

# SAFE PASSAGE

JUNE 1999

*"I really believe that it is possible to assure every child a future, to create a Safe Passage Movement. We know how to fill each one of the pressing needs of young people. We have access to successful models of parenting, schools, communities; we know how to teach, counsel, promote social skills... We know what has to be done."*

Joy G. Dryfoos  
Safe Passage:  
Making It  
Through Adolescence In A  
Risky Society

Oxford University Press,  
1998

Helping today's youth make a safe passage to adulthood is no easy job. It requires community-wide collaboration, dedication and a lot of determination. At the heart of this effort, in communities across the country, school-based health centers are playing a central role.

In our search for Safe Passage models of excellence, we looked for programs that embodied the following guidelines:

- 1) Adherence to school-based health care principles, whether national (see inside panel), state, or community-based;
- 2) Successful and seamless integration of staff and functions into the school environment;
- 3) Effective collaboration with health and youth service agencies to establish integration into the broader systems of care;

- 4) Commitment to strengthening connections among students, their families and their community;
- 5) Purposeful focus on relating their mission to education success;
- 6) Intentional expansion of clinical focus to include school-based prevention, health promotion, and early intervention efforts to ameliorate risk and strengthen protective factors;
- 7) On-going effort to measure quality of care and services, and document meaningful outcomes;
- 8) Ability to sustain the program via long-term financial support.

The National Assembly on School-Based Health Care proudly honors the following school-based health care programs with the first annual Safe Passage Award for their outstanding performance in helping young people make a healthy journey to adulthood:

- **Denver School-Based Health Centers, Denver, Colorado**
- **Evanston Township High School Health Center, Evanston, Illinois**
- **HealthZones, Cooperstown, New York**
- **Spartan Wellness Center, Bernalillo, New Mexico**
- **Youth and Family Centers, Dallas, Texas**

In different ways, each of these model programs epitomizes the qualities necessary to integrate health care services into our schools and build safe passages for our nation's youth.

# DENVER SCHOOL-BASED HEALTH CENTERS

## Built on a Firm Foundation of Collaboration

If there's a single aspect of the Denver School-Based Health Centers (DSBHC) that's most outstanding, it's the impressive collaboration the program has achieved among community stakeholders. As a result of this collaboration, the centers are able to smoothly and thoroughly serve 5,400 students a year.

"Our sheer size is an accomplishment we're very proud of," says Barbara Ford, administrator of the Denver School-Based Health Centers. "And we're really reaching students, not just churning them through."

Operating since 1988, the program now provides primary health care and health education for underserved children at 12 elementary, middle and high schools. The centers have an average enrollment of 83% of the student body in the schools they serve.

### The System Works

Over the years, DSBHC has developed an elaborate system of collaboration encompassing a number of community agencies and three levels of administration.

"The first level," says Ford, "is the health council, which has responsibility for each partner agency. Representatives meet every month. The second level is the management team, which supervises the people in the field in the different agencies. Interaction between the administrators, the groups and the schools is frequent. And overarching everything is interagency, interdisciplinary teamwork. It's all interwoven to ensure our mission."

Of course, everything doesn't always work perfectly. "There is always something that's dysfunctional," Ford admits, "but we have enough of a model and design in place that it's able to lead the way. It's been worked on for 12 years. The guiding principle is to just keep pulling people back to the conceptual framework. And where it works, schools adore us."

At each school-based health center in the system, multidisciplinary teams integrate medical care. These teams are made up of a mid-level practitioner, school nurse, mental health therapist, school social worker and psychologist, health care technicians and interns. They meet every week to discuss clinic agendas and manage patient cases.

"When a team is interdisciplinary," Ford says, "there's a synergy that takes place. The quality of care is better, because you bring an array of skills to the care."

DSBHC's collaborative operational framework means every student receives the full benefits of the entire multidisciplinary system. In the mental health program, for example, students are given intake assessments that evaluate their risk behaviors. A student acting out sexually would be referred to a medical provider for family planning services and an STD work-up. Likewise, anyone seen for physical exams or health complaints is asked to complete a Teen Health History Questionnaire to help providers discover any risk behaviors and make any necessary referrals.

### Beyond the School Health System

DSBHC's collaborative approach extends throughout the community. For example, parents are immediately asked to complete a questionnaire when a student enrolls in one of the centers. Whenever a student gets a physical exam, follow-up forms go to the parent. And throughout the year, the centers strongly encourage parents to get involved in their children's health.

As for the schools, the centers make sure health care is closely integrated into the curriculum. Substance abuse counselors make classroom presentations. Medical providers give sessions on sexuality and adolescent pregnancy. Mental health therapists deliver presentations on depression. Dental hygiene, nutrition, exercise and many other topics may be part of the centers' health education agenda, depending on the particular needs of a community.

This year, to further enhance collaboration and quality of care, DSBHC integrated its information system with Denver's system of community health centers and public hospitals. "With this link, we now have access to more patient information," Ford says. "We can access lab work. Ultimately we'll have access to the records of kids for the time they have been seen out of school."

The more health information DSBHC can acquire, the better the collaborative system will work. And it's already working extremely well, for all involved.

**Partnerships propel progress**

In March 1997, the Evanston Township High School Health Center in Illinois decided to broach the idea of dispensing contraceptives in order to address the community's high rates of teen pregnancy and sexually transmitted diseases. The center's 30-member advisory board included allies as well as opponents. Among them: the center's partner organizations, prominent community members, health researchers, parents and students.

People on both sides of the issue were helpful as the center navigated the controversial subject before the school board, under the watchful eye of parents and in the glare of the media. Allies found speakers on the topic, made contacts with reporters and got the word out in the community.

Opponents on the board were equally important. "It was helpful to have people who were not supportive. They gave us a good feel of the arguments against dispensing contraceptives," says Kathy Swartwout, a family nurse practitioner and site manager of the center. That information made the center staff better prepared for the sometimes grueling year of presenting their case, Swartwout says.

When it all ended in May 1998, the school board voted 6-1 in favor of the proposal. Now students can receive contraceptives with the written permission of their parents after having a counseling session with a center staff member. In last year's freshman class, 75% of the parents gave their permission. The health center just completed its first year dispensing con-

traceptives, which has gone smoothly.

**The Health Center-School Team**

The Evanston Township High School Health Center is a partnership between the high school, Evanston Northwestern Healthcare and the City of Evanston Health Department. Opened in February 1996, the center serves a suburban Chicago high school of 2,800 students. More than half are minorities, and more than a third qualify for the free or reduced rate school lunch program.

The center has from its inception fostered a close working relationship with the school staff. In fact, the program director is the high school assistant superintendent. All students with a health problem see a school nurse first. The nurses dispense regular medication such as Ritalin, handle minor problems like cramps or small cuts, conduct all vision and hearing tests required by the state, and monitor immunization records. For more serious problems and for routine physical examinations, the school nurses refer students to the center.

"School nurses see hundreds of kids a day. There is no way that we could see that many," Swartwout says. "If we had to do Band-Aids all day long we couldn't do physicals or treat illnesses. We're the sole source of primary care for many of these students."

The center staff and school nurses work together when a student's health is hurting his academic performance. In one case, a boy with severe uncontrolled asthma was consistently missing

school, in part because of his condition. The center and school nurses came up with a plan to help him control his asthma. They also had his school schedule changed so he'd no longer have to run from end to end of the building to get to class - wheezing. Since the changes were made, his attendance has improved.

The center staff enjoys a similarly close relationship with the high school's four social workers. In charge of 800 students each, the social workers are overwhelmed. They refer students who are having physical problems to the health center's social worker, who focuses on medical issues. These include counseling students who are getting an HIV test or who want contraceptives.

**The Road Ahead**

In some ways, the Evanston Township High School Health Center is a victim of its own success. With demand for services exceeding supply, the center's biggest challenge is now the need to expand.

Almost 2,000 students have enrolled in the center, which is staffed to handle 1,500. If history is any guide, the center will find ways to rise to this and other challenges - through partnership.

## Sowing seeds of better rural health

Based in Cooperstown, New York, the HealthZones school-based health centers provide primary and mental health care to rural, upstate students in grades K-12. The program serves an economically depressed area where 30% to 45% of students are eligible for free or reduced price meals. HealthZones schools are stretched so thin that some turn off every other light in the halls to save money. And one HealthZones center has operated out of a space that is essentially a converted closet.

These conditions present both challenges and opportunities, says Dr. Chris Kjolhede, a pediatrician and executive director of HealthZones. "We serve very small communities that are very tightly knit, so we can effect big changes," he says.

### Born to Be a Model

A collaborative effort with Bassett Healthcare, the local hospital system, HealthZones was launched in September 1996 with a Robert Wood Johnson Foundation grant – made with the expectation that the program would become a model for rural school health care delivery. HealthZones has established centers in three schools and serves 1,600 K-12 students.

Because nearly a quarter of these students list no primary care provider, and 20% list no form of medical insurance, improving access to care is HealthZones' key goal.

The health centers have been instrumental in getting many eligible children enrolled in the New York's Child Health Plus Insurance Program. A local insurance company gave the program a \$5,000 grant to help pay for

medications that families cannot afford. And HealthZones is becoming more aggressive about asking families to name the program as their provider (if they do not have a primary care provider) so that the centers can be reimbursed by insurance companies for the services they provide.

In just three years, HealthZones has won the support of the community. Enrollment in the three centers averages 77% of their school's student body, and in a recent satisfaction survey, 100% of parents said they'd recommend HealthZones to other families in the school district. One school has designated future funds to increase HealthZones' floor space by 400%. And a local community group sponsored a softball tournament that raised money to support the program. Community support is critical as HealthZones tackles one of the area's most pernicious problems: drug and alcohol use among youth. Seventy-nine percent of area high school students have used alcohol, and 44% have used marijuana.

"People have this notion that the rural areas of this country are pristine places to raise families, and there are no drug problems and there is no sex," Dr. Kjolhede says. "But it happens here."

To address these problems, HealthZones has a drug and alcohol counselor who develops contracts with students and their families to make more healthy choices. But finding mental health professionals in rural areas has been difficult for Dr. Kjolhede and his colleagues. Until recently, the HealthZones centers had no child and adolescent psychiatrists to whom

they could refer students and their families.

### Overcoming the Hurdles

Despite the many difficulties of rural health service delivery, Dr. Kjolhede has good reasons to be optimistic about HealthZones' ultimate impact on his community. HealthZones centers have seen 54% of their enrolled adolescents for an annual exam in a given year – a much higher percentage than that of a group of area pediatric providers. This is compelling evidence that adolescents are more willing to get an annual exam in a school-based health setting than from providers in a traditional office setting.

The program has also had a substantial impact on school absenteeism. A recent study of the three HealthZones centers showed that their presence translates into 440 fewer student-days absent per year in a school with an enrollment of 500. Beyond the academic and social benefits of reduced absenteeism, for some of these schools this means an increase of \$7,000 to \$8,000 in state aid.

Findings like these indicate that HealthZones can indeed have a major impact on the health of the community it serves. The program is still young, and Dr. Kjolhede says he looks forward to seeing this impact as he, his program and his patients continue their growth.

# SPARTAN WELLNESS CENTER

## Intensive Outreach Key to Success

The 7,000 people of Bernalillo, New Mexico, are served by one public health office with one clinic and two doctors. Additional medical services are 15 miles away, and there is no public transportation.

Since 1982, the Spartan Wellness Center, based at Bernalillo High School, has filled a vital need in this underserved community. The center provides primary and mental health services to the high school's students and staff, and conducts outreach to seven other schools, including elementary and middle schools.

### Careful About Cultural Complexities

Bernalillo is a rural district with a population that's 80% Hispanic and Native American. The area includes five pueblos – Native American tribal areas much like small towns. In general, the pueblo children's medical needs are typical of underserved populations throughout the nation, but some are special and very basic.

The pueblos have their own beliefs and ways of doing things, and are very private about their culture. For this reason, the center keeps abreast of pueblo priorities and makes sure its work doesn't conflict with any goals the pueblos have for their children and families. The center staff also meets regularly with key members of the pueblos, keeping them apprised of activities and decisions.

All of these dynamics are further complicated by the fact that "in rural areas there is not a lot of trust of health professionals," Sullivan-Gallegos says. To help build familiarity and comfort in the community, the center emphasizes continuity by hiring its own health care providers. "We have the same nurse practitioner and the same psychologist here 22 hours a week" says Sullivan-Gallegos. "Kids get to know them and trust them. Our providers develop relationships with families and with the kids."

### Reaching Out to Students, Parents, Schools

Recently, the Wellness Center launched the Challenge Program, an orientation for ninth graders newly entering the high school. The program helps prepare students and their parents for the experience of high school by addressing a number of issues, from adjusting to a new environment, to coping skills, to peer pressure. As a result, the school has retained more ninth graders and reduced suspensions.

"We've been quite proud of the increase in the use of center services by students and staff," Sullivan-Gallegos says, who notes that participation in sports has increased because of the center's ability to provide physicals to students who wouldn't otherwise have access to them.

The center's emphasis on outreach has paid particular dividends in addressing mental health issues. In addition to having a psychologist on staff, the center provides school personnel with special training on substance abuse and on how to intervene with a student who may be at risk.

"Our goal is that every person with whom a child may interact at school has some kind of training, including secretaries," Sullivan-Gallegos says. The psychologist also leads a variety of support groups that discuss issues like anger management and grief counseling. The students are allowed to bring friends if they want. These groups get students talking together and help them develop support systems for themselves.

No matter what the issue, the Spartan Wellness Center wants to be seen as a sensitive and helpful resource from the start. "We want to get kids early," Sullivan-Gallegos says, "before a problem gets really serious."

# DALLAS YOUTH AND FAMILY CENTERS

## Leading the Way for Three Decades and Counting

Since its inception in 1969, Dallas Youth and Family Centers (DYFC) – the nation’s oldest school-based health center program – has been known as a leader and an innovator. Today, DYFC’s nine school-based health centers provide physical and mental health services to 160,000 Dallas public school students. Of the 14,200 who visited the centers last year, 95% report DYFC as their medical home.

Each center is located on a middle or high school campus to serve a “family” of schools (a high school and all its feeder elementary and middle schools). Taking a holistic approach, the centers involve the entire family and school in each student’s health care.

DYFC’s success is due in part to the entrepreneurial spirit of the staff, says Coordinator Jenni Jennings. They’re always exploring new ideas and partnerships to better serve students, their families and the schools.

Intensive mental health that includes individual family therapy. The program organizes art and dance therapy with students and their families. And with a local community center, DYFC has introduced a rites of passage program to educate African American and Hispanic youth about their cultures, build their self-esteem and encourage responsibility.

“We believe in celebrations and ceremonies for families,” Jennings says. “We believe in the strength that each family has and those traditions that support them. Those shared beliefs bring healing to a family.”

### **The Strength of Close Partnerships**

Shared beliefs and tight bonds are at the heart of DYFC itself. In 1995, Parkland Health and Hospital System, Dallas Public Schools and Dallas Mental Health Retardation became partners to coordinate and provide school-based physical and mental health care through DYFC. Instead of a sprawling, three-way, cross-town bureaucracy, the partners have offices in the same building, and they make a point of sorting out any problems quickly.

“Proximity brings about communication,” Jennings says. “We really work out the daily operations together, and we don’t have turf issues between the school and community health providers.”

Ongoing training also helps DYFC maintain close relations with all stakeholders. Health center staff attend weekly training sessions at the DYFC offices. On a monthly basis, health center managers visit each of their schools to identify training needs. And every few months, the centers train school staff, including principals, teachers and school nurses. These sessions cover procedures for referring a child to DYFC, what is expected from the schools, and issues of child development.

Frequently, a DYFC staff member or doctor or nurse will just hang out in the teacher’s lounge and chat with whoever is around in order to foster connections with teachers, Jennings says.

Each school has agreed to honor treatment plans developed by the centers. Each plan includes a recommended intervention for the school and the family. Teachers are never given directives; rather, they are included in the process of deciding how best to help a student.

### **Impressive and Holistic Results**

The first school-based health center program in the country to track educational outcomes, DYFC can point to solid achievements. An independent evaluator concluded that for the past three years there have been fewer absences, course failures and disciplinary referrals among students receiving DYFC services.

For mental health, these improvements amount to a 32% decrease in absences, a 31% decrease in course failures and a 95% decrease in discipline referrals. For physical health, they include a 25% decrease in absences and a 14% decrease in course failures.

“The best measures of our success are the academic outcomes of the kids,” Jennings says. “And that people keep coming back.”

DYFC’s innovative approaches have kept people coming back for 30 years now, a trend to continue for a long time to come.