

## Sources

1. Gall G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of psychosocial screening at a SBHC. *J Sch Health.* 2000;70:292-298.

2. Juszczak L, Melinkovich P, Kaplan D, Use of health and mental health services by adolescents across multiple delivery sites. *J Adol Health* 2003;32S:108-118.

3. Kaplan DW, Calonge BN, Guernsey BP, Hanrahan, MB. Managed care and SBHCs. Use of health services. *Arch Pediatr Adolesc Med. 1998 Jan;152(1):25-33.* 

4. Kisker EE, Brown RS, Do SBHCs improve adolescents' access to health care, health status, and risk-taking behavior? *J Adol Health 1996;18:335-343.* 

5. Riggs S, Cheng T. Adolescents' willingness to use a SBHC in view of expressed health concerns. J Adol Health. 1988 9: 208-213.

6. Dallas Youth and Family Centers Program: Hall, LS (2001). *Final Report* — *Youth and Family Centers Program 2000*– *2001* (REIS01-172-2). Dallas Independent Schools District.

SBHC = school-based health center

## School-Based Health Centers, Improving Health Care Access and Student Success

Research and evaluations have demonstrated that school-based health centers greatly enhance children's access to health care.

- Adolescents are 10-21 times more likely to come to a SBHC for mental health services that a community health center network or HMO. This data was confirmed in two separate studies. (2,3)
- 71% of students reported having a health care visit as compared to 59% of students who did not have access to a school-based health center. School-Based Health centers show significant increase in health care access by students who used SBHC's. These studies were multiple sites and were conducted by Mathematica Policy Research. (4)
- Decreased absenteeism and tardiness was widely reported amongst adolescents who received counseling services in a school-based health center. Those without centers reported slight increases in both absenteeism and tardiness. (1)
- Depressed and suicide prone students were much more willing to go to a SBHC for counseling than non reporting students. Overweight students and those with perceived weight problems were also more likely to use a school clinic for nutrition information. (5)
- 50% reduction in absences was attributed to medical services within the schools in Dallas school-based health centers among students who had three or more absences in a six-week period. Students who received mental health services had an 85% decline in school discipline referrals. (6)