

SCHOOL HEALTH CONNECTION

HEALTHY KIDS + HEALTHY COMMUNITIES

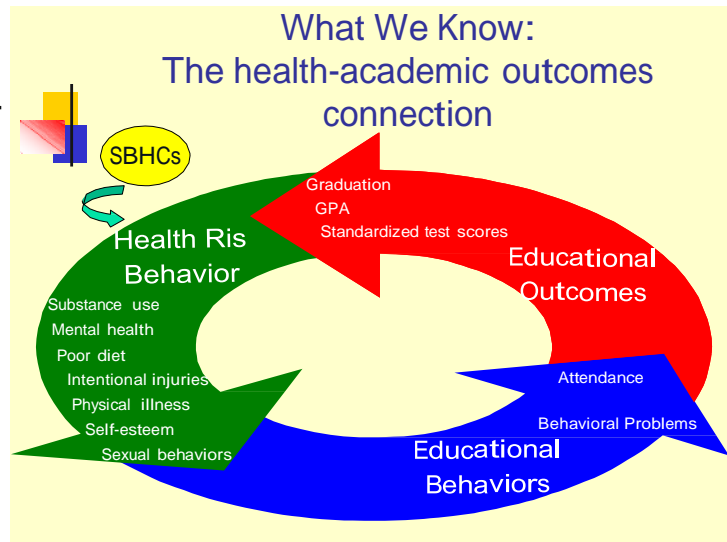
School Based Health Centers Programs and Facilities

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Benefits of SBHC and Educational Collaboration

Researchers as well as health and educational professionals agree that children in good health are in a better position to learn (Kolbe, 2005). Unfortunately, increasingly school personnel are held accountable for student behaviors and learning readiness issues that are rooted in health. As such, SBHCs are viable partners with schools where the full spectrum of social needs can be found (Weaver, 2005). If the lives of children are to be improved, dimensions of their life (e. g. health and schooling) should not be dealt with in isolation from one another. SBHCs highlight the importance of child health and address the irrational separation of health care issues from achieving educational goals.



Through risk-reduction potential, which result in improved educational behaviors, SBHCs help increase the chances that youth will grow into healthy adults and maximize their intellectual potential and economic contributions as opposed to becoming a drain on social systems. SBHCs can also help educational systems to achieve their performance goals (Geierstanger, 1974). Below are some examples of how SBHCs can assist schools as they seek to meet No Child Left Behind (NCLB) and Individuals with Disability Education Act (IDEA) mandates.

NCLB Criteria
Title I – Part C

SBHC Contribution

Immunizations, and health records of children served are required to be supplied to the state and national database. As SBHCs treat clients data could be included with the schools to input.

Title I – Part D
Prevention and Intervention Programs
Neglected, Delinquent, or At-Risk
for Children and Youth who are

Prevention & intervention services, information, screening, and treatment
Of affected students could be performed at SBHC sites.

Title IV – 21st Century Schools

Drug and alcohol prevention education, testing, screening, counseling and
treatment options might already being provided in SBHCs

IDEA Criteria

Least Restrictive Environment

Health-related services for students with physiological needs can be
supplied on site.

(Richardson, 2007)



What is School Health Connection?

School Health Connection (SHC) is a program administered by the Louisiana Public Health Institute (LPHI). The goal is to coordinate the development and rebuilding of SBHCs within the New Orleans Metropolitan (Metro) area, which includes Orleans, Jefferson, Plaquemines and St. Bernard Parishes.

The rebuilding of school based health centers (SBHCs) destroyed by Hurricane Katrina and the development of new SBHCs represents a major step forward in restoring and expanding access to health care services to school-aged children in the Metro area. Children learn best when they are healthy. SBHCs keep more children in the classroom and more parents at work.

How is it Funded?

The development of SHC SBHCs has been made possible by an \$8.7 Million grant from the Kellogg Foundation awarded March 2006. This grant has been complemented by matching funding from a number of area organizations including the Orleans Parish School Board, the Recovery School District; Jefferson Parish Schools; St. Bernard Parish Schools; the Algiers Schools Charter Association; the New Orleans Science and Math Charter School; the Adolescent School Health Initiative (ASHI); the Methodist Foundation; Baptist Community Ministries, LSU Health Sciences Center, the Medical Center of Louisiana at New Orleans, Jefferson Parish Human Services Authority; Metropolitan Human Services District, Daughters of Charity Health Service; and the Louisiana Public Health Institute. We anticipate many other funders will follow. Operational funding is obtained through a combination of reimbursement, grants, and through on-going support of a community sponsor. More information is provided in this guide.

What is a School Based Health Center?

A comprehensive SBHC functions like a medical clinic that provides age-appropriate preventive and primary care services to students. The culture of each SBHC is influenced by the school, students, and community. Louisiana SBHCs must adhere to principles and standards established by the [Adolescent School Health Initiative \(ASHI\), Louisiana Office of Public Health](#). SBHCs also have a state association called the La. Association of School Based Health Centers (LASBHC) that provides advocacy, training, and technical assistance to SBHCs statewide.

Recommended SBHC Staffing

- Primary Care Provider (Advanced Nurse Practitioner, Physician, or Physician Assistant)
- Medical Director (Part-Time)
- Registered Nurse (Up to Full-Time)
- Master's Level Mental Health Provider (Must be licensed to provide therapy; BCSW; Clinical Nurse Specialist)
- Clinic Administrator
- Office / Clinic Assistant

How do SBHCs Relate to School Nurse and School Social Worker Programs?

Individual school districts typically decide how health and social services will be delivered at schools within their districts. Depending upon the needs of students, available resources, and governing philosophies, schools may use a variety of programs or models. Similarly, school health nurse (SHN) services vary by school district. Some SHNs administer prescription medications for students and others plan and coordinate school health programs. School social worker programs assist in promoting student attendance, may conduct home visits, and conduct screenings, provide direct counseling and provide therapy. In a coordinated system of care, SHNs and School Social Worker Programs should be linked to the SBHCs, and all health staff should work together to enhance health and educational opportunities for students.

What is Coordinated School Health ? How does it Relate to SBHCs?

A Coordinated School Health Program (CSHP) is a comprehensive approach to health promotion and disease prevention that is implemented throughout the entire school environment. It not only targets students, but the entire school staff. It also addresses the school environment through promoting healthier cafeteria choices, making school facilities conducive to physical activity, and generally promoting health throughout the entire school community.

In comparison, a SBHC is a comprehensive primary care and behavioral health clinic that is located on the school campus. A SBHC is a complement to CSHP, and is an ideal asset for implementing the health services component, the counseling and psychological components and the community involvement component of CSHP. A CHSP model consists of eight interactive components.

Health Education: A planned, sequential, K-12 curriculum that addresses the physical, mental, and emotional and social dimensions of health.

Physical Education: A planned, sequential K-12 curriculum that provides cognitive contact and learning experiences on a variety of physical activities.

Health Services: Services provided for students to appraise, protect and promote health.

Nutrition Services: Access to a variety of nutritious and appealing Meals that accommodate the health and nutrition needs of all students.

Counseling and Psychological Services: Services provided to improve students' mental, emotional, and social health.

Healthy School Environment: The physical and aesthetic surroundings and the psychosocial climate and culture of the school should positive affect the well-being of students and staff.

Health Promotion for Staff: Opportunities for staff to improve their health status through activities such as health assessment, health education, and health-related fitness activities.

Family/Community Involvement: An integrated school, parent, and community approach for enhancing the health and well-being of students.

SBHC Sponsorship

There are generally three models of SBHC sponsorship. 1) School districts can directly sponsor the clinic, hire the clinical staff, provide and bill for services. 2) Schools can collaborate with a medical provider who sponsors the clinic. Clinical sponsors generally absorb some of the operational costs of SBHCs. For example, some SBHCs in Louisiana are sponsored by private hospitals and some by Federally Qualified Health Centers. 3) School health organizations or corporations, such as Health Care Centers in Schools, Inc. in Baton Rouge, can provide SBHC services for all schools within a school district.



SBHC Facilities Grants

Public schools in the Greater New Orleans Metropolitan area are now eligible for facilities funding from a Kellogg Foundation grant that is being ad-

ministered by the SHC program. SHC is providing support for new SBHC facilities and startup costs. In order to demonstrate their commitment schools must match Kellogg funds. SHC is also providing technical assistance to ensure that the SBHC has every opportunity for success.

School Based Health Center Financing

Development and Operational Costs of SBHCs

One of the greatest challenges associated with starting up a new SBHC is facilities cost. Generally, schools start SBHCs in adapted classroom space, and continue with this arrangement until resources are identified for making facilities improvements. Modular construction is also an option when there is insufficient class room space, and if there is sufficient yard space available.

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Start-up Costs: There are two main costs to consider when developing a SBHC- one is start up costs and the second is operating costs. Start up costs involve facilities development and depend upon the services offered. These costs will vary depending upon the starting point of the project. At post-Katrina construction costs averaging \$225 per square foot, the anticipated development costs are approximately \$550,000 to \$675,000. Another \$75,000 will be necessary to fully equip the facility, and another \$75,000 in startup costs. These are generally one-time expenditures.

Operational Costs: Based upon the experience of other SBHCs, annual operational costs are estimated at \$250,000 - \$350,000 depending upon the range of services, the volume, and the amount of in-kind match. For example, SBHCs that provide dental care have higher operating costs than those that do not provide these services. Also, host schools provide significant in-kind match including space, facilities maintenance, telephone, internet, and utilities.

Operational Funding Support

Financially successful SBHCs depend upon several revenue streams. Once operational, SBHCs can apply to be reimbursed by Medicaid, and some SBHCs also bill private insurance. SBHCs generally do not directly charge students for services. Because not all SBHC services are fully reimbursable, third-party reimbursement is insufficient to cover costs.

It is essential for SBHCs to receive ongoing operational support through community sponsorship. School supporters, charter board members, and members of the SBHC community advisory board are the greatest advocates for obtaining community support. Across the nation, there are many examples of how communities support SBHCs. In the City of Indianapolis, over 15 SBHC sites are supported by an annual grant from a consortium of local foundations. Medical sponsors can also close the funding gap. For example, in Detroit, Henry Ford Hospital (HFH) sponsors 14 SBHCs. HFH considers SBHCs a part of their charitable care, and they also see benefits from the savings of reduced emergency room visits.

Also, Louisiana has a state SBHC program called the Adolescent School Health Initiative (ASHI) that operates out of the Office of Public Health. ASHI administers state funding of approximately \$150,000 annually for eligible SBHCs that successfully apply. These funds are generally used to subsidize operational costs. ASHI supports 54 SBHCs statewide.