interdisciplinary role and functions of the school-based health center team.
- Coordinates and integrates efforts with existing systems to optimize complementary programs, improve continuity of care, reduce fragmentation, prevent duplication, and maintain affordable services.

Advances Health Promotion Activities

The school-based health center takes advantage of its location to advance effective health promotion activities to students and community.

- Serves as a resource to school administration on the selection, development and delivery of health education curricula.
- Participates in classroom-based and school-wide health promotion activities responsive to risk factors that are prevalent among students.
- Promotes parent and community involvement in health promotion activities.

Implements Effective Systems

Administrative and clinical systems are designed to support effective delivery of services incorporating accountability mechanisms and performance improvement practices.

- Ensures compliance with all relevant laws and regulations.
- Develops and measures annual program goals and objectives.

- Maintains a physical plant which is adequate to deliver high quality services and assure patient comfort and privacy.
- Develops all necessary policies and procedures, training manuals, and memoranda of agreement or understanding.
- Develops a human resources system for hiring, credentialing, training, and retaining high quality competent staff.
- Collects, evaluates and reports health outcomes and utilization data
- Establishes quality improvement practices including but not limited to assessment of patient and community satisfaction.
- Develops strategies and systems to support long-term financial stability.

Provides Leadership in Adolescent and Child Health

The school-based health center model provides unique opportunities to increase expertise in adolescent and child health, and to inform and influence policy and practice.

- Participates in national and local organizations that focus on adolescent and child health.
- Contributes to the body of knowledge on the health care needs of adolescents and children.
- Promotes the School-Based Health Center as a training site for health care professionals.
- Advocates for the resources necessary to increase access to physical, mental and dental health services for adolescents and children.
- Informs elected officials, policy-makers, health professionals, educators and the community-at-large regarding the unique value, acceptability, efficiency and convenience of the school-based health center model of health care delivery.
- Forms partnerships to develop stable, sustainable funding mechanisms for expanded services.

I. About School-Based Health Centers

C. Initiatives Supporting School-Based Health Center

Health Resources and Services Administration (HRSA)

Bureau of Primary Health Care Center for School-Based Health

The Bureau of Primary Health Care (BPHC) provides funding to health centers that has led to the development and operation of 512 school-based health center programs through the Consolidated Health Centers Programs. In accordance with language included in congressional appropriations reports, 130 of these school-based health centers (SBHCs) are funded through the **Healthy Schools, Healthy Communities Program (HSHC)** under the Consolidated Health Centers appropriation.

The Center for School-Based Health serves as the focal point for expanding and strengthening SBHC Programs by serving policy leadership, programmatic technical assistance, training, models, and standards especially for BPHC-supported SBHC programs including HSHC. The BPHC supports SBHCs as a significant vehicle to accomplish the BPHC's mission of Improving and Expanding Access to Health Care for all Americans Nationwide.

<http://bphc.hrsa.gov/>

NATIONAL CENTER ON SCHOOL-BASED HEALTH CARE (NSBHC)

PURPOSE: The purpose of this national resource center is to provide current, evidence-based information and other resources to school-based and school-linked health centers in order to improve and enhance their service capabilities and quality of care. As part of this effort, the Center will develop models of interagency and interdisciplinary collaboration for delivering health and mental health services in schools that involve school staff, school-based/linked health centers, and community agencies. The intent of Center activities will be to promote development of the school health infrastructure; foster the delivery of high quality services to students that integrate primary care, mental health, and substance abuse treatment services; contribute to positive health, social and educational outcomes; enhance collaboration between school-based/linked health care services and other school health programs; encourage parental involvement in the health care of their children and adolescents as well as engage parents in programs that promote health and prevent health risk behaviors; and address issues of practice management, such as quality improvement and financing of school-based/linked health care. Because this Center is national in scope, the applicant should be prepared to interact with the approximately 1500 school-based/linked health centers in our Nation, as well as with communities interested in developing this model of health care. The Center will be expected to interact collaboratively with other HRSA/MCHB programs that promote school health and adolescent health.



Publications from the National Assembly

Academic Outcomes and SBHCs

Creative Financing for School-Based Health Centers: A Tool Kit

Policies and Procedures Tool Kit!

Partners in Access: School-Based Health Centers and Medicaid: Lessons from Policy and Practice

Medicaid Reimbursement in School-Based Health Centers: State Association and Providing Perspectives

Determining A Policy Agenda to Sustain School-Based Health Centers

(<http://www.nasbhc.org/>)

II. A Template of Essential & Optional Services of Comprehensive School-Based Health Centers

HIGH SCHOOL SERVICES	ESSENTIALS	OPTIONAL (Preferred)	OPTIONAL (As needed)
MEDICAL SERVICES			
Comprehensive medical and psychosocial histories	X		
Immunizations	X		
Comprehensive physical examinations per EPSDT guidelines	X		
Developmental assessment	X		
Assessment of educational, achievement, and attendance problems	X		
Vision screening	X		
Hearing screening	X		
Dental care		X	
Diagnosis and treatment of minor medical problems	X		
Diagnosis and treatment of acute medical problems	X		
Management of chronic medical problems	X		
Prescription of medications for minor medical problems	X		
Prescription of medications for acute medical problems	X		
Prescription of medications for chronic medical problems	X		
Dispensing of medications for minor medical problems	X		
Dispensing of medications for acute medical problems	X		
Dispensing of medications for chronic medical problems			X
Laboratory testing	X		
Referral to medical specialty services	X		
Twenty-four hour coverage	X		
Gynecological/Urological Care	X		
Family planning	X		
Family planning referrals	X		
Prescriptions for contraceptives	X		
Dispensing of contraceptives		X	
Referrals of contraceptive prescriptions	X		

This document is an excerpt from: *Ingredients for Success: Comprehensive School-Based Health Centers. A Special Report on the 1993 National Work Group Meetings.* The School Health Policy Initiative, Montefiore Medical Center, Albert Einstein College of Medicine, Dept. of Pediatrics, Division of Adolescent Medicine, 111 East 210th Street, Bronx, NY 10467-2490. Phone: 718-515-5601

HIGH SCHOOL SERVICES	ESSENTIALS	OPTIONAL (Preferred)	OPTIONAL (As needed)
Condom availability	X		
Pregnancy testing	X		
Pregnancy testing referrals	X		
Options counseling			
On-site prenatal care		X	
Prenatal care referrals	X		
Well child care of students' children			
Referrals to well child care	X		
On-site STD treatment	X		
Referral for STD treatment	X		
HIV testing and counseling	X		
Referral to HIV pre/post test counseling	X		
On-site HIV/AIDS treatment		X	
Referral for HIV/AIDS treatment	X		
Case management	X		
HEALTH EDUCATION/PROMOTION			
One-on-one patient education	X		
Group /targeted education at SBHC	X		
Sample topics:			
Smoking cessation			
Teen parenting classes			
Weight reduction seminars			
Family and community health education	X		
Supplemental classroom presentations & resource support for comprehensive health education	X		
Sample topics as appropriate:			
STD/HIV/AIDS education			
Pregnancy prevention			
Drug use prevention			
Intentional & unintentional injury prevention			
Chronic conditions (e.g. asthma)			
General parenting skills			
MENTAL HEALTH SERVICES			
Individual mental health assessment, treatment and follow-up, including:	X		
Physical/sexual abuse identification & referral	X		
Substance abuse assessment	X		
Substance abuse counseling	X		
Substance abuse referrals			
Group and family counseling	X		

HIGH SCHOOL SERVICES	ESSENTIALS	OPTIONAL (Preferred)	OPTIONAL (As needed)
Crisis intervention	X		
Mental health referrals	X		
SOCIAL SERVICES			
Social service assessment	X		
Referrals to and follow-up w social service and other agencies for: Basic needs (e.g. food, shelter, clothing) Employment services Legal services Public assistance (e.g. AFDC, Medicaid)	X		
Case management	X		
On-site provision of services (e.g. food pantry)			X
Transportation			X
MIDDLE SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
MEDICAL SERVICES			
Comprehensive medical and psychosocial histories	X		
Immunizations	X		
Comprehensive physical examinations per EPSDT guidelines	X		
Developmental assessment	X		
Assessment of educational, achievement, and attendance problems	X		
Vision screening	X		
Hearing screening	X		
Dental care		X	
Diagnosis and treatment of minor medical problems	X		
Diagnosis and treatment of acute medical problems	X		
Management of chronic medical problems	X		
Prescription of medications for minor medical problems	X		
Prescription of medications for acute medical problems	X		
Prescription of medications for chronic medical problems	X		
Dispensing of medications for minor medical problems	X		

MIDDLE SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
Dispensing of medications for acute medical problems	X		
Dispensing of medications for chronic medical problems		X	
Laboratory testing	X		
Referral to medical specialty services	X		
Twenty-four hour coverage	X		
Gynecological/Urological Care	X		
Family planning	X		
Family planning referrals	X		
Prescriptions for contraceptives	X		
Dispensing of contraceptives		X	
Referrals of contraceptive prescriptions	X		
Condom availability		X	
Pregnancy testing	X		
Pregnancy testing referrals	X		
Options counseling	X		
Prenatal care		X	
Prenatal care referrals	X		
Well child care of students' children		X	
Referrals to well child care	X		
On-site STD treatment	X		
Referral for STD treatment	X		
HIV testing and counseling		X	
Referral to HIV pre/post test counseling	X		
On-site HIV/AIDS treatment		X	
Referral for HIV/AIDS treatment	X		
Case management	X		
HEALTH EDUCATION/PROMOTION			
One-on-one patient education	X		
Group /targeted education at SBHC	X		
Sample topics:			
Smoking cessation			
Teen parenting classes			
Weight reduction seminars			
Family and community health education	X		

MIDDLE SCHOOL SERVICES	ESSENTIALS	OPTIONAL (Preferred)	OPTIONAL (As needed)
Supplemental classroom presentations & resource support for comprehensive health education Sample topics as appropriate: STD/HIV/AIDS education Pregnancy prevention Drug use prevention Intentional & unintentional injury prevention Chronic conditions (e.g. asthma) General parenting skills	X		
MENTAL HEALTH SERVICES			
Individual mental health assessment, treatment and follow-up, including:	X		
Physical/sexual abuse identification & referral	X		
Physical/sexual abuse counseling	X		
Substance abuse assessment	X		
Substance abuse counseling	X		
Substance abuse referrals	X		
Group and family counseling	X		
Crisis intervention	X		
Mental health referrals	X		
SOCIAL SERVICES			
Social service assessment	X		
Referrals to and follow-up w social service and other agencies for:	X		
Basic needs (e.g. food, shelter, clothing)			
Employment services			
Legal services			
Public assistance (e.g. AFDC, Medicaid)			
Case management	X		
On-site provision of services (e.g. food pantry)			X
Transportation			X
ELEMENTARY SCHOOL SERVICES			
	ESSENTIALS	OPTIONAL (Preferred)	OPTIONAL (As needed)
MEDICAL SERVICES			
Comprehensive medical and psychosocial histories	X		
Immunizations	X		
Comprehensive physical examinations per EPSDT guidelines	X		
Developmental assessment	X		

ELEMENTARY SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
Assessment of educational, achievement, and attendance problems	X		
Vision screening	X		
Hearing screening	X		
Dental assessment	X		
Referral for dental care	X		
Dental care		X	
Diagnosis and treatment of minor medical problems	X		
Diagnosis and treatment of acute medical problems	X		
Management of chronic medical problems	X		
Prescription of medications for minor medical problems	X		
Prescription of medications for acute medical problems	X		
Prescription of medications for chronic medical problems	X		
Dispensing of medications for minor medical problems	X		
Dispensing of medications for acute medical problems	X		
Dispensing of medications for chronic medical problems		X	
Laboratory testing	X		
Referral to medical specialty services	X		
Twenty-four hour coverage	X		
Gynecological/Urological Care	X		
On-site STD treatment	X		
Referral for STD treatment	X		
HIV testing and counseling	X		
Referral to HIV pre/post test counseling	X		
On-site HIV/AIDS treatment		X	
Referral for HIV/AIDS treatment	X		
Case management	X		
HEALTH EDUCATION/PROMOTION			
One-on-one patient education	X		
Group /targeted education at SBHC Sample topics: Smoking cessation Teen parenting classes Weight reduction seminars	X		
Family and community health education	X		

ELEMENTARY SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
MENTAL HEALTH SERVICES			
Individual mental health assessment, treatment and			
follow-up, including:	X		
Physical/sexual abuse identification & referral	X		
Physical/sexual abuse counseling		X	
Substance abuse assessment	X		
Substance abuse counseling		X	
Substance abuse referrals		X	
Group and family counseling	X		
Crisis intervention	X		
Mental health referrals	X		
SOCIAL SERVICES			
Social service assessment	X		
Referrals to and follow-up social service and other	X		
agencies for:			
Basic needs (e.g. food, shelter, clothing)			
Employment services			
Legal services			
Public assistance (e.g. AFDC, Medicaid)			
Case management	X		
On-site provision of services (e.g. food pantry)			X
Transportation		X	

111. *A Few Selected Documents*

Our Clearinghouse has information on a variety of topics relevant to mental health in schools specifically and addressing barriers to learning in general. We have collected resources from across the country. Most of what we have gathered is still in its original form (e.g., guides, resource aids, instruments, articles, fact sheets, reports, etc.). Over time, we are integrating some of the material into specially developed Introductory, Resource Aid, and Technical Aid Packets. The attached list highlights additional items from our current holdings. For material that is still in its original form, you probably will want to directly contact the source. However, if this is not feasible, feel free to contact us.

To access materials prepared by our Center, you can order directly by contacting us: (phone) 310/825-3634; (fax) 310/206-8716; or (email) smhp@ucla.edu. You may also download some of these documents from our website: <http://smhp.psych.ucla.edu>

A. Related Materials Prepared by Our Center

Guidebooks

Mental Health and School-Based Health Centers

This revised guidebook is virtually a completely new aid. The introductory overview focuses on where the mental health facets of school-based health centers (SBHCs) fit into the work of schools. This is followed by three modules. Module I addresses problems related to limited center resources (e.g., limited finances) and how to maximize resource use and effectiveness); Module II focuses on matters related to working with students (consent, confidentiality, problem identification, prereferral interventions, screening/assessment, referral, counseling, prevention/mental health education, responding to crises, management of care); Module III explores quality improvement, evaluating outcomes, and getting credit for all you do. Each module is organized into a set of units with many resource aids (sample forms and special exhibits, questionnaires, interviews, screening indicators) for use as part of the day-by-day SBHC operational focus on mental health and psychosocial concerns. A coda highlights ways to and benefits of weaving together all resources for addressing barriers to student learning into a comprehensive, integrated approach.

B. State and National Documents on School-Based Health Centers

School-Based Health Clinics, Guidelines

American Academy of Family Physicians

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<http://www.aafp.org/online/en/home/policy/policies/s/healthclinics.html>

Opening a School-Based Health Center: A How-To Guide for New Mexico SBHC Coordinators

http://measbhc.org/uploads/sbhc_nmmanual_oct2005.pdf

New Mexico Department of Health, Office of School Health

Phone: (505) 841-5881

New Mexico Assembly on School-Based Health Care

<http://www.nmassembly.org>

Phone: (505) 466-3222

Improving Coordination Between School-Based Health Centers and Medicaid Managed Care

Mary Kay Pera, New Mexico Human Services, Department Assistance Division

Center for Health Care Strategies, Inc.

December 2004

This CHCS funded project provided New Mexico with an opportunity to reexamine the status of its school-based health care system and address the financing, quality, and future viability of these programs. As this report details, the "*Salud!* Comes to Your School" pilot project presented a unique set of opportunities and challenges.

In summary, these included:

- Determining what services would be covered, how they would be delivered (prior authorization was ultimately eliminated), and how covered services would be reimbursed.
- Preparing SBHCs to meet the MCOs' credentialing and quality improvement requirements.
- Developing practice guidelines for disease management, prevention, care coordination, and communication, to ensure access to and provision of quality care.
- Integrating primary and behavioral health care, both at the SBHCs and between the SBHCs and community primary care providers.
- Focusing on the total needs of the children and adolescents served.
- Making changes to the SBHCs' and MCOs' systems to ensure confidentiality for the provision of services to which adolescents can consent on their own.

The project's evaluation shows a number of critical successes, particularly in the project's primary goal areas to explore best practices for collaboration, increase access to care, increase the provision of comprehensive and preventive services, and integrate primary and behavioral health care.

IV. A FEW MODEL PROGRAMS OF SCHOOL-BASED HEALTH CENTERS

Elizabeth Learning Center's School-Based Health Center

The Elizabeth Learning Center (formerly Elizabeth St. School) has been developed as a demonstration of one of the eight designs for comprehensive school reform established with support from the New American Schools Development Corporation and currently being scaled-up around the country. The site serves grades K-12 (with Head Start soon to be added) and has an extensive adult education program.

What makes the Health Center at this school unique is that it is thoroughly integrated into the site's school reforms as one facet of the design's *component to address barriers to student learning*. Based on Adelman and Taylor's enabling component concept (here called Learning Supports), this component is treated as one of three primary and essential facets of the Learning Center design. (That is, it is treated on a par with instruction and governance/ management.)

The Health Center represents a major community collaboration among St. Francis Medical Center, California State University at Dominguez Hills, and the Learning Center (the school nurse work is integrated into the Health Center facility). As an integrated part of the total design, the Health Center is not only school-based it is an integral part of the entire school and community effort to address barriers to learning.

The Health Center provides a range of services for students and their families, including screening and primary health care, prescriptions, care for acute conditions such as asthma, health education and nutritional counseling, immunizations, and screening for tuberculosis, diabetes, and cholesterol. An integrated Family Center provides resources for mental health counseling and related family services. Both the Health and Family Center facilitate referrals as needed. Health education in the Health Center is coordinated with the Learning Center's health education programs, as well as with the Learning Center's high school Health Academy program. Because of the involvement of the St. Francis Medical Center, all concerns related to contraception are handled by the school nurse and other Learning Center staff.

Contact: 4811 Elizabeth St., Cudahy, CA 90201; Ph: 323/562-0175
Fax: 323/560-8412

SAN JOSE SCHOOL HEALTH CENTERS

Site: San Jose School Health Centers, Good Samaritan Health System
Address: 102 N. 14th St., San Jose, CA 95112
Project Director: Roberto Alaniz
Phone/Fax: (408) 280-2170/ (408) 289-1537
Special Populations: Children, adolescents

Services Provided Bilingual primary health care, counseling, pharmacy, health and nutrition education, immunizations, TB testing

Partners: San Jose State University, Santa Clara University, the University of San Francisco, the Santa Clara County Departments of Public Health and Social Services, and many public and private organizations.

The San Jose School Health Centers program in San Jose, CA, provides free primary health care to 25,000 medically underserved children and adolescents who attend 30 schools in five school districts. Program staff serve on multi-agency, multidisciplinary treatment teams that assess individual needs and develop coordinated treatment plans. The benefits of the program include reductions in absenteeism, drop-out rates and number of teen pregnancies. Improved immunization rates and academic performance are also noted. Technical assistance and consultation services are available.

SCHOOL-BASED HEALTH AND SOCIAL SERVICE CENTERS

In South Eastern Connecticut

Site: School-Based Health and Social Service Centers, Child and Family Agency of S.E. Connecticut
Address: 255 Hempstead St., New London, CT 06320
Project Director: Rick Calvert, CISW
Phone/Fax: (860) 443-2896/ (860) 442-5909
E-mail: HN4611@HANDSNET.ORG
Special Populations: School children

Services Provided: Health care, social services, physicals, immunizations

Linkages: State/local private medical and social service provider

The School-Based Health and Social Service Centers operates 12 school-based health centers in southeastern Connecticut. The centers work with school personnel, community leaders and child service providers to expedite the entry of children into needed programs. The centers provide no-cost physicals and immunizations by a school-based nurse practitioner. Upon request, nurse practitioners will accompany family preservation staff on home visits to help children living in high-risk or abusive situations. The centers have collaborative working relationships with agencies for respite care and substance abuse treatment. Enrollment and utilization rates exceed 90 percent and school absences and exclusions are reduced. Several professionally published articles and a policy and procedure manual are available upon request.

Denver Health: School-Based Clinics

School-Based Health Centers

Denver Health's School-based health centers provide primary care, health education and mental health care for students at 13 Denver elementary, middle and high schools. These clinics expand access, provide preventive medicine and help children stay in school while offering a convenient way for parents to ensure their children get quality physical and mental health attention. More than 6.00 students receive services through the clinics each year.

School health center team members include physicians, physician assistants, nurse practitioners, social worker, mental health therapists and substance prevention counselors staff each health center. DH operates the school clinics in collaboration with Denver Public Schools, Arapahoe House and the Mental Health Corporation of Denver.

<http://www.denverhealth.org/SchoolBasedClinics/Default.aspx>

New York State Development of Health School-Based Health Centers

<http://www.health.state.ny.us/nysdoh/school/skprogram.htm>

October, 2004

Thousands of school age children in New York State have limited access to comprehensive health services because of financial, geographical and other barriers to care. School-based health centers (SBHCs) can improve access to primary care for underserved children and youth. SBHCs bring comprehensive primary care services to the place where children and youth are during the day and address critical health problems that make it difficult for students to learn.

Purpose

To increase the accessibility and availability of quality primary and preventive physical and mental health care services to preschool, elementary, middle and secondary school students in high-risk areas of New York State.

Background

This program was established in recognition of the need to improve primary and preventive health care of children in low-income, high-risk communities. Since 1981, state, federal and private foundation funds have been used to develop and implement projects to provide these expanded school health services for pre-school and school age children through health teams composed of nurse practitioners, physician assistants, community health aides, collaborating physicians, social workers, psychologists, collaborating psychiatrists, health educators, nutritionists, dentists and dental hygienists.

Objectives

- To promote good physical and mental health;
- To prevent illness leading to disability and hospitalization;
- To improve the delivery of primary and preventive healthcare services by ensuring that they are accessible, coordinated, comprehensive, collaborative and skilled for all children and youth, including those with special health care needs;

- To facilitate learning and improved school attendance; and
- To promote healthy living by providing school-based primary and preventive health care to medically underserved youth through community partnerships that include community health care providers and school districts.

Program Activities

- Provide comprehensive school health services;
- Provide on-site management of chronic, disabling conditions (e.g. asthma);
- Assure continuity of care by making staff and services available at the school, back-up facility and coordination with HMO's;
- Educate parents and guardians to the need for preventive health care;
- Use positive youth development approach in developing programs intended to reduce risk behaviors;
- Provide on-site services at no cost to students but access appropriate Medicaid and other third party reimbursement to enable cost-effective health care; and
- Refer children with special needs to appropriate community resources.

Services

SBHCs offer comprehensive age-appropriate primary health and mental services including:

- comprehensive physical health and mental health assessments;
- diagnosis and treatment of acute illnesses and chronic conditions (e.g. asthma);
- screenings (e.g., vision, hearing, dental, nutrition, TB);
- routine management of chronic diseases (e.g. asthma and diabetes);
- health education;
- mental health counseling and referral;
- immunizations;
- working papers and sports physicals;
- referral and follow up; and
- population-based primary prevention.

Services are provided on site by a multi-disciplinary team consisting of a mid-level practitioner, a mental health counselor, and a medical assistant in consultation with a physician. The community health center or hospital that sponsors the school-based health center ensures 24 hour/7 day a week access to care to assure continuity of care when school is closed.

Eligibility

All children and youth in schools with a school-based health center who have a signed parental consent form are eligible to receive services.

For more information contact:

School Health Program
 Bureau of Child & Adolescent Health
 New York State Department of Health
 Room 208, Corning Tower Building
 Empire State Plaza
 Albany, NY 12237-0618
 (518) 486-4966

Colorado's School-Based Health Centers

Tools for planning and evaluating school-based health centers

To plan and evaluate their programs, School-Based Health Centers frequently chose to gather information on student needs by surveying the perceptions of students, parents and school staff.

You may download and use the surveys below, which are in MS Word format. A database template will be posted soon in MS Excel, suitable for entering, analyzing and presenting your survey data.

Surveys for Assessing Student and School Health Needs:

- Parent survey
 - survey spreadsheet
- Student survey
 - survey spreadsheet
- Teacher-staff survey
 - survey spreadsheet

Surveys for parent and student satisfaction:

- Parent satisfaction survey
 - Survey spreadsheet
- Student satisfaction survey
 - Survey Spreadsheet
- Instructions for using survey spreadsheets

To find out more or to learn about establishing a program in your community contact:

School-Based Health Centers
Colorado Department of Public Health and Environment
Prevention Services Division
(303) 692-2940

Teen Health Centers

(<http://www.metrokc.gov/health/yhs/thc.htm>)

School-based and school-linked health centers are comprehensive primary care clinics providing medical and mental health screening and treatment for young people on or near school grounds. The clinics were established on a community partnership model, which has been essential to their success. Youth Health Services (YHS) collaborates with seven community health agencies to administer 14 school-based health centers in Seattle and two school-linked health centers in South King County. All of the partner agencies contribute significant resources and expertise to the clinics they operate.

All school-based and school-linked health centers:

- Provide medical care, mental health counseling, health education, and preventive services.
- Offer services to youth in a familiar and "teen-friendly" setting on or near school grounds.
- Are staffed by health professionals who are experienced and trained to work with adolescents.
- Are effective because they are designed to overcome barriers that discourage adolescents from utilizing health services (like lack of confidentiality, inconvenient appointment times, prohibitive costs, and general apprehension about discussing personal health problems).

The school-based and school-linked health centers are staffed by an integrated, multi-disciplinary team. Each site includes a nurse practitioner, mental health counselor, receptionist/patient care coordinator and either a school nurse or a Public Health Nurse. In the school-based clinics, school nurses carry out state-mandated screenings, case manage students with special health care needs, and often serve as the first point of contact for students with illnesses or injuries.

Delaware School-Based Health Centers

<http://www.dhss.delaware.gov/dph/chca/dphsbhchome01.html>

School-Based Health Centers:

- Provide a range of health services and are tailored by each community to meet that area's need. SBHCs were developed to work in partnership with parents, schools, school nurses and the medical community.
- Are operated by a multi-disciplinary team of health professionals who use a holistic approach to address a broad range of health and health-related needs.
- Are not a substitute for the student's personal physician, but rather, act as a source for referral to outside medical care and as points of contact for comprehensive health services.
- In order for students to receive SBHC services, their high school must have such a program established and provide a signed parental consent form.
- Parents can choose which services they want their children to receive.
- In regards to consent and confidentiality of student records, centers are protected by the Health Insurance Portability and Accountability Act (HIPAA), which make such records confidential unless a release of information is signed by the student. This differs from school records that are under the Family Educational Rights Privacy Act (FERPA).

For more information, please contact the Division of Public Health School-Based Health Center Central Office.

- Basic School-Based Health Center Services
- Frequently Asked Questions
- Identified Need for School-Based Health Centers in Delaware
- Information for Parents, Health/Medical Staff and Legislators
- Information for Students
- Registration Information
- School-Based Health Center Locations
- Delaware School-Based Health Centers Location List

Connecticut Department of Public Health

<http://www.ct.gov/dph/cwp/view.asp?a=3138&q=387698>

School Based Health Centers

Description

School Based Health Centers (SBHCs) are comprehensive primary health care facilities located within or on the grounds of schools. SBHCs are licensed as outpatient facilities or hospital satellite clinics and offer services that address the medical, mental and oral health needs of students in grades pre-K through 12.

SBHCs are staffed by multidisciplinary teams of professionals who have special expertise in the care of children and/or adolescents. These services include crisis intervention, health care, social services and outreach.

Primary preventive health and mental health services are provided at all locations. Some SBHCs also offer dental services. SBHC services are aimed at, but not limited to, students who do not have access to a family doctor, or whose families have little or no health insurance. Type and extent of the services provided vary.

SBHC Services

The wide range of services that may be accessed through SBHCs includes:

- Routine Checkups/Physical Exams
- Health Education
- Immunizations
- Referral & Follow-up for Specialty Care
- Laboratory Testing
- Reproductive Health Care
- Diagnosis & Treatment of Sexually Transmitted Diseases
- Mental Health Services
- Crisis Intervention
- Individual, Family & Group Counseling
- Prescription & Dispensing of Medications
- Treatment of Acute Injuries and Illnesses
- Nutrition Counseling & Weight Management
- Dental Care (selected sites only)

Texas Department of State Health Services

<http://www.dshs.state.tx.us/schoolhealth/healthctr.shtm>

School-Based Health Centers

Notice of Request for Proposals (RFP) Opportunity on the Texas Electronic State Business Daily (RFP# DPIS/SCHOO:-0276.1)

The Department of State Health Services (DSHS) School Health Program announces the availability of Fiscal Year (FY) 2009 Title V Maternal and Child Health Block Grant funds. These funds can be used for the following purposes: 1) to start a school-based health center that delivers primary and preventive health services to a school-age population on a school campus within the school district or 2) to expand services to include dental or mental health services in existing school-based health centers. For more information and to download the RFP, please visit http://esbd.cpa.state.tx.us/bid_show.cfm?bidid=75233

V. General References that Include Discussion of School Based Health Centers

As an early step in accessing information and assistance on the above topic, the resources listed here are relatively basic and easy to access through libraries, by phone, or over the Internet. (If you're not yet connected to the Internet, hopefully you have access through work, a local library, or a friend.) Many local colleges or universities libraries allow noncampus members to use their services (sometime for a small fee). Also, many libraries have interlibrary loan programs.

A. Books, Book Chapters, and Guides

Comprehensive School-Based Health Centers: Implementing the Model

B. P. Guernsey & D. R. Pastore (1996). Adolescent Medicine: Health Care in Schools. In: *State of the Art Reviews*, 7, 181-196.

Increasing numbers of school health centers are being established nationwide as a means of easing access to and increasing utilization of primary health care services for high-risk youth. The multiple issues involved in establishing and maintaining a school-based health center are presented. The authors discuss the steps necessary to assess student needs and build community support, develop the plan for delivery of school-based primary care, implement the school-based health center model, and evaluate the health center program.

Research and Evaluation in School-Based Health Care

J. G. Dryfoos, C. Brindis, D. W. Kaplan (1996). Adolescent Medicine: Health Care in Schools. In: *State of the Art Reviews*, 7, 207-220.

With the rapid growth of school-based health centers has come a challenge to produce evidence that they are having an effect on the health and lives of the students they serve. The authors discuss the sources of data that are currently in place to assess the effects of school-based programs, present findings from these sources, address the problems of conducting research and evaluation in school settings, and present ideas about future data collection and research studies.

School-Based Youth Programs: Exemplary Models and Emerging Opportunities.

J. G. Dryfoos (1997) In: *Integrated services for children and families: Opportunities for psychological practice*. R. J. Illback, C. T. Cobb, H. M. Joseph, Jr. (Eds.) American Psychological Association, Washington, DC. p.23-52.

This chapter focuses on integrated school-based health and social services for adolescents in middle schools and high schools.

Health is Academic: A Guide to Coordinated School Health Programs (1998)

E. Marx, S. F. Wooley, with D. Northrop (Eds.). New York, NY: Teachers College Press. (346pp.).

This book discusses and examines various approaches to linking health and learning, implementing coordinated school health programs, comprehensive school health education, family and community involvement in school health, a healthy school environment, physical education, school counseling, psychological and social services, school health services, school nutrition services, school-site health promotion for staff, and the role of the state and national role in coordinated school health programs. Several chapters discuss the role of school-based health centers.

Mental Health in Schools: Promising Directions for Practice

L. Taylor & H. S. Adelman (1996). Adolescent Medicine: Health Care in Schools. In: *State of the Art Reviews*, 7, 303-318.

Discontent with the state-of-the-art of mental health services being provided in schools has led to fundamental shifts in thinking about these services. This article reviews existing programs and highlights emerging trends in school mental health services. The authors demonstrate how mental health programs are changing from narrowly focused to comprehensive, from fragmented to coordinated, from problem-specific to cross-disciplinary, and from being supplementary services in the school to essential components that enable learning.

Expanded School Mental Health Services: A National Movement in Progress

M. D. Weist (1997). In: T.H. Ollendick, & R.J. Prinz (Eds.) *Advances in Clinical Child Psychology, Volume 19.* New York: Plenum Press. pp. 319-352.

This chapter reviews the current state of school mental health services. It describes the following: limitations in the mental health delivery system for youth; advantages of school-based programs; mental health services offered through special education; models for expanded school mental health services; and a discussion of critical issues.

Mental Health and School-Based Health Centers (1997)

Center for Mental Health in Schools, UCLA. (See *A Few Selected Documents from Our Center and Clearinghouse* section for ordering information.)

This revised guidebook is virtually a completely new aid. The introductory overview focuses on where the mental health facets of school-based health centers (SBHCs) fit into the work of schools. This is followed by three modules. Module I addresses problems related to limited center resources (e.g., limited finances) and how to maximize resource use and effectiveness); Module II focuses on matters related to working with students (consent, confidentiality, problem identification, prereferral interventions, screening/assessment, referral, counseling, prevention/mental health education, responding to crises, management of care); Module III explores quality improvement, evaluating outcomes, and getting credit for all you do. Each module is organized into a set of units with many resource aids (sample forms and special exhibits, questionnaires, interviews, screening indicators) for use as part of the day-by-day SBHC operational focus on mental health and psychosocial concerns. A coda highlights ways to and benefits of weaving together all resources for addressing barriers to student learning into a comprehensive, integrated approach.

Full-Service Schools: A revolution in Health and Social Services for Children, Youth, and Families

J. G. Dryfoos. San Francisco: Jossey-Bass. 1994.

This book describes the movement to create an array of integrated support services in schools that respond to the declining welfare of many American families and the rising "new morbidities" of sex, drugs, violence, and stress among youth. Increasingly, health, mental health, and social service agencies are locating their programs in schools, where they offer health screening, psychological counseling, drug prevention, parent education, and other important services. The author describes these programs and the services they provide, and she explains how they are organized, staffed, and funded. She builds a compelling case for broad public commitment to improving the social environments in disadvantaged communities.

School-based and School-Linked Health Centers: Update 1995

Advocates for Youth: Washington, DC: Advocates for Youth. 1994.

Update 1995 focuses exclusively on school-linked health centers, describing common characteristics, linkages between the centers and the schools, services and financing. Special sections feature six case studies of current school-linked centers.

Schools and Health: Our Nation's Investment

D. Allensworth, J. Wyche, E. Lawson & L. Nicholson (Eds.). Washington, DC: National Academy Press. 1997.

This document introduces the Comprehensive School Health Program. It discusses the development of it and the implementation. This document also gives the background and previous mental health in schools policies.

B. Journal Articles, Briefs and Reports

Managed Care and School-Based Health Centers

D. W. Kaplan, N. Calonge, B. Guernsey & M. Hanrahan (1998). *Arch. Pediatric Adolescent Medicine*, 152, 25-33.

This retrospective cohort study compared the use of health services for adolescent members of Kaiser Permanente of Colorado who had access to SBHCs with those members with no access. Adolescents with access were more than 10 times more likely to make a mental health or substance abuse visit. In addition adolescents with access had a lower visit rate for emergent care than did adolescents without access. Finally, adolescents with access had at least one comprehensive health supervision visit compared with 68.8 percent of adolescents without access.

School-Based Health Centers: Improving Access and Quality of Care for Low-Income Adolescents

Mandy A. Allison, MD, MSPH, Lori A. Crane, PhD, MPH, Brenda L. Beaty, MSPH, Arthur J. Davidson, MD, MSPH, Paul Melinkovich, MD and Allison Kempe, MD, MPH. *Pediatrics*. Vol. 120 No. 4 October 2007.

School-Based Health Centers and Managed Care: Seven School-Based Health Center Programs Forge New Relationships

J.J. Schlitt, et al. (1996). The George Washington University, Suite 505, 1350 Connecticut Ave., NW, Washington, DC 20036; Phone: (202) 466-3396; Fax: (202) 466-3467.

This paper explores the issues affecting the relationships between school-based health centers and managed care plans and focuses on the experiences of seven school-based health center programs that have negotiated contracts with plans. It also examines the role of state governments in facilitating these negotiations.

Select School-Based Health Center Publications

K.D. Rickett, J.G., & J.J. Schlitt (1995). *Journal of Adolescent Health*, 17, 77-82

This is a bibliography of select school-based health center publications. Keywords: School-Based Health Clinics

School-Based Health Services for Urban Adolescents: Psychosocial Characteristics of Clinic Users vs. Nonusers

M. Weist, E.L. Proescher, A.H. Freedman, D. Paskewitz, & L. Flaherty (1995). *Journal of Youth and Adolescence*, 24, 251-265.

This article evaluates psychosocial differences between adolescent users and nonusers of an urban school-based health clinic, considering the influence of gender. Examination of differences indicated that nonusers were rated as more socially withdrawn by their peers than clinic users; otherwise, these two groups did not differ on psychosocial measures. Other related findings are discussed.

School-Based Clinic Use and School Performance

M. T. McCord, J. D. Klein, J. M. Foy, & K. Fothergill (1993). *Journal of Adolescent Health*, 14, 91-98.

This is a report on a study that examined the effect of a school-based clinic on academic success. It includes the effect of clinic registration and use on students' absence, suspension, withdrawal, and graduation or promotion rates in an alternative high school for students who were not able to succeed in traditional educational programs.

Costs of Interdisciplinary Practice in a School-Based Health Center

P. H. Walker, J. J. Baker, & P. Chiverton (1998). *Outcomes Management for Nursing Practice*, 2, 37-44.

This article examines the outcome variable of costs in a specific nursing practice setting. This article presents activity-based costing methodology and results of a cost study of primary care and mental health services provided by advanced practice nurses in a school-based health center.

A Study of a School-Based Clinic: Who Uses It and Who Doesn't?

H.S. Adelman, L.A. Barker, & P. Nelson (1993). *Journal of Clinical Child Psychology*, 22, 52-59.

This article reports data on differences between students who chose to become clients at a school-based clinic and those who did not.

State Initiatives to Support School-Based Health Centers: A National Survey

J. J. Schlitt, K. D. Rickett, L. L. Montgomery, & J.G. Lear (1995). *Journal of Adolescent Health*, 17, 68-75.

This survey discusses various state initiative and policies regarding school-based health centers.

Mental Health Facets of the School-Based Health Center Movement: Need and Opportunity for Research and Development

H.S. Adelman, & L. Taylor (1991). *Journal of Mental Health Administration*, 18, 272-283.

This article draws attention to the mental health facets of the school-based health center (SBHC) movement and underscores research and development needs and opportunities. Specifically highlighted are the need for conceptual and empirical work related to developing a mental health model for SBHCs that ensures they play a catalytic role in evolving comprehensive school-based interventions; the opportunity to increase understanding of the mental health status and help-seeking attitudes and behavior of understudied populations; and the opportunity SBHCs provide for pursuing fundamental intervention concerns.

Bridging the Gap Between Service Need and Service Utilization: A School-Based Mental Health Program

P. Armbruster, H. Gerstein, & T. Fallon (1997). *Community Mental Health Journal*, 33, 199-211.

This article attempts to bridge the gap between service need and service utilization, an urban-based, university affiliated children's psychiatric outpatient clinic has implemented a program which provides mental health services in inner city school. Findings suggest that school-based mental health services have the potential for bridging the gap between need and utilization by reaching disadvantaged children who would otherwise not have access to these services. Implications for such services are discussed.

The Development of School Based Mental Health Services in Baltimore

Y. Han, B. Rosenthal, & M. D. Weist (1998). Center for School Mental Health Assistance. Toll free (888) 706-0980.

This article discusses the current national movement underway to develop increasing numbers of expanded school mental health programs in diverse communities in the U.S. This movement has largely been a response to increasing recognition of limitations of community mental health centers and other private practitioners in meeting young people's mental health needs.

School-Based Health Centers and Managed Care

M. Guiden (1998). *State Legislative Report, Vol. 23*, National Conference of State Legislatures. Denver, Colorado.

This report examines school-based health centers and their ability to address the problem of uninsured children.

Medical Clinics in Junior High Schools: Changing the Model to Meet Demands

J. G. Dryfoos (1994). *Journal of Adolescent Health, 15*, 549-557.

Examines a 7-yr program of medical, mental health, and social services in 4 inner-city junior high school-based clinics through a review of records, reports, and foundation proposals. Primary health screening, mental health services, and pregnancy prevention were identified among the critical needs in this community. Findings suggest that strategies for urban junior high schools must be broad and encompass medical and mental health service, group counseling, life planning, and career orientation, along with enhancement of the total school and learning environment.

School-Based Clinics: A Response to the Physical and Mental Health Needs of Adolescents

R. D. Harold, N. B. Harold (1993). *Health & Social Work, 18*, 65-74.

This article examines the population using high school-based clinics and the physical, emotional, and mental health issues these students brought with them. Results document the use of the clinic for multiple issues and provide support for the clinical impressions of the staff that students, despite their states reason for visiting the clinic, were equally likely to have other physical and mental health problems.

School-Based Mental Health Services in the United States: History, Current Models and Needs

L. Flaherty, M. D. Weist, B. S. Werner (1996). *Community Mental Health Journal, 32*, 341-352.

This article examines the development of health and mental health services in schools and compares various models of service delivery, such as school-based clinics and other school mental health programs.

School-Based Programs to Reduce Sexual Risk-Taking Behavior

D. Kirby, K. Coyle (1997). *Children & Youth Services review, 19*, 415-436.

This paper summarized the effects of programs dealing with sexual and contraceptive behaviors.

Making the Grade: State and Local Partnerships to Establish School-Based Health Centers

In ACCESS to Comprehensive School Based Health Services for Children and Youth. The Newsletter for Making the Grade. The George Washington University, Suite 505, 1350 Connecticut Avenue, N.W. Washington, DC 20036. Phone: 202-466-3396, Fax: 202-466-3467

This directory lists the states and local partnerships to establish school-based health centers. Making the Grade program promotes the increased availability of school-based health services for children and youth with unmet health care needs.

Success Stories: How School Health Centers Make A Difference. A Special Report of the

National Health and Education Consortium

C. A. Shearer (1997). National Health & Education Consortium, Washington, DC.

This booklet provides examples of how students have been helped through the provision of school-based health care. The stories, submitted by principals, school nurse, nurse practitioners, doctors, health care directors, and students, illustrate the pressing health problems faced by students today. The narratives relate how these problems affect a child's health status, time in the classroom, and ultimately, their academic achievement.

Improving Access to Health Care: School-Based Health Centers

S. L. Dowden, R. D. Calvert, L. Davis, & T. P. Gullotta (1997). U.S.; Connecticut.

This article explores an approach for better serving the complete health care needs of children, specifically, the efficacy of school-based health centers (SBHCs) to provide a service delivery mechanisms capable of functioning as a medical home for children, providing primary care for both their physical and behavior health care needs. The article examines the need for SBHCs, presenting supporting data that indicate adolescent access to health care is lacking and that children and adolescents have significant needs to be served due to unhealthy lifestyles, chronic illness, and including the planning process by which such centers are developed and services are made available.

Evaluation in School-Based Health Centers

L. A. Nabors (2003). *Psychology in the Schools*, 40(3), 309-320.

Reviews information that will assist in the development of evaluation efforts for school-based health centers (SBHCs). A review of evaluation theory, ideas for evaluation of SBHCs, challenges to implementing research in schools, and future directions for evaluation efforts are presented.

Other Journal Articles:

Addressing Barriers to Learning: Beyond School-Linked Services and Full Service Schools

H. S. Adelman & L. Taylor (1997). *American Journal of Orthopsychiatry*, 67, 408-421.

Assessment of School-Based Health Centers in a Rural State: The West Virginia Experience

R. D. Crespo & G. A. Shaler (2000). *Journal of Adolescent Health*, 26, 187-193.

Bringing Parents Into School Clinics: Parent Attitudes Toward School Clinics and Contraception

J. Santelli, M. Alexander, M. Farmer, P. Papa, & Others (1992). *Journal of Adolescent Health*, 13, 269-274.

Building Bridges between School-Based Health Clinics and Schools.

J. W. Richardson. (2007). *Journal of School Health*.

Clinical Psychology: Beyond Psychopathology and Clinical Interventions

H. S. Adelman (1995). *Clinical Psychology: Science and Practice*, 2, 28-44.

Comprehensive Risk Assessment for Adolescents in School-Based Health Centers

G. B. Gall (2002). *Nurs Clin North Am.*, 37(3), 553-64.

Comprehensive, School-Based Health Care: High School Students' Use of Medical, Mental Health, and Substance Abuse Services

T. M. Anglin, K. E. Naylor, & D. W. Kaplan (1996). *Pediatrics*, 97, 318-330.

Cultural Aspects of Working with Students Enrolled in a School-Based Health Center.

S. M. Murray. (2005) *Nurs Clin North Am.* 40 (4):637-47, viii.

Do School-Based Health Centers Improve Adolescents' Access to Health Care, Health Status, and Risk-Taking Behavior?

E. E. Kisker, & R. S. Brown (1996). *Journal of Adolescent Health*, 18 (5), 335-343.

Evaluating Health Seeking Behaviors of Parents Using a School-Based Health Clinic

M. L. Carpenter & C. S. Mueller (2001). *Journal of School Health*, 71(10), 497-99.

The Feasibility of a Nurse Practitioner-led Primary Health Clinic in a School Setting: A Community Needs Analysis

J. Clendon & G. White (2001). *J Adv Nurs.*, 34(2), 171-178.

Full Service Schools: Revolution or Fad?

J. G. Dryfoos (1995). *Journal of Research on Adolescence*, 5, 147-172.

History and overview of school-based health centers in the US.

E. M. Gustafson. (2005). *Nurs Clin North Am.* 40(4):595-606, vii.

Impact of a School-Based Intervention on Access to Health Care for Underserved Youth

R. D. Crespo & G. A. Shaler (2000). *Journal of Adolescent Health*, 26,187-193.

The Impact of Health Insurance Status on Adolescents' Utilization of School-Based Clinic Services: Implications for Health Care Reform

C. Brindis, C. Kappahn, V. McCarter, & A. L. Wolfe (1995). *Journal of Adolescent Health*, 16, 18-25.

Interdisciplinary Teamwork in a School-Based Health Center.

T.K. Davis, C. R. Montford, & C. Read. (2005). *Nurs Clin North Am.* 40 (4) 699-709, x.

Introduction to the Special Issue: School-Based Health Centers

M. B. Brown & L. M. Bolen (2003). *Psychology in the Schools*, 40(3), 245-253.

Options for Sustaining School-Based Health Centers.

S. M. Swider & A. Valukas. (2004). *Journal of School Health* 74: 115-118.

Parent and Student Preferences for Services in a School-Based Clinic.

A. M. Weathersby, M. L. Lobo, & D. Williamson (2005). *Journal of School Health*

Politics and the Success of School-Based Health Centers

B. A. Rienzo, W. J. Button & K. D. Wald (2000). *Journal of School Health*, 70(8), 331-337.

Reduced Emergency Department Utilization Associated with School-Based Clinic Enrollment

J. D. Key, E. C. Washington & T. C. Hulsey (2002). *Journal of Adolescent Health*, 30, 273-278.

Schools as Places for Health, Mental Health, and Social Services

J. G. Dryfoos (1993). *Teachers College Record*, 94, 540-567.

School-Based Clinics: A Response to the Physical and Mental Health Needs of Adolescents.

R. D. Harold, & N. B. Harold. (2005). *Health and Social Work*.

School-Based Health Centers: Accessibility and Accountability

C. D. Brindis, J. Klein, J. Schlitt, J. Santelli, L. Juszczak & R. J. Nystrom (2003). *Journal of Adolescent Health*, 32(6), 98-107.

School-Based Health Centers and Academic Performance: Research, Challenges, and Recommendations.

S. P.. Geierstanger, G. Amaral, M. Mansour, & S. R. Walters. (2004). *Journal of School Health* 74:347-352.

School-Based Health Centers and the Decline in Black Teen Fertility during the 1990s in Denver, Colorado.

S. A. Ricketts & B. P. Guernsey. (2006). *American Journal of Public Health* 96: 1588-1592.

School-Based Health Centers and the Primary-care Physician: An Opportunity for Collaborative Care.

J. Weinstein. (2006). *Prim Care*. 33 (2): 205-15.

School-Based Health Centers as a Locus for Community Health Improvement

J. M. Lowe, M. L Knapp, M. A. Meyer, G. B. Gall, J. G. Hampton, J. A. Dillman & M. L. Roover (2001). *Quality Management in Health Care*, 9(4), 24-32.

School-Based Health Centers: Politics and Community Support

L. Broussard (2002). *Policy, Politics, and Nursing Practice*, 3(3), 235-239.

School-Based Health Centers: Statewide Quality Improvement Program

B. Gance-Cleveland, D. K. Costin & J. A. Degenstein (2003). *J Nurs Care Qual.*, 18(4), 288-94

School-Based Health Centers: Strategies for Meeting the Physical and Mental Health needs of Children and Families

M. B. Brown & L. M. Bolen (2003). *Psychology in the Schools*, 40(3), 279-289.

School-Based Primary Care in a Managed Care Environment: Options and Issues

C. Brellocks, D. Zimmerman, T. Zink & A. English (1996). *Adolescent Medicine*, 7, 197-206.

School-Based Programs to Reduce Sexual Risk Behaviors: A Review of Effectiveness

D. Kirby, L. Short, J. Collins, D. Rugg, L. Kolbe, M Howard, B. Miller, F Sonenstein, & L. S. Zabin (1994). *Public Health Reports*, 109, 339-360.

School Health Centers and Primary Care for Adolescents: A Review of the Literature

J. Santelli, M. Morreale, A. Wigton, & H. Grason (1996). *Journal of Adolescent Health*, 8, 357-366.

Student Attitudes Toward School-Based Health Centers

J. Santelli, A. Kouzis, & S. Newcomer (1996). *Journal of Adolescent Health*, 18, 349-356.

Politics and the Success of School-Based Health Centers.

B. A. Rienzo, J. W. Button, & K. D. Wald. (2005). *Journal of School Health*.

Utility of Psychosocial Screening at a School-Based Health Center

G. Gall, M. E. Pagano, M. S. Desmond, J. M. Perrin & J. M. Murphy (2000). *Journal of School Health*, 73(7), 292-298.

VI. Agencies, Organizations & Internet Sites related to School Based Health Centers



The following agencies can assist in answering questions about, and obtaining materials relevant to, school-based health centers. They have reports, publications, online resources (e.g., catalogs, technical assistance), model programs, and links to other resources. Updated 10/2001

Remember:

- *You can always contact our Center*

School Mental Health Project/The Center for Mental Health in Schools
Department of Psychology, UCLA
P.O. Box 951563
Los Angeles, CA 90095-1563
Phone: 310/825-3634 ; Toll free; 866/846-4843
Fax: 310/206-8716
E-mail: smhp@ucla.edu
Website: <http://smhp.psych.ucla.edu/>

- *You can contact our Sister Center*

The Center for School Mental Health Assistance
Department of Psychiatry, University of Maryland, Baltimore
680 West Lexington St., 10th floor,
Baltimore, MD 21201-1570
Phone: 888/706-0980 ; Toll free: 410/706-0980
Fax: 410/706/0984
Website: <http://csmh.umaryland.edu/>

Advocates for Youth

Advocates for Youth provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and the developing world. Advocates provides publications, individualized technical assistance, training on how to start a SBHC and how to advocate for SBHCs, and referrals to SBHC experts across the country. The state of the art database includes information on SBHC/SLHC services, staffing, populations served, financing, and more.

2000 M Street NW, Suite 750
Washington, DC 20036
Phone: 202/4193420 | Fax: 202/419-1448
E-mail: info@advocatesforyouth.org
Website: <http://www.advocatesforyouth.org/>
Email: questions@advocatesforyouth.org

AcademyHealth

In June 2000, the Alpha Center and the Association for Health Services Research merged to form the Academy for Health Services Research and Health Policy. The Academy provides a professional home and technical assistance resource for researchers and policy professionals.

1801 K St. NW Suite 701-L
Washington, DC 20006-1301
Phone: 202.292.6700 | Fax: 202.292.6800
Email: info@academyhealth.org
Website: <http://www.academyhealth.org/>

The American Academy of Pediatrics--Committee on School Health (COSH)

Through policy development, special projects, educational programming, and liaison relationships issues of major concern such as the following are addressed by the Committee on School Health: Education, policy development, program development (especially comprehensive health-related programs for school-age children).

Contact: National Headquarters: The American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098 USA
Phone: 847/981-7396 ; 800/433-9016 x7396
Fax: 847/434-8000
E-mail: sli@aap.org
Website: <http://www.schoolhealth.org/>

Center for Health and Health Care in Schools (CHHCS)

The Center for Health and Health Care in Schools (CHHCS) is a nonpartisan policy and program resource center located at The George Washington University School of Public Health and Health Services. CHHCS was established to explore ways to strengthen the well being of children and youth through effective health programs and health care services in schools.

1350 Connecticut Ave., Suite 505
Washington, DC 20036
Tel: (202) 466-3396 | fax: (202) 466-3467
Email: chhcs@gwu.edu
Website: <http://www.healthinschools.org/>

Healthy Schools, Healthy Communities

Healthy Schools, Healthy Communities (HSHC) is a program administered by Bureau of Primary Health Care and provides a valuable model of how to use schools effectively as primary care access points for at-risk children. Healthy Schools, Healthy Communities projects provide family-centered, community-based primary care. Mental health and dental services are included.

Contact: HSHC Program
Bureau for Primary Health Care
4350 East-West Hwy, 9th Floor
Bethesda, MD 20814
Phone: 301/594-4470 / Fax: 301/594-2470
Website: <http://bphc.hrsa.gov/>

The National Adolescent Health Information Center

The National Adolescent Health Information Center of the University of California, San Francisco is a joint activity of the Division of Adolescent Medicine and the Institute for Health Policy Studies. The Center's goal is to promote linkages among key sectors of the health care system that affect the health of adolescents. The Centers current activities include: Increasing the availability of information related to the health of adolescents through a coordinated strategy that links collection, analysis and dissemination of Maternal and Child Health-related and other national and state activities; Improve the capacity of State Title V agencies to plan, deliver and improve access and coordination of comprehensive primary care for adolescents; Conduct short-term and long-term policy studies to synthesize research findings, identify health trends, compare policy approaches and analyze current and proposed legislation affecting adolescents; Develop strategies to increase the public's awareness of the health needs to special populations.

National Adolescent Health Information Center
3333 California Street
Box 0503
San Francisco, CA 94143-0503
Phone: 415/502-4856 / Fax: 415/502-4858
Email: nahic@itsa.ucsf.edu
Website: <http://nahic.ucsf.edu/>

National Assembly on School-Based Health Care (NASBHC)

The NASBHC is dedicated to promoting accessible, quality school-based primary health and mental health care for children and youth through interdisciplinary and collaborative efforts. The National Assembly supports the institutionalization of school-based health care nationwide as an essential strategy for improving the lives of children and optimizing their opportunities for success in school and society. NASBHC provides community, state, and national advocacy, information and knowledge exchange, networking opportunities, and technical assistance regarding multi-disciplinary school-based health care.

666 11th Street NW
Washington, D.C. 20001
Phone: 202/638-5872 / Fax: 202/638-5879
Website: <http://www.nasbhc.org/>
Email: info@nasbhc.org

National Association of Community Health Centers, Inc. (NACHC)

Through a cooperative agreement with the Center for Disease Control (CDC) NACHC launched its Adolescent and School Health Initiative in 1993 to provide information, training and technical assistance to foster cooperative relations between health centers and schools. The mission of the Adolescent and School Health Initiative is to significantly enhance the capacity of Federally Qualified Health Centers to expand and improve preventive and primary health programs targeted to youth at high risk for HIV/AIDS, sexually transmitted infections (STIs), and other health problems through developing school-based or school-linked comprehensive services in cooperation with schools in their local communities.

Contact: Leslie Morris, Project Director
7200 Wisconsin Ave, Suite 210
Bethesda, MD 20814
Phone: 301/347-0400 x2033
Fax: 301/347-0459
Website: <http://www.nachc.com/>
Email: lmorris@nachc.com

National Association of School Nurses

this website includes conference dates, and publications available through the association. A major focus of this association is the prevention of illness, disability, and the early detection and correction of health problems. Other areas of concern include, management of children with special health care needs in the school setting and the support of their families, lack of health care to non-insured and under insured children, immunization and homeless children.

1416 Park Street, Suite A
Castle Rock, CO 80109 U.S.A.
Phone: 303-663-2329 / Toll-free 866-627-6767
Fax: 303-663-0403
Email: nasn@nasn.org
Website: <http://www.nasn.org/>

National Center for Chronic Disease Prevention and Health Promotion: Adolescent and School Health

In 1988, CDC established the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), within which it created the Division of Adolescent and School Health (DASH). CDC surveillance activities describe and monitor the status of youth risk behaviors and school health programs. Their website includes models, funding, publications and data related to school based health programs.

Email: HealthyYouth@cdc.gov

Website: <http://www.cdc.gov/nccdphp/dash/>

National Center for School-Based Health Information Systems

Clinical Fusion® is an easy to use, yet powerful clinical management information system designed to simplify and facilitate clinical charting, data collection and improve the quality of primary care. It is uniquely designed for use in multi-disciplinary and community based health care settings including school based health centers.

Contact: Clinical Fusion

1056 East 19th Avenue, B-516

Denver, CO 80218

Phone: 303/764-8400 / Fax: 303-837-2962

Website: <http://www.clinicalfusion.com/>

School Health Resource Services (SHRS)

School Health Resource Services is a direct way to access the diverse resources needed to implement or improve school health programs and services. SHRS is a network of services designed as a coordinating link between you and the information available from school health, maternal and child health, education and other disciplines. SHRS provides you with technical information, resource materials, and research assistance. Some of their references include: Their School Health Reference Collection which contains 5,000 school health related documents, government publications, model programs, articles, data, policies, videotapes, and much more; Information on model programs; Resource packets, and more.

Contact: School Health Resource Services/ U. of Colorado Hlth Sciences Center

School of Nursing, Office of School Health

P.O. Box 6508

Aurora, CO 80045-0508

Phone: 303/724-0643 ; 866/724-0645 Toll Free

Fax: 303/724-0905

E-Mail: osh.librarian@uchsc.edu

Website: http://www.uchsc.edu/schoolhealth/res_pages/res_index.htm

Note:

Our Center also has

- A catalogue of Internet sites relevant to mental health in schools (which is updated regularly) entitled:

A Catalogue of Internet Sites Relevant to Mental Health in Schools

- A a catalogue of Organizations relevant to mental health in schools (which is updated regularly) entitled:

Organizations With Resources Relevant to Addressing Barriers to Student Learning: A Catalogue of Clearinghouses, Technical Assistance Centers, & Other Agencies

***VII. Collaborative Teams. Cross Disciplinary Training,
& Interprofessional Education
Consultation Cadre List***

Professionals across the country volunteer to network with others to share what they know. Some cadre members run programs; many work directly with youngsters in a variety of settings and focus on a wide range of psychosocial programs. Others are ready to share their expertise on policy, funding, and major system concerns. The group encompasses professionals working in schools, agencies, community organizations, family resource centers, clinics and health centers, teaching hospitals, universities, and so forth.

People ask how we screen cadre members. We don't! It's not our role to endorse anyone. We think it's wonderful that so many professionals want to help their colleagues, and our role is to facilitate the networking. If you are willing to offer informal consultation at no charge to colleagues trying to improve systems, programs, and services for addressing barriers to learning, let us know. Our list is growing each day; the following are those currently on file related to this topic. Note: the list is alphabetized by Region and State as an aid in finding a nearby resource.

Updated 4/29/2008

Central States

Arkansas

Maureen Bradshaw
State Coordinator for Behavioral Interventions
Arch Ford Education Service Cooperative
101 Bulldog Drive
Plummerville, AR 72117
Phone: 501/354-2269 Fax: 501/354-0167
Email: mbradshaw@conwaycorp.net

Howard Knoff, Director
Project ACHIEVE
49 Woodberry Road
Little Rock, AR 72212
Phone: 501/312-1484 Fax: 501/312-1493
Email: knoffprojectachieve@earthlink.net

Minnesota

Elizabeth Latts, Resource Coordinator
Variety Family Center
University of Minnesota
717 Delaware St., SE 3rd Fl.
Minneapolis, MN 55414
Phone: 612/626-2401 Fax: 612/626-2134
Email: latts002@yahoo.com

Gordon Wrobel, Consultant
Nat. Association of School Psychologists
961 West Nebraska Ave.
St. Paul, MN 55117
Phone: 651/817-9808 Fax: 651/489-8260
Email: gordywrobel@covelodge.com

Missouri

Andrea Woodward, Clinical Director
Counseling Association Network
1734 East 63rd Street, Suite 446
Kansas City, MO 64110
Phone: 816/523-6990 Fax: 816/523-7071
Email: clgascntwk@hotmail.com

Montana

Judith Birch, Guidance Specialist
Office of Public Instruction
State Capitol, RM 106
P.O. Box 202501
Helena, MT 59620-2501
Phone: 406/444-5663 Fax: 406/444-3924
Email: jbirch@state.mt.us

East

Connecticut

Thomas Guilotta, CEO
Child & Family Agency
255 Hempstead St.
New London, CT 06320
Phone: 860/443-2896 Fax: 860/442-5909
Email: tpgullotta@aol.com

Rhona Weiss
Branford School-Based Health Center
185 Damascus Road
Branford, CT 06405
Phone: 203/315-3534 Fax: 203/315-3535
Email: rweiss@branford.k12.ct.us

District of Columbia

Martin Blank, Staff Director
Coalition for Community Schools, Institute
for Educational Leadership
4455 Connecticut Avenue, N. W., Suite 310
Washington, DC 20008
Phone: 202/822-8405 Fax: 202/872-4050
Email: blankm@iel.org

Joan Dodge, Senior Policy Associate
National Technical Assistance Center for
Children's Mental Health
Center for Child and Human Development,
Georgetown University, Box 571485
Washington, DC 20057
Phone: 202/687-5054 Fax: 202/687-1954
Email: dodgej@georgetown.edu

Maryland

William Strein, Associate Professor
Dept of Counseling and Personnel Services
University of Maryland
3228 Benjamin Building
1125 College Park
College Park, MD 20742-1125
Phone: 301/405-2869 Fax: 301/405-9995
Email: strein@umd.edu

New York

Deborah Chicorelli, Dir. of Special Ed.
Morris Central School District
P.O. Box 40
Morris, NY 13820
Phone: 607/263-6109 Fax: 607/263-2483
Email: dchicorelli@morriscs.org

Pennsylvania

Ann O'Sullivan, Professor
University of Pennsylvania
420 Guardian Drive
Philadelphia, PA 19106
Phone: 215/898-4272 Fax: 215/573-7381
Email: osull@nursing.upenn.edu

Southeast

Florida

Steven Pfeiffer, Director
Dept. of Educational Psych. & Learning Systems
College of Education
307 Stone Building
Tallahassee, FL 32306-4453
Phone: 850/644-4592 Fax: 850/644-8776
Email: pfeiffer@coe.fsu.edu

Georgia

Lou Caputo
Family Connection Regional Consultant
156 Hopecrest
Savannah, GA 31406
Phone: 912/651-2188 Fax: 912/651-2615
Email: lfcaputo@comcast.net

Southeast (cont.)

North Carolina

Catherine DeMason, Dir. of Student Health
Rockingham County Student Health Centers
Morehead Memorial Hospital
117 East Kings Highway
Eden, NC 27288
Phone: 336/623-9711 Fax: 336/623-2434
Email: cdemason@morehead.org

Virginia

Dianne Dulicai, Co-chair
National Alliance of Pupil Services Org.
7700 Willowbrook Rd.
Fairfax Station, VA 22039
Phone: 703/250-3414 Fax: 703/250-6324
Email: dianne.dulicai@cox.net

Southwest

California

Irving Berkovitz, Consultant
483 Dolehurst Ave.
Los Angeles, CA 90024
Phone: 310-820-1611 Fax: 310/474-6998
Email: irvinghb@aol.com

Michael Carter, Coordinator
School-Based Fam Counseling
Cal State University
King Hall C-1065
5151 State University Drive
Los Angeles, CA 90032-8141
Phone: 323/343-4438
Email: mcarter@calstatela.edu

Sam Chan, District Chief
Child, Youth, and Family Services
LA County Dept. of Mental Health
550 S. Vermont Ave., 4th Fl.
Los Angeles, CA 90020
Phone: 213/738-3201 Fax: 231/639-1804
Email: schan@dmh.co.la.ca.us

Kelly Corey
Regional Director of Business Dev.
Provo Canyon School
29805 La Corona Ct.
Temecula, CA 92591-1617
Phone: 888/649-0900 Fax: 909/699-5298
Email: kellycorey@provocanyon.net

Mike Furlong, Professor
Graduate School of Education
University of California, Santa Barbara
Santa Barbara, CA 93106-9490
Phone: 805/893-3383 Fax: 805/893-7521
Email: mfurlong@education.ucsb.edu

Marcel Soriano, Professor
Division of Administration & Counseling
California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032
Phone: 323/343-4377 Fax: 323/343-5605
Email: msorian@calstatela.edu

Andrea Zetlin, Professor of Education
Div. of Special Educ. & Counseling
California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032
Phone: 323/343-4410 Fax: 323/343-5605
Email: azetlin@calstatela.edu

Colorado

William Bane, Program Administrator
Colorado Dept. of Human Services
Mental Health Services
3520 W. Oxford Avenue
Denver, CO 80236
Phone: 303/762-4076 Fax: 303/762-4373
Email: bill.baine@state.co.us

Barbara Ford, Executive Director
Colorado Association for SBHC
1750 High St.
Denver, CO 80218
Phone: 303/399-6380 Fax: 303/329-9447
Email: barbaraaford@msn.com

Appendix

Meeting the Challenge of Limited Financial Resources

Centers, schools, districts, and communities vary tremendously with respect to accessibility to services. No locale has enough resources; some are relatively well off; some are extremely impoverished.

For example, adolescent-focused substance abuse programs often do not exist in a locale or may only be accessible to those who can pay the costs directly or through third party payers. Where no-cost programs exist, long waiting lists are commonplace.

Limited availability is an unavoidable reality and an ongoing challenge to all health professionals.

Limited availability, of course, is directly related to financial support. In an era of dwindling support for many public agencies, the most fundamental challenge for most school-based health centers and a variety of other related programs is how to survive.

Meeting this challenge involves expanding a center's base of support and organizing for advocacy and action. With respect to advocacy, the key is not to compete with related school and community programs but to move toward fully integrating with such efforts. The need is to convince policy makers that all elements can be woven together to address barriers to learning and enhance healthy development in ways that are essential to school success.

Finding the Funds

For most centers, finding the funds to underwrite its activities remains a struggle. Because no single funding source is reliable, many centers seek diversified financial support and draw from the public and private sector (i.e., from individuals, agencies, and foundations at local, state, and national levels).

Exhibit A outlines a range of funding sources for school-based health centers.

As centers become more integrated into school and community programs, some support can be derived from the funding that underwrites these programs. An example of possibilities is seen in Exhibit B which outlines sources of federal support available to school districts.

Also, see *Financial Strategies to Aid in Addressing Barriers to Learning* -- an Introductory packet that is available from our Center.

Exhibit A: Funding Sources for School Based Health Programs

(prepared by Bernice Rosenthal, MPH, Baltimore City Health Dept.)

SOURCE OF FUNDS/ CATEGORIES	HOW TO ACCESS OPTIONS	USE OF REVENUES IN BALTIMORE
<i>General Funds: Local</i> Health Dept. Budget	Determined by municipal government See local Health Departments	Budget for school nurses, aides, MDs, clerical, administration
<i>Federal :</i> EPSDT Administrative	Application to State EPSDT Office for administrative federal financial participation for expenditures related to outreach and case management that support the effort to assure that pregnant women and children with MA or likely to be eligible for MA receive preventive health services	Applied to school nurse salaries who provide administrative outreach and case management. Results in having local funds available for the SBC program.
MCH Title V (C and Y)	Application to agency delegated by State to distribute funds for primary health care for uninsured children.	Supports core staff in 3 school-based health centers.
STATE: Legislative	Bill initiated by state senator.	\$41,000 for 1 PNP in designated school
HMO Reimbursement Out of Plan Family Planning Provider (SBHC)	Per State HMO contract, bill HMO for Family Planning services as out of plan provider.	Added to resource pool for expanding services in school clinics.
Pre-authorized services (SBHC)	Contract to complete EPSTD screens for HMO enrollees in SBHC schools.	Fee for service reimbursement.
Fee for service: School-Based Clinics (SBHCs)	Apply for Medicaid Provider status. Arrange for revenues to be retained by program without requirement to spend in year of receipt.	Used to expand staff with part-time NPS, Medical assistants, physician preceptors, and contracts for mental health clinicians.

(cont.)

Exhibit A: Funding Sources for School Based Health Programs (cont.)

**SOURCE OF FUNDS/
CATEGORIES**

**HOW TO ACCESS
OPTIONS**

**USE OF REVENUES IN
BALTIMORE**

Fee for service: School Nurse Programs

Apply for Medicaid provider number as LHD or LEA for medically necessary services provided in schools e.g. IEP nurse services.

Used to retain positions cut in local funds budget, provide education benefits for nurses, purchase equipment, add clerical support

Health Related services IEP/IFSP

Application to Medicaid as provider reimbursement for services provided to school children under IEP/IFSP. School Districts can apply directly for provider status or enter into a Letter of Agreement with a local health department and provides services as a clinic of local health dept. Uses specific LHD provider number. Agencies described above apply to state Medicaid.

Produces a significant revenue base that can support entire SBHC programs as is done by Baltimore County. Baltimore's MOU between Health and Education stipulates that revenues must be used to expand or initiate expanded health services in schools. 38 school nurse positions, CHN Supvr, 6 Aides, social workers, 57 school-based mental health clinics, assistive technology equipment and a portable Dental Sealant Program for elementary schools.

Case Management for Pediatric AIDS

Have school or clinic nurse provide case management for HIV positive children in schools through cooperation with local Pediatric AIDS Coordinator.

New option in Maryland.

Home-based services & Service Coordination services

Apply for or include in MA provider application.

Not used in Baltimore schools.

Targeted Case Management under Healthy Start

Available for school nurses who complete required assessments and follow-up for eligible children.

Not used

Exhibit B

Examples of Federal Resources

To illustrate the range of federally funded resources, the following table was abstracted from “Special Education for Students with Disabilities” (1996), *The Future of Children*, 61), 162-173.

What follows is a table composed of a broad range of federally supported programs which exist to meet specific needs of children and young adults with disabilities. Services include education, early intervention, health services, social services, income maintenance, housing, employment, and advocacy. The following presents information about programs that

- are federally supported (in whole or in part)
- exclusively serve individuals with disabilities or are broader programs (for example, Head Start) which include either a set-aside amount or mandated services for individuals with disabilities.
- provide services for children with disabilities or for young adults with disabilities through the process of becoming independent, including school-to-work transition and housing.
- have an annual federal budget over \$500,000,000.00 per year. (Selected smaller programs are also included).

Category	-Program	Purpose	Target Population	Services Funded
Education	<p>Special Education-State Grants Program for Children with Disabilities</p> <p>US Dept. of Education, Office of Special Education Programs</p> <p>contact: Division of Assistance to States, (202) 205-5547</p>	<p>To ensure that all children with disabilities receive a free, appropriate public education (FAPE). This is an entitlement program</p>	<p>Children who have one or more of the following disabilities and who need special education or related services: Mental retardation, Hearing impairment, Deafness, Speech or language impairment, Visual impairment, Serious emotional disturbance, Orthopedic impairments, Autism, Traumatic brain injury, Specific learning disabilities, Other health impairments</p>	<p>Replacement evaluation, Reevaluation at least once every 3 years, Individualized education program, Appropriate instruction in the least restrictive environment</p>
Comprehensive Services to Preschool Children	<p>Head Start</p> <p>US Dept. of Health and Human Services</p> <p>contact: Head Start Bureau, (202) 205-8572 Head Start Info. and Pub. Center (866) 763-6481</p>	<p>To provide a comprehensive array of services and support which help low-income parents promote each child's development of social competence</p>	<p>Primarily 3- and 4-year-old low-income children and their families</p> <p>Statutory set-aside requires that at least 10% of Head Start enrollees must be disabled children</p>	<p>Education, Nutrition, Dental, Health, Mental health, Counseling/psychological therapy, Occupational/physical/speech therapy, Special services for children with disabilities, Social services for the family</p>
Health	<p>Medicaid</p> <p>US Dept. of Health and Human Services</p> <p>contact: Medicaid Bureau, (410) 786-3000</p>	<p>To provide comprehensive health care services for low-income persons</p> <p>This is an entitlement program</p>	<p>Low-income persons: Over 65 years of age, Children and youths to age 21, Pregnant women, Blind or disabled, and in some states- Medically needy persons not meeting income eligibility criteria</p>	<p>Screening, diagnosis, and treatment for infants, children, and youths under 21; Education-related health services to disabled students; Physician and nurse practitioner services; Rural health clinics; Medical, surgical, and dental services; laboratory and x-ray services; nursing facilities and home health for age 21 and older; Home/community services to avoid institutionalization; family planning services and supplies.</p>
Health	<p>Disabilities Prevention</p> <p>US Dept. of Health and Human Services, Centers for Disease Control and Prevention</p> <p>contact: Disabilities Prevention Program, (770) 488-7082</p>	<p>Funds educational efforts and epidemiological projects to prevent primary and secondary disabilities</p>	<p>Persons with: Mental retardation, Fetal alcohol syndrome, Head and spinal cord injuries, Secondary conditions in addition to identified disabilities, Selected adult chronic conditions</p>	<p>Funds pilot projects that are evaluated for effectiveness at disability prevention; Establishes state offices and advisory bodies; Supports state/local surveillance and prevention activities; Conducts and quantifies prevention programs; Conducts public education/awareness campaigns</p>

Category	Program	Purpose	Target Population	Services Funded
Health	Maternal and Child Health Services US Dept. of Health and Human Services contact: Maternal and Child Health Bureau, (301) 443-0205	To provide core public health functions to improve the health of mothers and children	Low-income women and children; Children with special health needs, including but not limited to disabilities	Comprehensive health and related services for children with special health care needs; Basic health services including preventative screenings, prenatal and postpartum care, delivery, nutrition, immunization, drugs, laboratory tests, and dental; Enabling services including transportation, case management, home visiting, translation services
Mental Health	Comprehensive Mental Health Services for Children and Adolescents with Serious Emotional Disturbances and Their Families US Dept. of Health and Human Service contact: Child, Adolescent and Family Branch Program Office, (301) 443-1333	The development of collaborative community-based mental health service delivery systems	Children and adolescents under 22 years of age with severe emotional, behavioral, or mental disorders and their families	Diagnostic and evaluation services; Individualized service plan with designed case manager; Respite care; Intensive day treatment; Therapeutic foster care; Intensive home-, school-, or clinic-based services; Crisis services; Transition services from adolescence to adulthood
Social Services	Foster Care US Dept. of Health and Human Services contact: Children's Bureau, (202) 205-8618	To assist states with the costs of: foster care maintenance; administrative costs; training for staff, foster parents, and private agency staff. This is an entitlement program	Children and youths under 18 who need placement outside their homes	Direct costs of foster care maintenance; placement; case planning and review; training for staff, parents, and private agency staff
Housing	Supportive Housing US Dept. of Hosing and Urban Development (HUD) contact: Local Housing and Urban Development field office,(913) 551-5644	To expand the supply of housing that enables persons with disabilities to live independently	Very low-income persons who are: blind or disabled, including children and youths 18 years of age and younger who have a medically determinable physical or mental impairment and who meet financial eligibility requirements; over 65 years of age	Cash assistance Average monthly payment is \$420 per child with disability. Range is from \$1 to \$446

Another way for SBHCs to minimize the amount of budgetary support that must be raised each year involves attracting community resources to help the center carry out its work.

With respect to seeking grants, remember that government agencies and most private foundations currently are not looking to underwrite long-term service programs, such as SBHCs. Thus, a SBHC should think in terms of proposing 2-3 year demonstration projects that can contribute to the center's mental health focus but which are designed specifically to address a particular agency's or foundation's priorities (e.g., projects to reduce dropout, substance abuse, gang violence, suicide; projects related to models for integrating center, school, and community resources).

Every major funding source will send, upon request, a statement of current priorities and application procedures.

A variety of helpful resources related to financial concerns are provided in one of the specially prepared packets designated as *Accompanying Resources*. This resource aid, entitled *Financial Strategies to Aid in Addressing Barriers to Learning*, is outlined in the last section of this guidebook.

In addition to major financial underwriting, school-based health centers can enhance their resources through outreach that attracts local support.

Volunteer staff. Centers can increase the range of services and minimize costs by supplementing paid staff with volunteers. Indeed, the only way some centers can provide a significant focus on mental health is by using volunteer professionals directly or to supervise volunteer or paid paraprofessionals and trainees.

Agencies. It is a given that centers need to connect with local agencies and organizations that provide counseling services (e.g., county mental health, substance abuse programs, youth groups). Similarly, community agencies and organizations can be convinced about the benefits of outreaching to the school in ways that result in additional services at the school. For example, county mental health workers are coming to some centers to provide services to students who qualify for but are unlikely to travel to county programs.

Advisory boards. Community and professional advisory boards often are mandated for centers. Whether mandated or not, such advisory groups can be encouraged to play a role in advocating for additional programs and support. In addition, some advisory board members can be mobilized to use their networks to help recruit volunteers.

Adopters/sponsors. Individuals, local businesses (including corporations housed in the area), service clubs and other organizations can be recruited as sponsors. The success of adopt-a-school programs suggests the potential of "adopt-our-center" campaigns. Sponsors can help meet specific resource needs ranging from donating center furnishings to financial contributions. Sponsors may or may not choose to participate on advisory boards.

Excerpts from an article by Alpha Center in *State Initiative's Newsletter* (October, 1995)

School-Based Health Centers Search for Funding: Eye Managed Care Organizations as Partners

With the growing of Medicaid managed care, school-based health centers have seen their reimbursement dollars drop at an alarming rate. In 1994 alone, the Baltimore City Health Department witnessed declines in Medicaid revenue of 35 percent for its school-based health centers as a result of managed care. During that same year, school-based health centers in the Bronx estimated a loss of \$30,000 in Medicaid revenue for services they provided to managed care enrollees.

It is a trend that proponents of school-based health centers are watching with great trepidation. But it is also motivating administrators of these centers to negotiate with managed care plans in hopes of not only stanching the revenue bleeding, but possibly securing a steady source of funding. At the same time, a partnership with managed care plans would help place school-based health centers in the mainstream of health care delivery and improve care coordination for school-aged children.

The majority of students seen in school-based health centers are uninsured, with between 30 percent and 35 percent of the students on Medicaid. But as more states expand Medicaid coverage to uninsured children, that will ensure that a larger pool of children in high schools will receive coverage. At the same time, however, more and more states are enrolling their Medicaid populations into managed care plans. "If school-based health centers do not become part of that system, they will cease to exist," predicts Karen Hacker, of the Boston Department of Health and Hospitals.

Financial survival isn't the only reason for linking with managed care. According to Donna Zimmerman, executive director of Health Start, Inc. in St. Paul, Minnesota, and president of the new National Assembly on School-Based Health Care, the advantages are three-fold. First, negotiating with managed care organizations to reimburse services provided at school-based health centers will stop a backward slide in overall reimbursements. The new relationship will also ensure that students don't have "to be taken out of a system of care that they've become accustomed to," says Zimmerman. Furthermore, a large managed care organization has greater resources that could be used to assist clinics with quality improvement programs or staffing.

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But partnering with managed care organizations is not easy. The barriers are many, ranging from having to prove a school-based center's effectiveness to negotiating an acceptable reimbursement rate and developing more sophisticated billing and information systems. "Nobody's going to contract with them just because they're the good guys," says Sandra Maislen of the Boston-based Neighborhood Health Plan.

. . . Maislen's network is investing in school-based health centers. Maislen says the network is interested in working with the centers because the state has established standards for school-based health centers to make certain a basic quality of service is provided. The Neighborhood Health Plan views the schools as well-equipped to reach a population that has traditionally shied away from services. Twenty-two of the network's health centers have links with designated school-based sites throughout Boston, paying a capitated rate that takes into account such things as violence prevention. And the network is in the process of opening up the system so that any network member can receive care at any school-based health center and the services will be reimbursed.

"We are where the patients are," says Zimmerman. For managed care organizations that must meet Medicaid mandates to screen a certain percentage of adolescents, school-based health centers are uniquely positioned to help them attain that goal. "We provide very good access to Medicaid patients for the health plans, and we have access to whole families by virtue of the children being in the schools," Zimmerman adds.

Besides, for some problems an adolescent is more likely to seek advice or care from a provider based in the school than a health plan doctor. "It's unlikely that a teenager is going to say to a parent 'I've got a vaginal discharge, do you think I need to be tested?'" offers Maislen.

Maislen suggests that school-based health centers have to start thinking more strategically, marketing specific programs to HMOs. In Boston, programs targeted at Asthma management, preventing motor vehicle accidents and stopping violence would go a long way, says Maislen. Such preventive programs can stop such traumatic incidents from happening, and the costs associated with these services are far less than those for treating accident and shooting victims.

Focusing on partnerships with managed care plans isn't the only key to survival. The centers need to seek out partnerships with state governments and other organizations to build a network of support. Centers also need to build relations with other groups of providers to secure their place as alternate sites of care for adolescents. While successful negotiations could lead to more Medicaid revenue, those reimbursements will never be enough to fully fund center operations. According to Zimmerman, school-based health centers will always have to search out alternate sources of funding.