

# Student Supports:

## Getting the Most out of Your LCFF Investment

### WHY SCHOOL-BASED HEALTH CENTERS MATTER

Physical and emotional well-being are essential for a child to succeed in school. Yet, many children come to school suffering from conditions that seriously affect their attendance, achievement, connectedness to school, and dropout rates. Left untreated, these conditions can have a devastating and long-term impact on students' academic success and the overall school climate. Children in low-income communities are particularly vulnerable to these conditions, largely because many of them have little or no access to medical, dental, and mental health services in their neighborhoods.

When health centers are based at a school and become an integral part of its services, school staff have a straightforward and effective way to address these needs and refer families to a trustworthy and accessible place for help. By providing this basic care, schools ensure that more students come to school ready to learn.

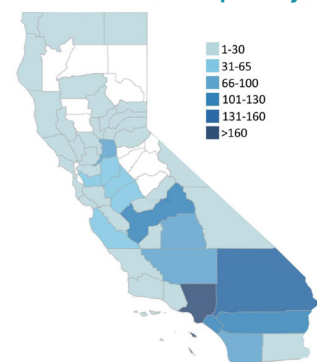
California's school-based health centers are located in schools serving some of the state's most vulnerable children. Many of these centers tend to be located in schools with low-income Latino and African American students. On campuses with school-based health centers, about 70 percent of students receive free or reduced price meals. Youth living in poverty are more likely to have higher rates of violent injury, poor nutrition, physical inactivity, substance abuse, and sexually risky behavior. They are also less likely to have health insurance or access to health and mental health services that address these risk factors. Without such services, childhood risk factors are more likely to lead to poor attendance, behavioral issues, and academic underperformance.

There are 243 school-based health centers in California, where there are more than 10,000 schools. This means only 2% of the schools have a school-based health center.<sup>1</sup>

School-based health centers provide benefits to children, families, and communities at **all** socioeconomic levels. However, there is a particular need in low-income areas.

There are 2,151 schools in California with high concentrations of poverty (i.e. 75% of students qualify for free school meals), where a school-based health center could make a significant difference in the lives of students.

California schools with high concentrations of poverty



# School-Based Health Centers: Key Facts

Health issues, some of which should be relatively minor, often create major obstacles to children's ability to succeed in school.

## ◆ Asthma

Asthma affects 16% of California children aged 5 to 18.<sup>2</sup> Many children and youth lack access to medical services necessary to manage their asthma, and it is estimated that children with asthma miss 13 million days of school annually in the United States.<sup>3</sup>

## ◆ Vision problems

Vision problems compromise sensory perception, hamper cognition, and negatively affect social-emotional development and connectedness to school.<sup>4</sup> As many as 21% of children aged 6 to 11 and up to 24% of youth aged 12 to 17 have some sort of vision problem.<sup>5, 6, 7</sup> Low-income youth and youth of color are under-diagnosed and under-treated for vision problems.<sup>8</sup>

## ◆ Mental health disorders

Mental health disorders affect 13% of young people between the ages of 8 and 15 nationwide.<sup>9</sup> The most common are depression, anxiety disorders, Attention Deficit Hyperactivity Disorder (ADHD), and substance abuse.<sup>10</sup> Students with these kinds of behavioral health problems are more likely to experience trouble in and out of school.<sup>11</sup>

## ◆ Oral health problems

Oral health problems cause American students to miss more than 51 million hours of school each year.<sup>12</sup>

## ◆ Teen births

Teen births occur at high rates in underserved communities. For every 1,000 adolescent girls aged 15 to 19 living in California, there are 51 births to Latinas and 37 to African-Americans compared with 12 to Caucasians and 9 to Asians.<sup>13</sup> Nationally, slightly more than 50% of girls who give birth as teenagers earn a high school diploma by age 22, unlike the almost 90% of teenage girls who do not give birth.<sup>14</sup>

Many children come to school suffering from conditions that affect their attendance, achievement, connectedness to school, and dropout rates.



# EFFECTIVE PRACTICES FOR SCHOOL-BASED HEALTH CENTERS

School-based health centers offer a range of services, including primary medical services, management of chronic illnesses such as asthma and diabetes, response to acute injuries or illness on campus, dental care, and mental health counseling. To have the greatest impact, school-based health centers should be open to all students and fully integrated into the everyday functioning of the school by following these best practices:

- Health services are available and accessible to all students.**

The health center is accessible, free, friendly, and inviting. Health center and school staff work collaboratively to identify student needs based on performance or behavior, create clear referral procedures, proactively reach out to students, assure confidentiality, and create coordinated plans to support students and families.
- Health services are fully integrated into the school day.**

A school district-employed liaison to the center ensures that services are accessible and the center functions as an integrated part of the school. The school liaison might be a school nurse or an assistant principal who meets regularly with the center director on routine issues. The district liaison solves policy and resource issues with the center director.
- Health centers work toward both health and academic success.**

The health center makes academic success a core part of its mission in partnership with the school. A site-level operating agreement outlines how the health center supports the school's site plan and contributes to improvements in student outcomes. This can include participating in services for chronically absent students, Individualized Education Plans (IEPs), 504 Plans, Student Success Teams, Student Attendance Review Teams, disaster plans, school climate initiatives, alternatives to suspension programs, and career pipeline programs.
- Health centers provide comprehensive support to students with complex issues.**

By linking health and education professionals, and combining resources from the health and education sectors, health centers can provide comprehensive, coordinated support for students and families related to issues that cut across medical, disciplinary, socio-economic and academic domains. Because it is easy for families to drop in to health centers, they are an ideal place to troubleshoot issues.
- Center staff work across the entire school campus to promote “prevention first.”**

School-based health care is designed to extend outside the walls of the clinic to promote healthy behaviors through classroom education, peer programs, schoolwide activities, parent events, staff meetings, and community engagement. Many centers run youth leadership programs that simultaneously improve school climate, create “positive peer pressure,” and foster health career pathways.
- Health centers have a strong presence on school sites.**

Services can be provided in a building on campus, via medical or dental vans, or through an off-campus center that has an operating agreement with the school. Centers can serve only students, or their clients can also include family members or the broader community. Services are typically provided for free or low-cost.



# SCHOOL-BASED HEALTH CENTERS SUPPORT PROGRESS ON THE LCFF PRIORITIES

School-based health centers can have a positive impact on absences, dropout rates, disciplinary problems, and, in turn, academic outcomes and overall school climate. They help assure that medical and mental health providers are easily accessible for students, families, and staff. The result is that kids stay in school and teachers can focus on teaching.



## Student Engagement and Student Achievement

School-based health centers reduce early dismissals for medical appointments<sup>15</sup> and improve attendance overall.<sup>16, 17</sup> In collaboration with educators, health center staff can identify students who are chronically absent, conduct health and psychosocial assessments, partner with families to address root causes of attendance issues, and provide ongoing case management.

Students who use school-based health centers are less likely to drop out,<sup>18</sup> tend to improve their grades more quickly than their peers,<sup>19</sup> have more caring relationships with adults, and report a greater connection to their school.<sup>20</sup>

School-based health centers provide accessible, confidential, and developmentally appropriate reproductive healthcare for adolescents. For teen girls in particular, those with access to care at a school-based health center demonstrate increased use of reproductive preventative care and screenings for sexually transmitted infections. All of these behaviors reduce the likelihood of teen pregnancy and improve the chances that girls will complete high school.<sup>21</sup>



## School Climate

The presence of a school-based health center is associated with multiple indicators of a positive learning environment – especially, students feeling connected and considered.<sup>22</sup> When students have access to the health and mental health services they need, they feel cared for and their behavior improves.<sup>23</sup>

Recently, many schools have begun to move away from zero-tolerance disciplinary policies and toward identifying and meeting students' needs that manifest as inappropriate behavior. Mental health specialists and other school-based health center staff can be integral to the assessment process and can also provide counseling and behavioral support.

Health centers can help move school climate in the positive direction by delivering or supporting schoolwide programs, such as youth leadership development, anger management classes, group counseling sessions, and peer support groups.



---

## FUNDING SCHOOL-BASED HEALTH CENTERS

Funding for school-based health centers is focused around two main areas: 1) staff and services funding and 2) facilities funding. While school districts sometimes run their own health centers, it is much more common for a community partner – such as a community health clinic, county health department, hospital, or other agency – to act as a sponsor. In turn, school districts typically invest in staff to ensure health center activities are fully coordinated and integrated into the school’s operations, as well as facilities and programs to attract providers as partners to maximize the impact of their health center.

The significant resources a health center and its sponsor can bring to a school site present an important opportunity for the district to leverage an LCFF investment. This investment should be strategically focused on staff to play coordinating roles.

### Partner Agency Contributions

Community health clinics, county health departments, hospitals, and other agencies often sponsor health centers and deliver services at no cost. In this model, health center staff is employed by the sponsor and can include nurse practitioners, nurses, mental health providers, physicians working on a part-time basis, or medical students.

Medical sponsors cover their costs by billing Medi-Cal and other public health insurance programs, such as Child Health and Disability Prevention (CHDP) and Family PACT. This is the most financially sustainable way to bring comprehensive health care to students who are Medi-Cal eligible, low-income, or undocumented.

### School District Investment

Even a small financial contribution from the district is important to ensure the full integration of health centers into schools. An investment of LCFF funds in infrastructure is a highly leveraged one, but before making this investment the district should make full use of its federal and health-related funding sources, including Title I and School-Based Medi-Cal Administrative Activities (SMAA).

SMAA provides federal matching funds for time spent on the administration of Medi-Cal, including outreach, enrollment, and making referrals, as well as other services, such as translation and arranging transportation. As such, SMAA can support health center coordination or particular programs that may not be reimbursable by health plans.

School districts typically make contributions to facilities and programs to attract providers as partners and to maximize the impact of their health center. Facilities funding requirements vary, depending on the services provided. Community health partners can help schools develop plans for building, purchasing, or renovating a site, as well as equipping it. Federal, state, and local funding may be available, such as local bond measures that include school construction project allocations and facilities grants to community clinics and hospitals. Joint-use agreements between cities and school districts can also open up space for school-linked health centers.

### District-Run Centers

For districts running health centers themselves, the cost of Medi-Cal covered services can be reimbursed via the LEA Billing Option. Until recently, the LEA Billing Option provided federal matching funds for direct health services to Medi-Cal students, primarily as part of an IEP. Under recent federal policy changes, districts will be able to get reimbursed for services to all eligible students on Medi-Cal,



---

not just those with an IEP. School districts that choose to run their own health centers can also tap into CHDP and Family PACT for medical services provided by school district staff. For more information on these funding sources, see the Additional Resources section.

### Additional Fundraising Potential

School-based health centers have greater impact the more comprehensive and integrated they are. To that end, after school grants, as well as nutrition and fitness grants intended to enhance health programs, can be folded into the overall funding strategy for the center.

Also, school-based health centers have the kind of visibility that make them good candidates for fundraising in the private charitable arena.

## SCHOOL-BASED HEALTH CENTERS: GETTING STARTED

While meeting the health needs of students is the primary question to address, it is also critical to determine whether a full health center will be fiscally sustainable. To get started, here are some critical questions to answer and a brief roadmap of tasks ahead.

### Critical Questions:

- ? What health and wellness services does our school already offer?
- ? What do our students need that our school(s) currently cannot provide?
- ? What health services are being offered to the community? Is there a community health center or clinic nearby?
- ? What is the county's commitment to community health centers?
- ? Can we build on existing programs, staff expertise, and established partnerships?

### Roadmap of Tasks Ahead:

Below is a short checklist of important start-up activities that have helped many schools and districts create strong, sustainable health programs. You may also want to review these [Key Steps in Planning a School-Based Health Center](#). For detailed information and additional considerations, see the California School-Based Health Alliance's [From Vision to Reality: How to Build a School Health Center from the Ground Up](#) toolkit.

- Engage youth, families, and community in assessing needs, identifying resources, and planning services.
- Identify partner agencies to provide medical, mental health, oral health, and other services.
- Establish a mechanism for coordination of services between agencies, including MOUs.
- Make a plan for building, purchasing, or renovating the necessary facilities.
- Work with partners to find funding.

In addition, get advice on establishing strong [partner collaboration](#), as well as information on the [role of school and district staff](#) in ensuring the success of a school-based health center.

If you and your partners determine that a school-based health center would not be financially viable, strongly consider setting up a seamless referral relationship with the health center(s) located near your school community, or work out a way to set up a satellite office at your school(s).



---

## CONCLUSION

School-based health centers can significantly improve access to basic health care, including dental and mental health services, in low-income communities. With access to health care, students are much more likely to have better attendance and arrive to school ready to learn. A district can play a substantial role in opening access to health care for the students and communities it serves by making relatively small investments in staff and facilities to integrate a health center into its schools. In turn, the district will see significant improvements in student outcomes, including student achievement, student engagement, and school climate. If a full center is not fiscally possible, the district should partner with a nearby community-based center to establish a satellite or a seamless system for making referrals.

## ADDITIONAL RESOURCES

- ▶ The California School-Based Health Alliance is a statewide nonprofit organization that aims to improve the health and academic success of children and youth by advancing health services in schools. To obtain support in establishing or enhancing your school-based health center, contact the California School-Based Health Alliance at [www.schoolhealthcenters.org](http://www.schoolhealthcenters.org).
- ▶ [School-Based Medi-Cal Administrative Activities \(SMAA\)](#) provides federal matching funds for time spent on the administration of Medi-Cal, including outreach and enrollment, as well as other services such as translation and arranging transportation.
- ▶ [LEA Billing Option](#) provides federal matching funds for direct health services. These may include assistance in accessing services through the additional Targeted Case Management program. School nurses can bill through LEA Billing. As of February 2016, California is working to expand reimbursement for direct services to all eligible Medi-Cal students, not just limited to services within an IEP (see “Free Care Rule” below). Information on billable services by provider is available in the [LEA Program Provider Manual](#).
- ▶ [Free Care Rule](#): In 2014, the federal government reversed a long-standing policy that impeded the ability of school districts to get reimbursed for the school health services they provided to students (called the “Free Care Rule”). This reversal removes a major barrier for schools to obtain federal Medicaid funding for student health services through the LEA Billing Option and creates an opportunity for schools to expand the role they play in improving the health of low-income students. As of February 2016, California is in the process of implementing this change. To learn more, please visit the [California School-Based Health Alliance website](#).





## ENDNOTES

1. “California Children’s Report Card – How kids are doing in our state and what needs to be done about it.” Children Now, 2014.
2. California Health Information Survey (CHIS), 2009.
3. Akinbami, L.J. “The State of Childhood Asthma. United States: 1980-2005.” Centers for Disease Control and Prevention. *Advance Data* 381 (2006): 1-24.
4. Basch, C.E. “Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap.” *Equity Matters* Research Review No. 6, 2010. <[http://www.equitycampaign.org/i/a/document/12557\\_EquityMattersVol6\\_Web03082010.pdf](http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf)>
5. Ferebee, A. “Childhood Vision: Public Challenges and Opportunities: A Policy Brief.” The Center for Health and Health Care in Schools. Web. 2004. <<http://www.google.com/search?client=safari&rls=en&q=ferebee+childhood+vision&ie=UTF-8&oe=UTF-8>>
6. Vitale, S., Cotch, M.F., and Spreduto, R.D. “Prevalence of Visual Impairment in the United States.” *Journal of the American Medical Association* 295 (2006): 2158-2163.
7. Ganz, M., Xuan, Z., and Hunter, D.G. “Prevalence and Correlates of Children’s Diagnosed Eye and Vision Conditions.” *Ophthalmology* 113.12 (2006): 2298-2306.
8. Ganz, M., Xuan, Z., and Hunter, D.G. “Patterns of Eye Care Use and Expenditures Among Children with Diagnosed Eye Conditions.” *Journal of the American Association for Pediatric Ophthalmology and Strabismus* 11.50 (2007): 480-487.
9. Merikangas, K.R., He, J.P., Burstein, M., Swanson, S.A., et al. “Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A).” *Journal of the American Academy of Child & Adolescent Psychiatry* 49.10 (2010): 980-989.
10. Knopf, D., Park, M.J., and Mulye, T.P. “The Mental Health of Adolescents: A National Profile, 2008.” National Adolescent Health Information Center. Web. 2008. <<http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf>>
11. Kataoka, S.H., Rowan, B., and Hoagwood, K.E. “Bridging the Divide: In Search of Common Ground in Mental Health and Education Research and Policy.” *Psychiatric Services* 60.11 (2009): 1510-1515.
12. Lapin, B. and Smith, A.J.B. “Dental Care: The Often Neglected Part of Health Care.” *School of the 21st Century*. Yale University, 2009.
13. Ralph, L.J and Brindis, C.D. “Access to Reproductive Healthcare for Adolescents: Establishing Healthy Behaviors at a Critical Juncture in the Lifecourse.” *Current Opinion in Obstetrics and Gynecology* 22 (2010): 369-374.
14. “Fact Sheet: Diploma Attainment Among Teen Mothers.” Child Trends. Web. October 2011. <[http://www.childtrends.org/Files/Child\\_Trends-2010\\_01\\_22\\_FS\\_DiplomaAttainment.pdf](http://www.childtrends.org/Files/Child_Trends-2010_01_22_FS_DiplomaAttainment.pdf)>
15. VanCura, M. “The Relationship between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time.” *Journal of School Health* 80.8 (2010): 371-377.
16. Strolin-Goltzman, J. “The Relationship between School-Based Health Centers and the Learning Environment.” *Journal of School Health* 80.3 (2010): 153-159.
17. Jennings, J., Pearson, G., and Harris, M. “Implementing and Maintaining School-Based Mental Health Services in a Large, Urban School District.” *Journal of School Health* 70.5 (2000): 201-205.
18. McCord, M.T., Klein, J.D., Foy, J.M. and Fothergill, K. “School-Based Clinic Usage and School Performance.” *Journal of Adolescent Medicine* 14.2 (1993): 91-98.
19. Walker S.C., Kerns S.E.U., Lyon A.R., et al. “Impact of School-Based Health Center Use on Academic Outcomes.” *Journal of Adolescent Health* 46 (2010): 251-257.
20. Shields, J.P., Stone, S., and Blankenbaker, S. L. “San Francisco Wellness Initiative Research Snapshot: Our impact on school-based youth development assets.” San Francisco Wellness Initiative: San Francisco, CA, 2013.
21. Ethier, K.A., Dittus, P.J., DeRosa, C.J., Chung, E.Q., et al. “School-Based Health Center Access, Reproductive Health Care, and Condom Use Among Sexually Experienced High School Students.” *Journal of Adolescent Health* 48 (2011): 562-565.
22. Walker, et al.
23. Jennings, et al

Some icons appearing in this piece were made by Freepik from [www.flaticon.com](http://www.flaticon.com).





## CHAPTER CO-AUTHORS:



The information in this chapter was primarily provided by the California School-Based Health Alliance, a statewide nonprofit organization that aims to improve the health and academic success of children and youth by advancing health services in schools.

[www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)



The Partnership for Children & Youth works to ensure that California's most underserved children and youth have access to high quality educational opportunities that prepare them for a successful future by bridging school districts, community organizations, and government agencies, helping them to attain the skills, resources, and partnerships needed to effectively serve low-income children and youth.

[www.partnerforchildren.org](http://www.partnerforchildren.org)

Find all chapters of

Student Supports: Getting the Most out of Your LCFF Investment:

[www.cacommunityschools.org](http://www.cacommunityschools.org)

An initiative of the Partnership for Children and Youth and its partners, the California Community Schools Network is an informal group of community members, educators, and policymakers working together to share information and think comprehensively about supporting California's students.

