



Technical Assistance Sampler

School-Based Health Centers

(Updated 2016)



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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. 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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I. About School-Based Health Centers



School-based health centers represent the intersection of health and education

<http://www.sbh4all.org/school-health-care/aboutsbhcs/>

School-based health centers (SBHCs) are a powerful investment in the health and academic potential of children and adolescents. They provide access to services—primary care, counseling, oral health, reproductive health, healthy eating, active living—that enable children and adolescents to thrive in the classroom and beyond.

Ensuring that students have access to high-quality health care when they need it is the highest priority for SBHCs.

SBHCs provide students access to health care in a location that is safe, convenient, and accessible: their school. They are staffed by licensed professionals with the experience and expertise to deliver quality care that addresses the broad range of concerns that affect students' healthy development. The services SBHCs deliver improve the social, emotional, and behavioral health of students, as well as minimize the effects of poverty and other adverse experiences on their school success.

"I hear great stories about kids and teens who would miss days and days of school and are now able to be successful. I have had former patients that are in college or have their own families that were in my school health practice and I still hear from them. They say, 'you made a difference, and I was able to complete school because of you.'" – Patti Scott, Former SBHC Administrator



SBHCs partner with their school to develop a shared vision to improve student success.

Schools and SBHCs share the same mission—they want their students to thrive. SBHCs integrate into the education environment by contributing directly to the school's mission and delivering outcomes that matter to educators—such as reduced student absenteeism. SBHCs collaborate with school administrators, teachers, and support staff to ensure the partnership meets student needs efficiently, effectively, and seamlessly.

"Our approach to care for children is unique and different, and lends itself to improved outcomes." – Dr. Veda Johnson, SBHC Physician

SBHCs are extraordinary win-win propositions for communities.

When health care is accessed in schools, students benefit because they don't have to travel to find a physician. Parents benefit because they don't have to take a day off of work. The schools benefit because students spend more time in the classroom. And employers benefit because parents don't have to miss a day of work.

What makes a great SBHC?

The School-Based Health Alliance, in partnership with our state affiliates and experts from the school-based health care field, have developed a set of seven core competencies that great SBHCs have mastered. The core competencies represent the knowledge, expertise, policies, practices, and attributes that every SBHC is expected to demonstrate in its pursuit of student wellness. These are a useful resource that SBHC staff and administrators can use as a framework to achieve excellence in delivering care in a school setting.

I. About School-Based Health Centers (cont.)

A. Facts and Stats

*How Does Access to Health Care Affect Health and Education? Evidence from School-based Health Center Openings**

M.F. Lovenheim, R. Reback, & L. Wedenoja (2014).

<http://econ.msu.edu/seminars/docs/School%20Health%20Centers%20-%204-9-14.pdf>

Abstract

The large amount of money spent on expanding access to health care in the US to low-income Americans combined with persistent disparities in health and education across the socioeconomic distribution leads to the important question of how expanding health care access could help address these disparities. This paper examines the provision of primary care health services to low-income students that are delivered through school-based health centers (SBHCs). Using the timing of center entry and exit combined with changes in service levels from year to year at these centers, we estimate how the primary care services provided by SBHCs affect teen pregnancy and high school dropout rates. Our preliminary results indicate that school-based health centers have a large, negative effect on teen birth rates: adding services equivalent to the average SBHC reduces the birth rate for girls 15 and under by 23% and reduces the 16-19 year old birth rate by 8%. These effects are driven solely by centers that offer contraceptive services. Despite the large effect on teen childbearing, we find at most a small effect on high school dropout rates. However, any dropout rate effect is localized to females. These results suggest that primary care health services do not reduce high school dropout rates by much, even when they reduce teen birth rates. This does not mean, however, that SBHCs do not make students better off, as reducing teen fertility may be desirable in its own right.

I. About School-Based Health Centers (cont.)

A. Facts and Stats (cont.)



National Census of School-Based Health Centers

<http://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/>

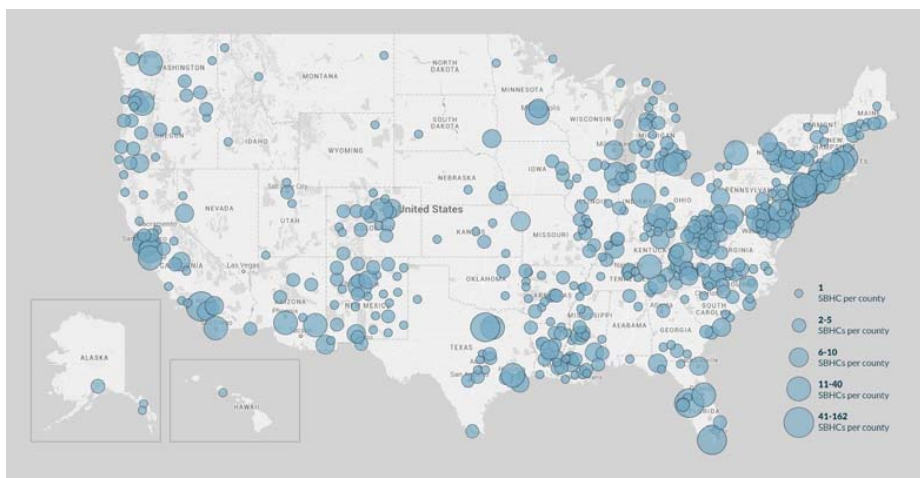
The School-Based Health Alliance conducts a triennial national survey of school-based, school-linked, mobile health, and telehealth programs called the National Census of School-Based Health Centers (SBHCs).

Our 2013-14 Census of SBHCs showed there are currently **2,315 SBHCs** that serve students and communities in **49 of 50 states and the District of Columbia**. The number of SBHCs nationally grew 20% since the 2010-11 Census of SBHCs, with 385 new centers recognized in our database.

We have conducted the census since 1998. Prior to the Alliance, data collection efforts were led by the Center for Population Options (now Advocates for Youth) and the Center for Health and Health in Schools.

This online survey provides the school-based health field with accurate, up-to-date data about SBHC demographics, staffing, services, utilization, financing, prevention activities, and clinical policies.

2013-14 Census Report of School-Based Health Centers



This census report highlights findings from our 2013-14 Census of SBHCs, completed by 82 percent of the field. Learn about the growth of SBHCs nationwide and how they provide access to a variety of comprehensive health services, including adolescent-centered care. SBHCs are integrated into health care systems through community partnerships, have sustainable business models, and high standards for accountability.

[Go to the Digital Report](http://censusreport.sbh4all.org/) <http://censusreport.sbh4all.org/>

Methodology

The School-Based Health Alliance maintains a “master SBHC database” based on information from our state affiliates, state government offices, our membership, and annual convention registration. We update this database continuously when we learn about new SBHCs and closed SBHCs.

[Download a PDF with more information about the methodology of the 2013-14 Census of SBHCs, including data tables.](http://www.sbh4all.org/wp-content/uploads/2015/02/2013-14-Census-Data-and-Methods.pdf)

<http://www.sbh4all.org/wp-content/uploads/2015/02/2013-14-Census-Data-and-Methods.pdf>

Data Sharing Policies and Procedures

The School-Based Health Alliance is committed to sharing census data as a resource to diverse audiences; however, we do not share lists of SBHCs or their contact information.

- We share census data with state affiliates and state programs offices in states where 60 percent or more SBHCs complete the survey
- We share data with researchers when they submit a formal request for data
- We **do not share** lists of SBHCs or their contact information

I. About School-Based Health Centers (cont.)

B. Core Competencies and Goals



Core Competencies

<http://www.sbh4all.org/resources/core-competencies/>

A school-based health center (SBHC) represents a shared commitment between a community's schools and health care organizations to support the health, well-being, and academic success of its students. For the schools' part, facilities and utilities are donated and building-level policies facilitate students' enrollment and utilization. Local health organizations bring into the partnering school expertise and linkages to an array of services—medical, nursing, behavioral counseling, oral health care, reproductive health, nutrition education, and health promotion—that enable children and adolescents to thrive in the classroom and beyond. The ultimate goal of the partnership is to create a culture of health within the school and among its inhabitants.



Core Competencies

The School-Based Health Alliance, in partnership with our state affiliates and experts from the school-based health care field, developed a set of seven core competencies that represent the knowledge, expertise, policies, practices, and attributes that every SBHC is expected to demonstrate in its pursuit of student wellness. SBHC staff and administrators can use these as a framework to achieve excellence in delivering care in a school setting.

The core competencies are gaining wide recognition. The Health Resources and Services Administration, for example, highlighted them in a [2016 funding opportunity announcement](#).

Access

The SBHC assures students' access to health care and support services to help them thrive.

[Read more](#)

Student-Focus

The SBHC team and services are organized explicitly around relevant health issues that affect student well-being and academic success.

[Read more](#)

School Integration

The SBHC, although governed and administered separately from the school, integrates into the education and environment to support the school's mission of student success.

[Read more](#)

Accountability

The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.

[Read more](#)

School Wellness

The SBHC promotes a culture of health across the entire school community.

[Read more](#)

Systems Coordination

The SBHC coordinates across relevant systems of care that share in the well-being of its patients.

[Read more](#)

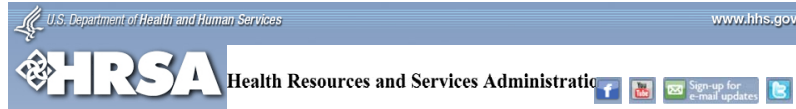
Sustainability

The SBHC employs sound management practices to ensure a sustainable business.

[Read more](#)

I. About School-Based Health Centers (cont.)

C. Initiatives Supporting School-Based Health Centers



School-Based Health Centers



School-based health centers are exactly what the name implies: the center of health in the schools where they are based.

Students and their families rely on school-based health centers to meet their needs for a full range of age-appropriate health care services, typically including:

- primary medical care
- mental/behavioral health care
- dental/oral health care
- health education and promotion
- substance abuse counseling
- case management
- nutrition education

Students can be treated for acute illnesses, such as flu, and chronic conditions, including asthma and diabetes. They can also be screened for dental, vision and hearing problems. With an emphasis on prevention, early intervention and risk reduction, school-based health centers counsel students on healthy habits and how to prevent injury, violence and other threats.

School-based health centers often are operated as a partnership between the school and a community health organization, such as a community health center, hospital, or local health department. The specific services provided by school-based health centers vary based on community needs and resources as determined through collaborations between the community, the school district and the health care providers.

Nearly 2,000 school-based health centers operate nationwide, according to the most recent National Assembly on School-Based Health Care census. Most are open every day school is in session.

About 20 percent receive funding through the HRSA Health Center Program.

Did You Know?

The Affordable Care Act appropriated a total of \$200 million for 2010 through 2013 to support capital grants to improve and expand services at school-based health centers.

\$95 million was awarded to 278 school based health centers in July 2011, enabling them to serve an additional 440,000 patients. They currently serve approximately 790,000.

With these funds, the school-based health centers will modernize or build new facilities, purchase much-needed equipment and increase access to health services for children.



Learn More

[Affordable Care Act support for school-based health centers will create jobs, increase access to care for thousands of children](#) (12/08/2011)

[HHS announces new investment in school-based health centers](#) press release (07/14/2011)

[School-Based Health Centers: National Census School Year 2007-2008](#) (PDF - 8 pages)

<http://www.hrsa.gov/ourstories/schoolhealthcenters/>

I. About School-Based Health Centers (cont.)

C. Initiatives Supporting School-Based Health Centers (cont.)



The School-Based Health Alliance works to improve the health of children and youth by advancing and advocating for school-based health care.

What We Believe

All children and adolescents deserve to thrive. But too many struggle because they lack access to health care services. School-based health care is the solution, bringing health care to where students already spend the majority of their time: in school. When health and education come together, great things happen. Attendance improves. Conditions like asthma or diabetes are better managed. Behavioral health issues get quick, expert attention.

Who We Are

Founded in 1995, the nonprofit School-Based Health Alliance is the national voice for school-based health care. We provide the field with high-quality resources, training, and motivation and inspiration to excel in their work. School-based health care practitioners, with their distinct expertise, knowledge, and experiences, play a vital role at the intersection of education and health care. By empowering them, we are redefining health for kids and teens.

What We Do

1. We connect our sector to a national community of peers that shares their values, values their model, and unifies their voice for greater impact.
2. We support our field with common standards, measures, data, and research to effectively demonstrate their value.
3. We directly engage our members in experiential and collaborative learning to lead, test, and spread innovations in our field.
4. We help young people take ownership of their health.
5. We advocate at federal, state, and local levels for the concept of health and education partnerships—and the school-based health center (SBHC) model in particular—to achieve student success.

Our Vision

All children and adolescents are healthy and achieving at their fullest potential.

<http://www.sbh4all.org/about/>



State Affiliates

<http://www.sbh4all.org/about/state-affiliates/>

While our focus is on the national level, these organizations represent the school-based health care movement at the state and local levels.

The majority of these organizations are independent nonprofits. Others have joined similar-minded nonprofit groups to represent school-based health care concerns. Many have chosen to become State Affiliates. In some states, stakeholders are developing an organization to represent the interests of school-based health care that will affiliate with the School-Based Health Alliance. We consider these groups to be Emerging Affiliates. A few states have state organizations but have determined they are not able to meet the requirements of School-Based Health Alliance affiliation.

Interested in Forming a State Affiliate?

The [School-Based Health Alliance and State Affiliates](#) create a formal relationship built on an agreement to share in the School-Based Health Alliance's mission, vision, and core values. We support each other by building a comprehensive coalition and a grassroots movement to advance a federal policy agenda that supports and strengthens school-based health care. By working nationally and locally, we make the school-based health care movement more viable, effective, and sustainable. Email us at states@sbh4all.org to learn more about state affiliation.

State Affiliates

- Arizona School-Based Health Alliance
- California School-Based Health Alliance
- Colorado Association for School-Based Health Care
- Connecticut Association of School-Based Health Care
- Delaware School Based Health Alliance
- Florida School-Based Health Alliance
- Georgia School-Based Health Alliance
- Illinois School-Based Health Alliance
- Louisiana School-Based Health Alliance
- Maine Assembly on School-Based Health Care
- Maryland Assembly on School-Based Health Care
- School-Community Health Alliance of Michigan
- New Mexico Alliance for School-Based Health Care
- New York School-Based Health Alliance
- North Carolina School-Based Health Alliance
- Ohio School-Based Health Alliance
- Oregon School-Based Health Alliance
- Washington Alliance for School-Based Health Care
- West Virginia School-Based Health Assembly

I. About School-Based Health Centers (cont.)

C. Initiatives Supporting School-Based Health Centers (cont.)

Center for School, Health and Education

Division of Public Health Policy and Practice

American Public Health Association

About The Center

The [American Public Health Association](#)'s Center for School, Health and Education advances school-based health care as a comprehensive strategy for preventing school dropout and improving graduation rates for K-12 students. School-based health centers have the capacity to benefit all students in a school by addressing barriers to learning such as bullying, hunger and distress.

Center for School, Health and Education

Through partnerships, policies and advocacy, the Center links the educational and public health communities to ensure that all students—particularly those facing social inequities—are supported to graduate. The Center promotes school-based health centers as uniquely positioned to create a learning-friendly climate school-wide, increase access to physical and mental health care, and promote lifelong healthy behaviors for children and teens.

The Center's Home at APHA

The Center's location within the American Public Health Association underscores the fact that high school completion is a public health priority. Educational success starts with healthy students, and students who complete high school are more likely to have a lifetime of better health and economic opportunities.

School-Based Health Care Creates a Pathway to Educational Success

School-based health centers are in the unique position of playing a critical role in addressing social determinants of educational success, helping to prevent high school dropout and positively impact graduation rates. In communities where social inequities are pronounced, this potential becomes even more powerful. School-based health centers influence decisions about policies, systems and practices that affect *all* K-12 students and their communities, in addition to keeping students healthy.

Center's Projects

The Center has developed a pilot program which focuses on an expanded role for school-based health centers to prevent school dropout. The pilot was publicly launched at a pep rally in Detroit on Thursday, June 6, 2013.

School-Based Health Care Policy Program

Begun in 2004 at the W.K. Kellogg Foundation, the School-Based Health Care Policy Program was developed and guided by the principal that school-based health care should be financially stable, available, accessible to children and families, and supported as a consumer-centered model of quality care throughout the United States. The Center for School, Health and Education builds on the policy successes of this program by advocating for the expanded role of school-based health centers to develop and implement comprehensive strategies that will reduce school dropout and promote graduation. This expanded role recognizes the inextricable link between health and educational success.

Staff Bios

Bios of Terri D. Wright, Director, Leslie Parks, Deputy Director, and Kelly Nelson, Program Assistant.

Take Action

Stay Connected

Announcements

Students Speak Out



Letters From The Director



Center Projects



<http://www.schoolbasedhealthcare.org/index.php/about/>

I. About School-Based Health Centers (cont.)

C. Initiatives Supporting School-Based Health Centers (cont.)



The Center for
Health and Health Care in Schools

*Advancing School-Connected Programs and Policies
for Children's Health and School Success*

SCHOOL BASED MENTAL HEALTH

SCHOOL BASED HEALTH CENTERS

SCHOOL BASED ORAL HEALTH

SCHOOL HEALTH SERVICES

TOOLS & RESOURCES

School-Based Health Centers

MODEL PROGRAMS

Bibliographies

- [School-Based Health Centers](#)
- [School-Based Mental Health Services](#)
- [School-Based Oral Health Services](#)

Financing Articles and other documents exploring how managed care, the State Child Health Insurance Program, state grants, and politics impact school-based health centers.

School-Based Health Center Growth A bar chart depicting school-based health center growth in the U.S. from 1985-2008.

Continuous Quality Improvement Tool For School-based Health Centers A comprehensive annual risk assessment tool for detecting and addressing important health concerns of the students at each level of a school.

2013 - 2014 Directory of School-Based Health Center Services in West Virginia A resource for communities and providers that includes information about SBHC services in West Virginia such as contact information, schools and grades served, and hours of operation.

Implementation tools A sample of needs assessment tools, patient satisfaction surveys, recommended formulary and equipment.

Law and policy Documents exploring student confidentiality rules, parental consent and minor consent issues.

State policies and program guidance State policies, quality guidelines, and services and targeting guidelines. Other resource include state and city school-based health centers information sources.

State surveys of school-based health centers Findings from four 50-state surveys documenting the number of school-based health centers, some basic characteristics as well as information on state policies.

Caring for Kids Expanding Dental and Mental and Health Services through School-Based Health Centers. Under this one-time-only grant initiative, The Robert Wood Johnson Foundation provided support to 15 school-based health center programs to expand their mental health services and their dental health services.

City SBHC program reports Annual reports from multi-site city programs.

Presentations Presentations by CHHCS Staff and Colleagues.

Archives The archive section contains background information on school-based health centers including state fact sheets, Critical Caring on the Front Line - a packet of materials demonstrating the need for school-based health centers, and a historical timeline of school-based health centers.

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NEED HELP?

<http://www.healthinschools.org/School-Based-Health-Centers.aspx>

I. About School-Based Health Centers (cont.)

C. Initiatives Supporting School-Based Health Centers (cont.)



The Center for
Health and Health Care in Schools

*Advancing School-Connected Programs and Policies
for Children's Health and School Success*

SCHOOL BASED MENTAL HEALTH

SCHOOL BASED HEALTH CENTERS

SCHOOL BASED ORAL HEALTH

SCHOOL HEALTH SERVICES

TOOLS & RESOURCES

School-Based Mental Health

Background information

Links to a diverse collection of papers and fact sheets that address children's mental health issues and children's access to care.

[A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities](#)

This guide is intended to help districts take advantage of federal education funding by identifying K-12 grant programs in the U.S. Department of Education (ED) that could be used to implement prevention efforts in elementary and secondary schools. CHHCS and the Center on Education Policy analyzed dozens of federally funded programs administered by the U.S. Department of Education. This research found 15 specific funded programs that contain either explicit or implicit authority for prevention-related activities. The main sections of this guide describe each of these programs, including their purpose, recent funding levels, entities eligible for funding, and specific provisions in the authorizing legislation, regulations, or program guidance that explicitly or implicitly permit funds to be used for prevention.

[The Impact of School-Connected Behavioral and Emotional Health Interventions on Student Academic Performance: An Annotated Bibliography of Research Literature](#)

This annotated bibliography provides a systematic review of current literature published between 2001 and 2013 and summarizes findings on the relationship between prevention-focused behavioral health interventions, such as social and emotional (SEL) learning programs, and their impact on academic outcomes.

[Immigrant Children & Unaccompanied Minors: Resources for Schools and Communities](#)

[Current Research Project: Autism Spectrum Disorders & Transitions](#)

[A New Partnership: CHHCS & CASEL](#)

The Center for Health and Health Care in Schools (CHHCS) and the Collaborative for Academic, Social, and Emotional Learning (CASEL) have established a partnership to identify effective financial strategies to sustain social and emotional learning (SEL) programs and practices in school districts and states nationwide, an initiative generously supported by the Robert Wood Johnson Foundation (RWJF).

[Developing a Business Plan for Sustaining School Mental Health Services](#)

Despite its documented benefits, school mental health continues to hit barriers to growth. Financing is commonly cited as the primary challenge. This document describes how three communities and their lead mental health agencies have worked with schools and other local and state agencies to develop sustainable programs.

[Improving Access to Children's Mental Health Care: Lessons from a Study of Eleven States](#)

A challenge to expanding children's mental health care through the Affordable Care Act is the underdeveloped state of these services across the U.S. An 11-state study conducted by the Center for Health and Health Care in Schools identifies both common barriers to and encouraging examples of success.

MODEL PROGRAMS

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<http://www.healthinschools.org/School-Based-Mental-Health.aspx>

II. Two of the UCLA Center's Resources on Mental Health and School Based Health Centers

Mental Health and School Based Health Centers (Guidebook)

<http://smhp.psych.ucla.edu/pdfdocs/mhsbhc/wholemhsbhc.pdf>

Introductory overview of the MH facets of school-based health centers and how they fit into the work of schools. Module I addresses how to maximize resource use and effectiveness; Module II focuses on matters work 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. Includes resource aids (sample forms and special exhibits, questionnaires, interviews, screening indicators) for use as part of the day-by-day operation.

Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together (Center Brief)

<http://smhp.psych.ucla.edu/pdfdocs/briefs/integratingbrief.pdf>

This report discusses strategies for interagency collaboration and integrating mental health in schools. This paper also explores why integrated efforts are important, what is involved, and how to do it. The following matters are included in the presentation: Within the Center - Recognizing the problem of "not enough time" and outlining specific activities. It also includes: With the School - including discussion of integrated referral processes, staff development, confidentiality guidelines, and connections between key personnel. With the Community - including outreach and integrated programming. Also see *Developing Mechanisms to promote Integration and Address Challenges: Management of Care, management of Resources and Multi-school Integration.*

<http://smhp.psych.ucla.edu/pdfdocs/briefs/integratingbrief.pdf>

Note: 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. To access the material, see our over 130 Quick Finds for links to Center developed resources and to many others. To see the Center's catalogue of resources, go to <http://smhp.psych.ucla.edu>

Having trouble finding what you need? Please feel free to contact us -- Ltaylor@ucla.edu

III. Selected Bibliography from the Center for Health and Health Care in Schools

School-Based Health Centers - Bibliography
Select School-Based Health Center Publications
(Updated April 2012)



<http://www.healthinschools.org/Publications-and-Resources/Publications/Bibliographies/School-Based-Health-Centers-Bibliography.aspx>

School-based health centers blend medical care with preventive and psychosocial services as well as organize broader school-based and community-based health promotion efforts. Typically staffed with nurse practitioners and health aides, they increasingly include mental health professionals. The following resources provide both general background as well as publications that address the specific topics of access to care, clinical services, financing, reproductive health care, research and evaluation, school-based dental services, school-based health centers/school partnerships, and staffing and training.

General

Brown MB, Bolen LM. The school-based health center as a resource for prevention and health promotion. *Psych Sch*. 2008;45(1):28-38.

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IV. Some Program Examples



2016 Commonwealth of Massachusetts

Health and Human Services

Massachusetts' School-Based Health Center Program

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primarycare-healthaccess/school-based-health-centers/>

"The School-Based Health Center Program, administered by the Massachusetts Department of Public Health (MDPH) since 1989, has become an integral part of the health care delivery system for children in Massachusetts. School-based health centers play a critical role in efforts to reduce disparities in health care access and child health status by providing a consistent source of primary health care in the most accessible environment. School-based health center care has been shown to be an important option for reducing both financial and non-financial barriers to health care, such as lack of insurance, lack of confidentiality, inconvenient office hours and locations, inability of working parents to leave their jobs to get children to care, lack of transportation, and apprehension and discomfort discussing personal problems affecting health. School-based health centers must meet requirements for MDPH licensure, including safety standards and other applicable regulations. Currently, MDPH funds 16 sponsoring agencies (hospitals, community health centers and local health departments) that operate 33 school-based health centers, which function as satellite outpatient clinics. School-based health centers are staffed by nurse practitioners or physician assistants who are authorized to prescribe medications and are supervised by a medical doctor. They comply with National Standards for Pediatric Preventive Care, such as the American Medical Association's Guidelines for Adolescent Preventive Services."

Topics

- The School-Based Health Center Model at Work in Massachusetts
- Quality Standards
- Directory of School-Based Health Centers
- Additional Resources

This program is a part of the Division of Health Access .

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IV. Some Program Examples (cont.)

From the websites:

School Health Clinics of Santa Clara County

<http://www.schoolhealthclinics.org/>

“Since 1986, School Health Clinics of Santa Clara County has been providing easily accessible, quality health care to low income infants, children and adolescents on school campuses. Our clinics are located at schools in four districts in east San Jose and Gilroy. They are open to all low income children birth to age 19, in Santa Clara County. On August 4, 2014, our Washington Neighborhood Health Clinic began serving low income adults in addition to children.

One in ten children in Santa Clara County lives in poverty. Among the county’s Latino population, 25 percent of households live below the federal poverty level and a large percentage of them do not have any type of health insurance coverage. This is the population largely served by School Health Clinics of Santa Clara County.

Our clinics are staffed with a nurse practitioner or physician assistant, and two bilingual Spanish speaking medical assistants. Supervising physicians oversee the clinics under the management of our Medical Director, Dr. Claude Rogé, who is a pediatric cardiologist.”

Denver

<http://www.denverhealth.org/medical-services/primary-care/our-services/school-based-health-centers>

“Denver Health’s School-Based Health Centers provide primary care, mental health, reproductive health education and insurance enrollment assistance services to Denver Public School students.

In partnership with a school nurse, our medical professionals treat major health conditions that affect school-aged children during the school year, keeping them at school and parents at ease, all at a convenient location.”

Texas

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

“There are approximately 85 school-based health centers serving the children of Texas as reported by the Texas Association of School-Based Health Centers. Most of these centers are located in a permanent facility on a school campus. The centers on average are open for treatment about 40 hours per week for physical health care, 37 hours per week for mental health care and about 4 hours per week for dental care.

For more examples, contact the following:

Arizona School-Based Health Alliance

California School-Based Health Alliance

Colorado Association for School-Based Health Care

Connecticut Association of School-Based Health Care

Delaware School Based Health Alliance

Florida School-Based Health Alliance

Georgia School-Based Health Alliance

Illinois School-Based Health Alliance

Louisiana School-Based Health Alliance

Maine Assembly on School-Based Health Care

Maryland Assembly on School-Based Health Care

School-Community Health Alliance of Michigan

New Mexico Alliance for School-Based Health Care

New York School-Based Health Alliance

North Carolina School-Based Health Alliance

Ohio School-Based Health Alliance

Oregon School-Based Health Alliance

Washington Alliance for School-Based Health Care

West Virginia School-Based Health Assembly

Links available at: <http://www.sbh4all.org/about/state-affiliates/>

IV. Some Program Examples (cont.)



Expanded Models of School-based Health in California

<http://www.schoolhealthcenters.org/start-up-and-operations/school-health-program-models/expanded-program-models/>

School-Based Health Centers

School-based health centers (SBHCs), also referred to as school health centers, provide comprehensive medical and/or mental health care. Services may include physical exams, screenings, immunizations, management of chronic conditions, age-appropriate reproductive health care for adolescents, primary medical care for injuries and illness, laboratory tests, tuberculosis tests, over-the-counter medications and prescription writing, and referrals and coordination of outside services. Clinicians delivering medical care include nurse practitioners, physician assistants, physicians, residents, medical assistants and nurses. To learn more, review our [Guidelines for California School Health Centers](#). Note that the federal definition of a school health center requires that the center provide both medical and mental health services, and many school health centers in California do provide both of these primary care services.

School Nursing Programs

School nursing programs focus on the prevention of illness and disability and the early detection and correction of health problems. As registered nurses, school nurses can assess for health problems (e.g., conduct vision and hearing screenings), deliver some health services (e.g., administer immunizations and insulin), and provide health education to students, families and staff; they often also coordinate school or district-wide health programs. Read more about [the role of school nurses](#) or visit the [California School Nurses Organization](#) website.

Student Counseling and Mental Health Programs

Student counseling and mental health programs provide assessments and interventions to support students' mental and emotional wellbeing. These interventions may include crisis response, individual, group, or family counseling, drug or alcohol treatment, staff consultation on student behavior, classroom-based social and personal skill development, and family supports and linkages. School social workers, counselors, psychologists and other registered or licensed mental health clinicians provide these services. These programs are sometimes organized as a school wellness center. Learn more about [San Francisco's Wellness Centers](#). For more information about school mental health programs, visit UCLA's Center for Mental Health in Schools and the [California Association of School Psychologists](#).

School-Linked Health Services

School-linked health services or telehealth services are most appropriate when it is not feasible, or not the best use of resources, to bring clinical providers into the school. School-linked services exist when a local community health program, such as a community clinic, has a formalized, well-coordinated linkage to one or more schools. Students and families may easily access services at the community health site, and school staff know how to facilitate needed services through a close working relationship with the community health program. Read a [case study](#) of a school-linked health center in Ontario, CA.

Telehealth Services

School telehealth services connect schools to health care providers, using existing distance learning equipment and data lines (and sometimes also specialized remote medical equipment). Telehealth services allow medical providers to remotely assess an acute care problem, improve management of chronic diseases like diabetes, and increase access to mental health care, especially to psychiatrists who can prescribe and follow-up on needed medications, such as for ADHD. Read The Children's Partnership [Executive Summary of School-Based Telehealth: An Innovative Approach to Meet the Health Care Needs of California's Children](#).

Mobile Clinics

Mobile clinics bring health care to one or more schools using an RV-style van that's fully equipped with exam rooms and needed medical equipment. Mobile clinics may provide comprehensive medical care, oral health care, or specialty care for conditions like asthma. Mobile health clinics increase access to needed services in rural and urban areas alike, and are usually more economical than building several school-based clinical facilities. Read a [case study](#) of a medical mobile van in Fresno County.

Oral Health Programs

Oral health programs provide oral health assessments and, sometimes, treatments to prevent or remediate dental disease. These services range from oral health education, to assessments or dental sealant programs, to actual treatment of cavities. Lead personnel may include school nurses, dental hygienists and assistants, and dentists. When required, specialized dental equipment may be brought into a school health center or onto a school campus in a mobile van; alternatively, specialized equipment may be located off-site, in which case the school facilitates transportation to treatment services as indicated. Learn more about school oral health policies at the [Center for Oral Health](#) website.

Health Promotion Programs

Health promotion programs may cover a range of topics, including healthy eating and active living (obesity prevention), drug, alcohol and tobacco use prevention, communicable disease prevention, comprehensive sexual health education, violence prevention, and the development of positive school climate. Various staff may develop and deliver these programs, from classroom teachers to nurses to certified health education specialists. Health promotion programs can be delivered in the classroom, in a school health center, after school, or through school wide campaigns. See [California's Health Education Content Standards](#) for more information on school health promotion programs.

Community Schools

Recognizing the fact that students come to school with many diverse needs, community schools bring a variety of essential services onto campuses with the goal of providing a comprehensive set of supports — often including health services — to children and families. According to the Coalition for Community Schools, a community school is both *a place* and *a set of partnerships* between the school and other community resources.⁽¹⁾ Community schools are centers of the community, and they keep their doors open longer hours, including evenings, weekends, and during vacations. Learn more about [community schools](#) and access [resources](#) for starting and running them.

For links to the highlighted resources, see original document at <http://www.schoolhealthcenters.org/start-up-and-operations/school-health-program-models/expanded-program-models/>

V. A Few Additional References Related to School-Based Health Centers

- Amaral, G., Geierstanger, S., Soleimanpour, S., & Brindis, C. (2011). Mental health characteristics and health-seeking behaviors of adolescent school-based health center users and nonusers. *Journal of School Health*, 81, 138–145.
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- Strolin-Goltzman, J., Sisselman, A., Auerbach, C et al. (2012). The moderating effect of school type on the relationship between school-based health centers and the learning environment, *Social Work in Public Health*, 27, 699–709.
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V. A Few Additional References Related to School-Based Health Centers (cont.)



SBHC Literature Database

<http://www.sbh4all.org/resources/sbhc-literature-database/>

Use this resource to explore peer-reviewed articles that have been published about school-based health centers (SBHCs) from the 1970s to the present.

Sort articles by:

- Primary topic area ([view list of topic areas](#))
- Secondary topic area (primary and secondary) ([view list of topic areas](#))
- Grade-level focus
- Year published
- First author last name and citation



View additional information about each article including:

- Objectives
- Findings
- Online abstract

Primary Topic Area	Secondary Topic Area	Grade-Level Focus	Year Published	First Author Last Name and Citation	More Info
Academics	Absenteeism	High School	1993	McCord MT, Klein JD, Foy JM, Fothergill K. School-based clinic use and school performance. The Journal of Adolescent Health. Mar 1993;14(2):91-98.	More
Academics	Absenteeism	Not Specified	1996	Klerman LV. Can School-Based Health Services Reduce Absenteeism and Dropping Out of School? The Journal of Adolescent Medicine. 1996;7(2):249-260.	More
Academics	Behavioral Health	High School	2010	Walker SC, Kerns SE, Lyon AR, Bruns EJ, Cosgrove TJ. Impact of School-Based Health Center Use on Academic Outcomes. The Journal of Adolescent Health. 2010;46(3):251-257.	More
Academics	Dropout	High School	2011	Kerns SE, Pullmann MD, Walker SC, Lyon AR, Cosgrove TJ, Bruns EJ. Adolescent use of school-based health centers and high school dropout. Archives of Pediatrics & Adolescent Medicine. Jul 2011;165(7):617-623.	More
Academics	Absenteeism	Elementary	2009	Foy JE, Hahn K. School-based health centers: A four year experience, with a focus on reducing student exclusion rates. Osteopathic Medicine and Primary Care. 2009;3:3.	More
Academics	School Climate/ Connection	K-12	2012	Strolin-Goltzman J, Sisselman A, Auerbach C, Sharon L, Spolter S, Corn TB. The moderating effect of school type on the relationship between school-based health centers and the school environment. The Journal of Adolescent Health. Mar 2012;11(1):1-10.	More
Academics	School Climate/ Connection	K-12	2010	Strolin-Goltzman J, Sisselman A, Auerbach C, Sharon L, Spolter S, Corn TB. The moderating effect of school type on the relationship between school-based health centers and the school environment. The Journal of Adolescent Health. Mar 2010;80(3):153-159.	More
Academics	Literature Review	K-12	2004	Geierstanger SP, Amaral G, Mansour M, Walters SR. School-based health centers and academic performance: research, challenges, and recommendations. The Journal of School Health. Nov 2004;74(9):347-352.	More
Academics	Literature Review	K-12	2007	Murray NG, Low BJ, Hollis C, Cross AW, Davis SM. Coordinated school health programs and academic achievement: a systematic review of the literature. The Journal of School Health. Nov 2007;77(9):589-600.	More
Academics	School Climate/ Connection	K-12	2013	Stone S, Whitaker K, Anyon Y, Shields JP. The relationship between use of school-based health centers and student-reported school assets. The Journal of Adolescent Health. Oct 2013;53(4):526-532.	More

V. A Few Additional References Related to School-Based Health Centers (cont.)

The Moderating Effect of School Type on the Relationship between School-Based Health Centers and the Learning Environment

J. Strolin-Goltzman, A. Sisselman, C. Auerbach, L. Sharon, S. Spolter & T.B. Corn (2012). *Social Work in Public Health*, 27, 699-709.

<http://www.tandfonline.com/doi/full/10.1080/19371910903323815>

Abstract

School-Based Health Centers (SBHCs) have improved access to primary and preventive health care for underserved children and youth by bringing comprehensive health services into the schools while addressing critical health problems that make it difficult for students to learn. Despite the findings on the positive effects of SBHCs on health outcomes, the literature investigating the relationship between SBHCs and the learning environment is scant. This study utilizes a quasi experimental study to investigate the moderating effects of school type on the relationship between school based health centers and the learning environment. Findings indicate that SBHCs in middle and elementary schools are associated with greater levels of school engagement and satisfaction with the learning environment than those in high schools.

The relationship between school-based health centers, rates of early dismissal from school, and loss of seat time

M. Van Cura (2010), *Journal of School Health*, 80, 371-377.

<http://www.schoolbasedhealthcare.org/wp-content/uploads/2011/04/Journal-of-School-Health-SBHC-and-Loss-of-Seat-Time.pdf>

Abstract

BACKGROUND: This study sought to understand the relationship between school-based health centers (SBHCs) and academic outcomes such as early dismissal and loss of seat time (the time students are available in school to learn or to access support services).

METHODS: A quasi-experimental research design was used to compare rates of early dismissal and loss of seat time between students who received SBHC and traditional school nursing services and students who received only traditional school nursing services. This study was a secondary data analysis of 764 “walk-in” visits during a 3-week period in 2 urban high schools in western New York state. Both schools provided school nursing services, and 1 of the 2 offered the option to enroll in an SBHC.

RESULTS: SBHCs significantly reduced the number of early dismissals from school ($p = .013$) in a comparison with students who received school nursing services alone. Students not enrolled in an SBHC lost 3 times as much seat time as students enrolled in an SBHC. Race, gender, age, poverty status, and presence of a preexisting illness did not influence these findings.

CONCLUSIONS: These findings suggest that SBHCs have a direct impact on educational outcomes such as attendance. Recommendations for further research include replication of this study to increase confidence in its findings and using early dismissal and loss of seat time as indicators of attendance to measure other health outcomes related to SBHCs and school nursing.

***Health Risks, Race, and Adolescents' Use of School-Based Health Centers:
Policy and Service Recommendations***

Y. Anyon, M. Moore, E. Horevitz, K. Whitaker, S. Stone, & J.P. Shields (2013).
The Journal of Behavioral Health Services & Research, 40, 457-468.
<http://link.springer.com/article/10.1007/s11414-013-9356-9/fulltext.html>

Introduction

School-based health centers (SBHCs) offering health and behavioral health services in educational settings are an increasingly popular strategy to improve adolescents' access to care, particularly in low-income communities of color where youth experience social, economic, and geographic barriers to care that result in high rates of unmet behavioral and physical health needs. Recent studies of SBHCs in high school settings indicate that, relative to their proportion in the general school population, Black and Latino students tend to be overrepresented in these programs, whereas White and Asian youth are underrepresented. One possible explanation is that these patterns reflect differential need for services resulting from higher health risks (e.g., depression, substance use, asthma, or unprotected sexual activity) among Black and Latino youth because of their disadvantaged social location. Growing up in neighborhoods with concentrated poverty and exposure to racial discrimination is associated with a host of negative health and psychosocial outcomes in adolescence. In addition, limited availability and quality of health services in low-income communities of color, along with inadequate insurance coverage, create obstacles to accessing appropriate care; therefore, SBHCs aim to mitigate these barriers by making services more affordable and conveniently located.

Differences in Access to Care Among Students Using School-Based Health Centers

S.R. Parasuraman & L. Shi (2015).
The Journal of School Nursing, 31, 291-299.
<http://jsn.sagepub.com/content/31/4/291.short>

Abstract

Health care reform has changed the landscape for the nation's health safety net, and school-based health centers (SBHCs) remain an important part of this system. However, few large-scale studies have been conducted to assess their impact on access to care. This study investigated differences in access among a nationally representative sample of adolescent SBHC users. An analysis using multivariate logistic regression examined the association between student characteristics and access to care. We found no differences based on race/ethnicity or insurance status among adolescent SBHC users; however, we did observe significant differences with regard to unmet health needs. School nurses serve as invaluable frontline staff who can facilitate equitable access to care, provide high-quality primary care, coordinate care for students with community health services, and advocate for policy and funding support of SBHCs as a critical part of the safety net for underserved adolescents.

Mental health characteristics and health-seeking behaviors of adolescent school-based health center users and nonusers

G. Amaral, S. Geierstanger, S. Soleimanpour, & C. Brindis (2011).
Journal of School Health, 81,138-145.

<http://www.ncbi.nlm.nih.gov/pubmed/21332478>

Abstract

BACKGROUND: The purpose of this study is to compare the mental health risk profile and health utilization behaviors of adolescent school-based health center (SBHC) users and nonusers and discuss the role that SBHCs can play in addressing adolescent health needs.

METHODS: The sample included 4640 students in grades 9 and 11 who completed the California Healthy Kids Survey between fall 2000 and spring 2005 at 4 high schools in Alameda County, California. Chi-squared tests of significance and multivariate logistic regression were used to compare characteristics of SBHC users and nonusers and identify demographic, health status, and behavioral characteristics predictive of SBHC use.

RESULTS: Controlling for demographic variables and general health status, students who reported frequent feelings of sadness, trouble sleeping, suicide ideation, alcohol or marijuana use, the recent loss of a close friend or relationship, or other difficult life event were significantly more likely to seek SBHC services than their peers. Neither health insurance status nor a student's "usual" source of health care was predictive of general SBHC use, but being on public assistance or having no insurance was predictive of a student seeking SBHC mental health services.

CONCLUSIONS: These findings suggest that SBHCs are able to attract students with the most serious mental health concerns and can play an important role in meeting needs that might otherwise go unmet. The provision of SBHC mental health services in particular may fill a need among adolescents with public or no insurance.

The impact of school-based health centers on the health outcomes of middle school and high school students

M. McNall, L. Lichty, & B. Mavis (2010). *American Journal of Public Health*, 100, 1604-1610.

<http://ajph.aphapublications.org/>

Abstract

OBJECTIVES: We studied the direct and indirect effects of school-based health centers (SBHCs) on the health and health behaviors of middle and high school students.

METHODS: We used a prospective cohort design to measure health outcomes annually over 2 consecutive years by student self-report. Cohorts of middle school and high school students were recruited from matched schools with and without SBHCs. Data were obtained from 744 students in both year 1 and year 2 of the study. We used 2-level hierarchical linear models to estimate the effects of the presence of SBHCs at the school level and of SBHC use at the student level.

RESULTS: At year 2, users of SBHCs experienced greater satisfaction with their health, more physical activity, and greater consumption of healthy food than did nonusers of SBHCs.

CONCLUSIONS: Students who used SBHCs were more satisfied with their health and engaged in a greater number of health-promoting behaviors than did students who did not use SBHCs. These findings indicate that SBHCs are achieving their goal of promoting children's health.

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.

Remember: *You can always contact our Center*

Department of Psychology, UCLA
P.O. Box 951563, Los Angeles, CA 90095-1563
Phone: 310/825-3634 - E-mail: Ltaylor@ucla.edu - Website: <http://smhp.psych.ucla.edu/>

Advocates for Youth <http://www.advocatesforyouth.org/>

AcademyHealth <http://www.academyhealth.org/>

The American Academy of Pediatrics--Committee on School Health (COSH)
<http://www.schoolhealth.org/>

Center for Health and Health Care in Schools (CHHCS) <http://www.healthinschools.org/>

Healthy Schools, Healthy Communities <http://bphc.hrsa.gov/>

The National Adolescent Health Information Center <http://nahic.ucsf.edu/>

National Association of Community Health Centers, Inc. (NACHC) <http://www.nachc.com/>

National Association of School Nurses <http://www.nasn.org/>

National Center for Chronic Disease Prevention and Health Promotion: Adolescent and School Health <http://www.cdc.gov/nccdphp/dash/>

National Center for School-Based Health Information Systems <http://www.clinicalfusion.com/>

School-Based Health Care Alliance <http://www.nasbhc.org/>

Note: Our Center also has

- A Gateway to a World of Resources for Enhancing MH in Schools. This is a links "map" that provides quick access to relevant resources on the internet.

http://smhp.psych.ucla.edu/gateway/gateway_sites.htm

Appendix A

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).

As centers become more integrated into school and community programs, some support can be derived from the funding that underwrites these programs.

See the next page for a discussion of who pays for school-based health centers.

Also see *Financial Strategies to Aid in Addressing Barriers to Learning* -- an Introductory packet that is available from our Center. <http://smhp.psych.ucla.edu/pdfdocs/financial/fund2000.pdf>

Who Pays for SBHCs?

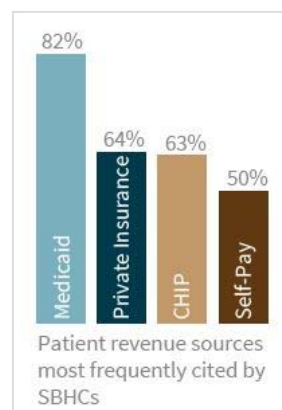
<http://www.sbh4all.org/school-health-care/school-based-health-care-financing/>

The financial model for school-based health centers (SBHCs) varies from community to community. Included in the basic building blocks for sustainable programs are patient revenue (third-party and self-pay), public and private-sector grants, and in-kind partner support to cover non-billable expenses. The SBHC funding portfolio is diverse, including an average of four different grant sources.

Patient Revenue

Most SBHCs (85 percent) bill for health care visits, either via third-party insurers or patient fees. On average, SBHCs bill four different patient revenue sources.

In-depth: Various analyses of SBHC financing have found patient revenue to be directly influenced by policy and practice environments. This includes states' Medicaid and CHIP reimbursement policies, the type of fiscal agent running the SBHC, the distribution of SBHC users by payer, and the administrative capacity of sites to bill and collect from third-party insurers.

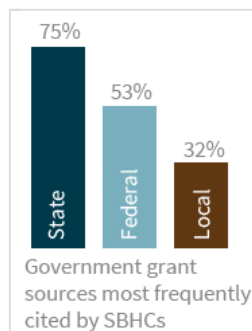


Government Grants

Public sector grants are often a necessary funding source for SBHCs to offset losses associated with non-reimbursable services and uninsured patients.

In-depth: Eighteen states dedicate funds and staff to administer an SBHC grant program.

Learn more <http://www.sbh4all.org/school-health-care/aboutsbhcs/school-based-health-care-state-policy-survey/>



Partner Contributions

SBHC partners often bring dollars and in-kind support to underwrite operations.

In-depth: In 1991, Henry Ford Health System (HFHS) opened the doors to an SBHC in one of the first middle schools in metro-Detroit to have a center of this kind. That experience paved the way for an impressive two-decade expansion. Today, HFHS delivers more than 15,000 services annually to medically underserved students in 12 school and community settings and two mobile medical centers. The program provides complete, interdisciplinary, and confidential services that meet the needs of students where they spend most of their time. The initiative is financed by patient revenue and many public and private partners—the largest being HFHS itself, which commits \$1 million annually. In addition, the SBHCs account for nearly \$4 million annually in community benefit dollars, which HFHS reports to the IRS and to the community. [Click here for more information on the Henry Ford Health System.](http://www.henryford.com/body.cfm?id=47741)

<http://www.henryford.com/body.cfm?id=47741>

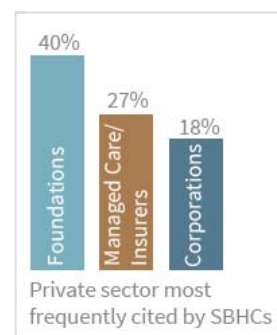


Private Sector

Private sector support is less common than public grants.

In-depth: Interact for Health, formerly The Health Foundation of Greater Cincinnati, is a regional grant-maker working to improve the quality of life for people living throughout the Cincinnati region. Begun in 1999, the now 15-year, \$15M financial commitment has yielded 26 SBHCs serving 25,000 students across the region. The program's comprehensive evaluation has contributed to a clearer understanding of the model's impact on outcomes and cost. [Click here for more information on The Health Foundation of Greater Cincinnati.](https://www.interactforhealth.org/upl/SBHCs_in_Greater_Cincinnati_with_Map_030813.pdf)

https://www.interactforhealth.org/upl/SBHCs_in_Greater_Cincinnati_with_Map_030813.pdf



Appendix B

The Complementary Roles of the School Nurse and School Based Health Centers



Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the unique combination of school nursing services and school-based health centers (SBHCs) facilitate positive health outcomes for students. The registered professional school nurse (hereinafter referred to as school nurse) is responsible for management of the daily health needs of the student population. SBHCs, operating as medical clinics, complement the work of school nurses by providing a readily accessible referral site for students who are without a medical home. School nurses work collaboratively with SBHCs to provide an array of health services to keep students healthy, in school, and ready to learn. School nurses and SBHCs both function as health safety nets for children in need (Robert Wood Johnson Foundation [RWJF], 2010; Bavin, 2012) and should collaborate to provide comprehensive health care to students.

BACKGROUND

School nursing began in the early 1900s with Lena Rogers addressing attendance issues created when students were excluded unnecessarily from school (Keeton, Soleimanpour, & Brindis, 2012). SBHCs were established during the 1970s to provide medical services to those students who could not afford or access primary health care. There is a distinct difference in the services provided by school nurses and the SBHC. The School Based Health Alliance (SBHA) and NASN agree that SBHCs do not duplicate or replace school nursing services (RWJF, 2010). School nurses are part of the hidden healthcare system (RWJF, 2010). School nurses have been shown to save medical care costs as well as parent and teacher productivity (Wang et. al., 2014). School nurses are responsible for the day-to-day health of students and the larger school community through (Cornell & Selekman, 2013; RWJF, 2010):

- management of chronic disease and life-threatening health conditions,
- individual and population-based disease surveillance,
- health promotion,
- assistance in securing insurance and healthcare providers,
- preparation for and response to medical emergencies,
- care for students dependent on medical technology,
- mental health services,
- screenings and referrals,
- immunization compliance,
- medication management,
- healthcare planning and education,
- follow-up care, and
- care coordination.

SBHCs provide a variety of healthcare services to meet the unique needs of the community in which they reside; thereby overcoming barriers of a diverse range of clients (Keeton, Soleimanpour, & Brindis, 2012). These services may include primary care, comprehensive health assessments, treatment of acute illness and prescriptions for medications (Barnett & Allison, 2012). SBHCs improve access to care by removing barriers that may include (Guo, Wade, Pan, & Keller, 2010):

- financial (lack of insurance or low income),
- providers who will accept the student's insurance,

- lack of transportation to appointments,
- scheduling conflicts, and
- parent/guardians work schedules.

Both school nurses and SBHCs have shown a direct impact on educational outcomes such as attendance. School nurses send home 13% fewer students than unlicensed school personnel (Pennington & Delaney, 2008). Bonaiuto (2007) demonstrated that students who have access to school nurse case management had improved attendance rates. Students enrolled in SBHC services had a significant decrease in the number of early dismissals from school when compared to students who did not have access to SBHCs (Van Cura, 2010).

RATIONALE

School nurses provide the critical link between the education system, students, families, the school community, the community at-large, and the medical community. School nurses are leaders in the school community, providing oversight for the health and safety of the students through school health policies and programs. SBHCs provide the school nurse with a referral site for needed medical intervention. Within that framework, the school nurse functions as part of the healthcare team by advocating for development of SBHCs and facilitating student access to the full array of services provided by the SBHC. In addition, school nurses refer and coordinate care for students enrolled in SBHCs. School nurses should have input into the development of SBHCs in their school systems and should sit on advisory boards for SBHCs (Cornell & Selekman, 2013).

The school nurse and the SBHC staff should work collaboratively to develop a shared case management structure, to coordinate nursing and treatment care plans for students who require follow-up, and to collect data to study outcomes and cost effectiveness of care. The collaboration between the school nurse and the SBHC staff includes the development of policies and systems that ensure the quality and confidentiality of care received by students and the implementation of wellness and disease prevention programs to improve health outcomes for all members of the school community (Cornell & Selekman, 2013).

CONCLUSION

School nurses are leaders in the school community, providing oversight for the health and safety of the students through school health policies and programs. SBHCs provide primary medical care that may include dental and mental health services. Together, school nurses and SBHCs work to provide for medical needs and promote health in school so that students are ready to learn. School nurses are the critical link between the education system, students, families, community, and medical care. School nurses and SBHC staff should work as partners to develop policies, collect data and evaluate processes to improve health outcomes for the students and communities they serve.

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<http://www.nasn.org/Portals/0/positions/2015pssbhc.pdf>

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