



Bringing Health Care To Schools For Student Success

**NATIONAL SCHOOL-BASED HEALTH CARE CENSUS  
SCHOOL YEAR 2007-08**

**Name of School:**

**Name of Health Center:**

**SBHC ID:**

**School-Based/Linked Health Center Contact Information**

**Primary contact person:**

**Address of health center:**

**City/State/Zip:**

**Telephone no. of health center:**

**Sponsoring/Administrative Agency Contact Information**

**Sponsor/administrative agency:**

**Primary agency contact person:**

**Address of sponsor agency contact:**

**City/State/Zip:**

**Telephone no. of agency contact:**

**Email of sponsor agency contact:**

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**Person completing the survey**

**Title**

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**Telephone number**

**E-mail address**

## 2007-08 NATIONAL SCHOOL-BASED HEALTH CARE CENSUS

### WHO SHOULD PARTICIPATE IN 2007-08 SCHOOL-BASED HEALTH CARE CENSUS?

- Partnerships between schools and community health organizations that deliver health care to students within a fixed site on school campus [SCHOOL-BASED]
- Programs without a fixed site that rotate a health care team through a number of schools [MOBILE]
- Health care programs that are formally or informally linked with schools to coordinate and promote health care for students on campus; clinical services are not provided on school site [SCHOOL-LINKED]

### WHO SHOULD COMPLETE THE CENSUS?

Census 2007-08 should be completed by the person who is most knowledgeable about the clinical care provided in the health center, such as the nurse practitioner or clinical director.

### INSTRUCTIONS

1. Please try to answer all questions
2. If you are unable to complete every section, provide as much data as possible and return your incomplete form. We appreciate any amount of information you can provide.
3. If you are completing a paper version of the survey, please use a separate questionnaire for each fixed health center site you represent. For programs on campuses that serve several schools, complete one survey and provide information on all grades served within the immediate campus. You may photocopy the survey if additional copies are needed or enter as many surveys as are required online. *Mobile programs* may use one survey (use final section to describe the locations served).
4. All questions refer to the school year (2007-08) unless otherwise specified.
5. Please return your written questionnaires to the following address:

National Assembly on School-Based Health Care  
666 11<sup>th</sup> Street, NW, Suite 735  
Washington, D.C. 20001  
1-888-286-8727

### ON-LINE SURVEY AVAILABLE: [www.nasbhc.org](http://www.nasbhc.org)

Health centers that complete Census 2007-08 will receive a copy of the final report from this survey. Please give us your preferred mailing address, if different from the label.

<input type="radio"/>	
<input checked="" type="radio"/>	To complete survey questions that have bubbles, fill in the appropriate bubble with a pencil or dark pen or visit <a href="http://www.nasbhc.org">www.nasbhc.org</a> for the on-line version.
<input type="radio"/>	
<input type="radio"/>	

## I. HEALTH CENTER DEMOGRAPHICS

1. The health center I represent is: (***PLEASE SELECT ONE ONLY***)
  - In a school building
  - On school property but not in a school building
  - Beyond school property but has formal or informal links with one or more schools in the community
  - A mobile program serving several schools but with no fixed site
2. The name of the school/campus in which the health center *is located* is (for campuses with more than one school served by the health center, such as a middle and high school campus, include all schools):  

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3. Indicate the type of agency that serves as primary administrator and/or sponsoring health care organization for the health center. (***PLEASE SELECT ONE ONLY***)

- Local department of health
- Community health center
- School system
- Hospital/medical center
- Mental health agency
- University [includes: medical, nursing, public health school(s)]
- Private nonprofit organization
- Tribal government
- Other (describe): \_\_\_\_\_

4. The geographic location of the community served by the health center is described **primarily** as: (***PLEASE SELECT ONE ONLY***)

- Rural
- Suburban
- Urban

## II. HEALTH CENTER OPERATIONS

5. In what year did the health center open? \_\_\_\_\_
6. During the school year, how many days each week is the health center open? \_\_\_\_ days/week
7. How many hours per week is the health center open? \_\_\_\_ hours/week
8. Indicate when the health center is open. (***PLEASE SELECT ALL THAT APPLY***)
  - Before the school day begins
  - After the school day ends
  - During school hours
  - During weekend hours
  - During summer months
9. Does the health center have a prearranged source of after-hours care through on-call services provided by the sponsoring agency, health center staff, or external agency?
  - Yes
  - No

### III. HEALTH CARE TEAM

10. This table contains information on the health center's current staffing pattern. Please provide information on **ALL** staff working **IN** the health center, *including those employed by other agencies*.

*Column A:* For each member of the health center team, estimate how many hours each week, if any, that the member is on site. Do not include interns, volunteers, peer educators, etc. If an individual serves several functions, select the position/title that most aptly describes their primary work in the health center. If more than one staff person fulfills a function, use combined total hours. For example, if two nurse practitioners each work for five hours per week, ten hours should be recorded.

*Column B:* In addition, please estimate the amount of time spent doing administrative work. For example, a nurse practitioner role could be covered by two people for 60 hours a week, among them a total of 4 hours are set for aside for administrative tasks.

Position/title/function	A. Total hours per week	B. Total administrative hours	C Do not have this role on staff
<b>Primary Care</b>			
Nurse Practitioner	_____	_____	_____
Physician	_____	_____	_____
Physician Assistant	_____	_____	_____
Other (describe): _____	_____	_____	_____
<b>Mental Health</b>			
Alcohol and Drug Counselor	_____	_____	_____
Counselor/Social Worker/Therapist – <i>Licensed</i>	_____	_____	_____
Counselor/Social Worker/Therapist – <i>Unlicensed</i>	_____	_____	_____
Psychiatric Nurse Practitioner	_____	_____	_____
Psychiatrist	_____	_____	_____
Psychologist	_____	_____	_____
Other (describe): _____	_____	_____	_____
<b>Clinical Support</b>			
Health Aide/Admin Assist/Receptionist	_____	_____	_____
Licensed Practical Nurse	_____	_____	_____
Registered Nurse	_____	_____	_____
Other (describe): _____	_____	_____	_____
<b>Other Service Providers</b>			
Case Manager/Social Services	_____	_____	_____
Outreach Coordinator	_____	_____	_____
Dental Assistant	_____	_____	_____
Dental Hygienist	_____	_____	_____
Dentist	_____	_____	_____
Health Educator	_____	_____	_____
Nutritionist	_____	_____	_____
Other (describe): _____	_____	_____	_____

11. Which statement best describes how often the primary coordinator/administrator in your program is **onsite**?

- Once a week
- Two or more times a week
- Once a month
- More than once a month but less than weekly
- Never
- No coordinator/administrator

12. Which statement best describes how often the medical director in your program is **onsite**?

- Once a week
- Two or more times a week
- Once a month
- More than once a month but less than weekly
- Never
- No medical director

*(School-linked skip to question 15)*

13. The following staff are:

	Not present in school	In school but separate from health center	In school co-located within health center
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Mental Health Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Describe the health center's role in serving the needs of children with learning disabilities and/or those with a persistent medical condition that affects their ability to learn and or attend school.

***(PLEASE SELECT ALL THAT APPLY)***

- No relationship
- Involvement in drafting the IEP (Individualized Education Program)
- Involvement in developing the IHP (Individual Health Plan as part of Section 504 and American's with Disabilities Act)
- Involvement in implementing the IHP
- Review of medical records
- Serve on IEP committees
- Monitor medication
- Other (describe)\_\_\_\_\_

15. Does your health center have an emergency preparedness plan in place with response strategies addressing the following school based events?

	Yes	No
Natural disasters, severe weather, fire	<input type="radio"/>	<input type="radio"/>
Accidents (e.g., hazardous material spill, bus crashes)	<input type="radio"/>	<input type="radio"/>
School shootings	<input type="radio"/>	<input type="radio"/>
Act of terror or war	<input type="radio"/>	<input type="radio"/>
Medical/mental health emergencies	<input type="radio"/>	<input type="radio"/>

16. Does your health center participate in the following school-wide teams?

	Yes	No	Don't Know
Local School Restructuring Team (LSRT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Management Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IDEA (Individuals with Disabilities Education Act) Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention Team (Student Support Team, Pupil Assistance Committee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curriculum Development Committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandatory School/District Wellness Committee (nutrition and physical fitness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Wellness Council as part of the Coordinated School Health Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### IV. SERVICES PROVIDED

##### PRIMARY CARE

17. Indicate which of the following services are provided by the health center.

	Provide	Don't Provide	Refer
Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screenings (vision, hearing, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized behavioral risk assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anticipatory guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports physicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive health assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of acute illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of chronic illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of psychological development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for infants of students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriptions for medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications dispensed to be taken home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications administered in the health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (do not include reproductive, oral, or mental health services which are covered in subsequent questions): _____			

18. If you provide immunizations to children and adolescents (does not include TB screening), indicate which of the following vaccines (individually or in combination) are provided by the health center?

	Provide	Don't Provide
Measles-Mumps-Rubella (MMR)	<input type="radio"/>	<input type="radio"/>
Inactivated Poliovirus (IPV)	<input type="radio"/>	<input type="radio"/>
Diphtheria-Tetanus-Pertussis (DTaP)	<input type="radio"/>	<input type="radio"/>
Diphtheria-Tetanus-Pertussis (Tdap)	<input type="radio"/>	<input type="radio"/>
Haemophilus influenzae type b (Hib)	<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input type="radio"/>	<input type="radio"/>
Varicella (Varivax)	<input type="radio"/>	<input type="radio"/>
Hepatitis A	<input type="radio"/>	<input type="radio"/>
Influenza	<input type="radio"/>	<input type="radio"/>
Pneumococcal (PCV, PPV)	<input type="radio"/>	<input type="radio"/>
Meningococcal (MCV4)	<input type="radio"/>	<input type="radio"/>
Human Papilloma Virus (HPV)	<input type="radio"/>	<input type="radio"/>
Rotavirus (Rota)	<input type="radio"/>	<input type="radio"/>

19. Indicate which of the following reproductive and sexual health services are provided to individual students onsite at the health center, provided off-site by referral, or not provided at all.

	Onsite	Offsite by referral	Not provided or referred
Prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecological examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Papanicolaou (Pap) test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STD diagnosis and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine-based chlamydia screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling for birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV testing (serum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV testing (oral)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV testing (OraQuick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up of contraceptive users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abstinence Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Indicate which of the following contraceptive methods are provided to individual students onsite at the health center, off-site by referral, not at all and if there has been a change in the last three years.

	Dispensed onsite	Prescribed Onsite	Offsite by referral	Not Provided or referred	Changed in the last 3 years
Birth control pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condoms (male)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condoms (female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch (Ortho Evra)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ring (NuvaRing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depo-Provera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant (Implanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency post-coital pills (using birth control pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spermicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Is the dispensing of contraceptives prohibited in the health center?

- Yes (go to 22)
- No (go to 23)

22. If yes, by whom:

- School district policy
- School policy
- State law
- State policy
- Health center policy
- Sponsor policy
- Don't know
- Other (describe): \_\_\_\_\_

23. Indicate which of the following oral health services are provided onsite.

	Onsite	Offsite by referral	Not provided or referred
Oral health education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental examination (by a dentist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental sealants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride mouthrinse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride varnish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General dental care (fillings, extractions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty dental care (orthodontics, root canal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MENTAL HEALTH

24. Indicate which of the following mental health/behavioral health services are provided onsite.

	Mental Health Staff	Other Staff	Service not provided
Crisis Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grief and Loss Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psycho-Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief (solution-focused) Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-Term Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Management/Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill-Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Use Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict Resolution/Mediation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HEALTH PROMOTION

25. Does the health center offer prevention, early intervention, or risk reduction strategies on the following topics?

	To the Individual	To Small group	To Classroom/School-wide activity	To Parents	Intervention NOT OFFERED
Tobacco prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol/other drug use prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence prevention (e.g. bullying, conflict resolution)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Assault/Date Rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury prevention (unintentional injuries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/STD prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy prevention (abstinence only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy prevention (comprehensive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health promotion/prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition/fitness/weight management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop out prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency/social skills/skill building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity/Multiculturalism/Race Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep/sleep habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## V. HEALTH CENTER POLICIES

26. Does your health center collect the following information in electronic form?

	Yes	No
Date of birth	<input type="radio"/>	<input type="radio"/>
Insurance status at visit	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>
Race-Ethnicity	<input type="radio"/>	<input type="radio"/>
Provider type	<input type="radio"/>	<input type="radio"/>
CPT codes	<input type="radio"/>	<input type="radio"/>
ICD 9 codes	<input type="radio"/>	<input type="radio"/>
Referrals (internal)	<input type="radio"/>	<input type="radio"/>
Referrals (external)	<input type="radio"/>	<input type="radio"/>
Student disposition (e.g., sent back to class, home, ER, other)	<input type="radio"/>	<input type="radio"/>
Primary language spoken in home	<input type="radio"/>	<input type="radio"/>
Risk factors (not ICD-9 or CPT codes)	<input type="radio"/>	<input type="radio"/>
Patient is enrolled in school	<input type="radio"/>	<input type="radio"/>
Patient is student from other school	<input type="radio"/>	<input type="radio"/>
Patient is out of school youth	<input type="radio"/>	<input type="radio"/>
Patient is faculty/school personnel	<input type="radio"/>	<input type="radio"/>
Patient is family of student user	<input type="radio"/>	<input type="radio"/>
Patient is other person from community	<input type="radio"/>	<input type="radio"/>
Identification of the primary care provider (PCP)	<input type="radio"/>	<input type="radio"/>
Communication occurred between SBHC and PCP	<input type="radio"/>	<input type="radio"/>
Communication with parent	<input type="radio"/>	<input type="radio"/>

27. Indicate whether your health center uses any of the following.

	Yes	No
Electronic Medical Record (EMR)	<input type="radio"/>	<input type="radio"/>
Management Information System	<input type="radio"/>	<input type="radio"/>
Clinical Fusion	<input type="radio"/>	<input type="radio"/>
Telemedicine system	<input type="radio"/>	<input type="radio"/>
Electronic Billing System	<input type="radio"/>	<input type="radio"/>
Electronic prescribing	<input type="radio"/>	<input type="radio"/>

28. Does your center bill for services provided to students with:

	Yes	No
Medicaid	<input type="radio"/>	<input type="radio"/>
State Child Health Insurance Program (SCHIP)	<input type="radio"/>	<input type="radio"/>
Private insurance	<input type="radio"/>	<input type="radio"/>
Tri-care (military health insurance)	<input type="radio"/>	<input type="radio"/>
No insurance (self pay)	<input type="radio"/>	<input type="radio"/>
Other (describe): _____	<input type="radio"/>	<input type="radio"/>

29. Estimate the percent of your total budget that is covered by billing revenue. \_\_\_\_\_%

30. Does your health center assist in enrolling children/families in public insurance programs (Medicaid, SCHIP) by doing the complete enrollment process onsite or by helping complete forms to take elsewhere?

- Yes
- No

31. In which of the following ways does any managed care company recognize your staff at the health center as providers? (***PLEASE SELECT ALL THAT APPLY***)

- Does not recognize
- As PCP/preferred provider
- As specialty care provider (for specialty services only e.g., mental health, family planning)
- As co-PCP (limited number of visits or services)
- Don't know

32. Sources of revenue/funding (\$) that support the health center are:

	Yes	No
Directly from federal government	<input type="radio"/>	<input type="radio"/>
Directly from state government	<input type="radio"/>	<input type="radio"/>
Directly from county/city government	<input type="radio"/>	<input type="radio"/>
From a tribal government	<input type="radio"/>	<input type="radio"/>
From private foundations	<input type="radio"/>	<input type="radio"/>
From corporations/business	<input type="radio"/>	<input type="radio"/>
From sponsor	<input type="radio"/>	<input type="radio"/>
From school/school district	<input type="radio"/>	<input type="radio"/>

32B. If you receive support directly from the federal or state governments, funding includes:  
***(PLEASE CHECK ALL THAT APPLY)***

Federal grants

- Title X PHSA (Public Health Services Act - family planning)
- Title V SSA (Social Security Act - maternal and child health block grant)
- Title XX SSA (social services block grant)
- TANF (Temporary Aid to Needy Families)
- Section 330 PHSA (community/migrant/rural health centers)
- Title One ESEA (Elementary Secondary Education Act)
- Indian Health Services
- Abstinence Only Education
- SAMSHA's Safe Schools/Healthy Communities (Substance Abuse and Mental Health Services Administration's Centers for Sub Abuse Treatment/Prevention).
- Other \_\_\_\_\_

State Grants

- Department of Public Health
- Department of Education
- Department of Mental Health/Substance Abuse
- Department of Human Services/Social Services
- Other \_\_\_\_\_

33. Indicate for which of the following your health center has some or all the financial responsibility.

	Yes	No
Rent	<input type="radio"/>	<input type="radio"/>
Utilities	<input type="radio"/>	<input type="radio"/>
Maintenance/Janitorial	<input type="radio"/>	<input type="radio"/>
Construction/renovation	<input type="radio"/>	<input type="radio"/>

34. Indicate which of the following specific services, if any, can be accessed by students without needing parental permission. ***(PLEASE SELECT ALL THAT APPLY)***

	Yes	No
Emergency care	<input type="radio"/>	<input type="radio"/>
STD treatment	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>
Counseling for drug and alcohol problems	<input type="radio"/>	<input type="radio"/>
Family planning services	<input type="radio"/>	<input type="radio"/>
Prenatal care	<input type="radio"/>	<input type="radio"/>
Referrals	<input type="radio"/>	<input type="radio"/>
No services can be accessed without parental permission	<input type="radio"/>	<input type="radio"/>
Other (describe): _____	<input type="radio"/>	<input type="radio"/>

35. Does health center policy give parents the ability to restrict access to specific services?  
*(For example, parents can check off or cross off specific services on consent form.)*

- Yes
- No

36. Indicate which of the following best describes student access to services in your health center.

- In accordance with state law
- More restrictive than state law
- Don't know

37. Indicate if your health center participates as a site for loan repayment or service programs, including:

- The National Health Service Corps
- AmeriCorps
- Other
- None of the above
- Other: \_\_\_\_\_

## VI. DEMOGRAPHICS OF SCHOOL/CAMPUS POPULATION

This section is for **school-based** health centers only. School-linked and mobile programs skip to question 42.

38. The grade levels of the school identified on question 2 are (for campuses with more than one school served by the health center, include every grade):

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <K                    | K                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    | 11                    | 12                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

39. The 2007-2008 official school enrollment for the school/campus in which the health center is located: \_\_\_\_\_

40. Total student health center enrollment (students with consent to use or registered to use- do not have to have been seen) in the center **in 2007-2008**: \_\_\_\_\_

41. Total student health center users (have to have been seen at least once) in the center **in 2007-2008 academic year**: \_\_\_\_\_

42. **Number** of visits in the center from **July 2007- June 2008**:

Category	Number
Medical	_____
Mental Health	_____
Oral Health	_____
Other	_____
Total	_____

43. In **2007-2008** the ethnic/racial profile of the student population at the school/campus in which the health center is located was: *(Data for Questions 43 and 44 can be found at <http://nces.ed.gov/globallocator/> or on your local school authority web site)*

**Race/Ethnicity**

White (non Hispanic/Latino)	_____ %
Black (non Hispanic/Latino)	_____ %
Hispanic/Latino	_____ %
Asian/Pacific Islander	_____ %
Native American/ Alaskan Native	_____ %
Other (describe): _____	_____ %
Total	<b>100%</b>

44. In 2007-2008 what percent of the student population at the school/campus in which the health center is located was eligible for the free or reduced lunch program? \_\_\_\_\_ %

45. In addition to enrolled students, which of the following populations are eligible to use the health center services?

- Only children in our schools are eligible
- Students from other schools
- Out-of-school youth
- Faculty/School Personnel
- Family of student users (siblings/parents) / infants of students
- Other people from the community
- Other (describe): \_\_\_\_\_

46. In the history of its operation, has your SBHC ever closed and reopened (not including summer)?

- Yes
- No
- Not sure

47. Can the school in which you are located be characterized as any of the following? (If there is more than one school in the building in which you are located and you provide services to those students, please select all that apply)

- Title One School
- Charter school
- Parochial/private school
- Alternative school
- Vocational school
- Magnet school
- Standard public school
- Community school (Full Service school, Beacon school)
- Other \_\_\_\_\_

48. Other than involvement in a child's health care, how are parents/other family members/guardians involved in your health center?

- Volunteering as an advisor or Board member
- Participating in organizing center-sponsored health education events (i.e. health fair)
- Participating in advocacy activities for the health center at local, state, or national levels
- Taking leadership role in organizing advocacy events
- Advising on the design and delivery of health services
- Other: \_\_\_\_\_

49. Other than as patients, how are young people involved in your health center?

- Volunteering as an advisor or Board member
- Participating in organizing center-sponsored health education events (i.e. health fair)
- Participating in advocacy activities for the health center at local, state, or national levels
- Taking leadership role in organizing advocacy events
- Advising on the design and delivery of health services
- Other: \_\_\_\_\_

**FOR LINKED/MOBILE PROGRAM ONLY**

50. For each school that is visited regularly by the mobile program or served by the linked health program, identify the school name, type of school, time on site (if any, in case of linked), total school enrollment, and number of health center enrollees from the school.

School Name	Elem	Midd	High	Elem-Midd	Midd-High	K-12	Operations in school		Total school enrollment	# of health center enrollees from school
							Days /wk	Hours /day		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

51. Do you have a *compelling story* that could be used as an advocacy tool for describing the value of school-based health care to policy makers and elected officials? Please write a short description here. Be sure not to include patient identifying information.

**END OF SURVEY – THANK YOU!**