

SCHOOL HEALTH⁺ CONNECTION

HEALTHY KIDS + HEALTHY COMMUNITIES

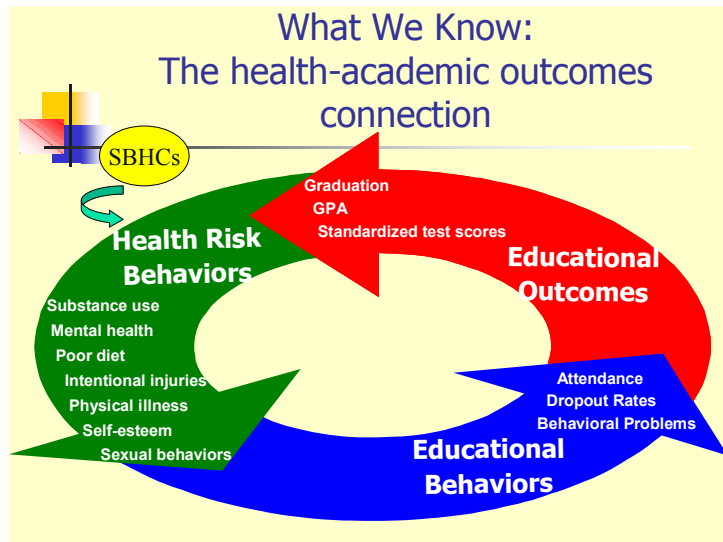
School Based Health Centers Programs and Facilities

September 2007

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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

Title I – Part D

Prevention and Intervention Programs Neglected, Delinquent, or At-Risk for Children and Youth who are

Title IV – 21st Century Schools

IDEA Criteria

Least Restrictive Environment

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.

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

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

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 positively 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.

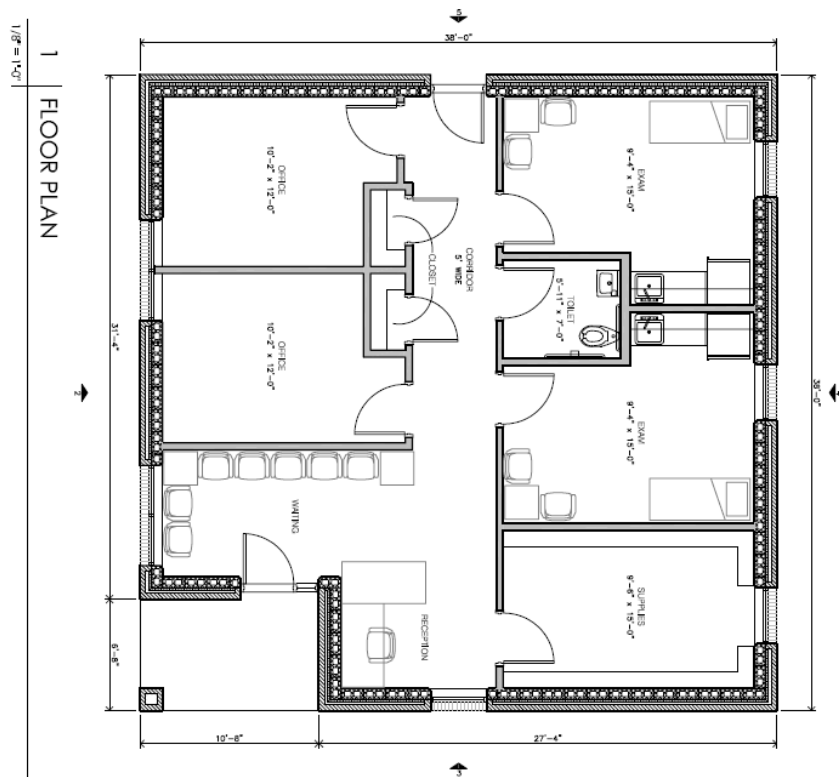
It is essential for SBHCs to receive ongoing operational support through community sponsorship. School supporters, charter board members, and members of the SBHC community advisory board are the greatest advocates for obtaining community support. Across the nation, there are many examples of how communities 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.

Suggested Floor Plan for a School Nurse - School Social Worker Program

It may not be feasible for every school in a school district to have a comprehensive SBHC, particularly in an urban district that is densely populated. From the aspects of scale and cost, comprehensive SBHCs are only recommended for schools with an enrollment of at least 750 students, or a geographic cluster of schools that meet that combined enrollment.

However, it is recommended that every school plan ideal facilities to improve the delivery of school nurse and social worker services. These facilities, ideal for smaller schools (enrollment of 750 or less) should maximize the provision of preventive services, provide health screenings, and case management, and should be linked to a comprehensive SBHC when treatment is needed.



The following is a sample floor plan for

School Nurse-School Social Worker programs. It has two exam rooms, two offices, a room for supplies and computer equipment, a small reception/triage area and waiting room. It is staffed by a full-time RN and Social Worker.

School Based Health Center Facilities and Specifications

The following requirements extend beyond the minimal requirements of the La. State Adolescent School Health Initiative Program.

Space Requirements:

1. Space must be adequate to accommodate appropriate staff, to afford client verbal and physical privacy, and to allow for ease in performing necessary clerical, laboratory, and clinical activities.
2. For a School-Based Health Center with in a school with an enrollment of at least 750 –1,000 students, approximately 2,500- 3,000 square feet is recommended. Space should include (at a minimum):
3. A hand-washing sink in each clinical area (exam room);
4. Three exam rooms or 2 exam rooms per full-time provider; the third exam room should be equipped to provide audiology and vision screenings;
5. Due the access problems with dental services, a dental suite is desirable in large schools serving low-income populations.
6. 1 counseling room or private area for the clinical social worker or psychiatric consults;
7. 1 laboratory area with sink and space for storage of medications and lab specimens (refrigerator);
8. 1 conference room for group counseling/nutritionist/health education/team conferencing and educational sessions;
9. At least 1 patient bathroom located within the facility; and preferably, an additional bathroom for staff;
10. 1 waiting room;
11. 1 clerical area/triage area;
12. 1 storage room/area;
13. A secure room for the computer server;
14. Offices for the physician, advance nurse practitioner, clinical social worker; clinic administrator, and RN.
15. A small kitchen or break area with refrigerator, microwave, table and chairs.

Facility Requirements:

1. The SBHC must be equipped with private telephone line (24 Hr. call is required and after hours, the phone must ring in the clinic, for the answering service), and capability of fax and voicemail. (Capability of three-way conference is necessary).
2. Internet capability is required and access to a high speed line is necessary to support current technology requirements for billing , medical records, and internet based programs.
3. SBHC space is clearly marked with the name as well as the clinic hours.
4. The SBHC complies with the American with Disabilities Act (ADA) concerning service accessibility for the physically impaired, visually impaired, and the hearing impaired. This involves assuring that at least one entrance, bathroom,

- doorways, and hallways are accessible to the physically impaired.
5. SBHC must secure inventories (medication, supplies, etc.) and files of the SBHC by keeping the inventories and files in locked cabinets. Medication is appropriately stored in a locked area. This includes biologicals, which are stored in refrigerator(s). Cleaning materials are appropriately labeled and appropriately stored (preferably locked).
 6. The SBHC is in compliance with OSHA rules for safety of the staff and students.
 7. The SBHC must maintain in good condition all equipment, devices, and clothing as required to perform their duties in the center for the safety of the staff and the students.
 8. A client/patient Bill of Rights is posted.
 9. Fire and emergency plans are posted
 10. Emergency phone numbers are current and posted.
 11. Emergency exits are clearly lit and marked.
 12. Smoke detectors, general purpose and chemical fire extinguishers are in working order and within easy access of SBHC.
 13. Passages, corridors, doorways and other means of exit are kept clear and unobstructed.
 14. Eyewash setups are available within the SBHC facility.
 15. There are no safety hazards, including chemical, choking and electrical hazards.
 16. Age appropriate toys, games, reading materials are safe and available in waiting room (if applicable).
 17. The SBHC staff has keys for all bathrooms with inside locks; all bolt locks have been removed.
 18. The SBHC facility is age appropriate, clean, structurally sound, well lighted, and ventilated.

Other Optional Components

1. Placing the bathroom next to the lab and having an opening in the wall where urine specimens can be passed to the lab.
2. 1 Patient Resource Space (including but not limited to 1 network workstation for patients to access healthcare information – with partition barrier for privacy)
3. SBHCs can be located directly within the school facility, or can be a separate building on the campus. Most often, SBHCs are separated from the schools, often in modular type buildings, due to space limitations within the school.
4. An entrance that would provide access to the center/clinic by non-students without requiring entrance to the school.

References:

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