



Meeting the Health Care Needs of Children and Adolescents: School Based Health Centers in Connecticut

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School Based Health Centers

- ✓ SBHC movement began in the late 80's in response to GAO (Government Accounting Office) report showing significant decline in health of adolescents
- ✓ SBHCs started in New Haven and Bridgeport to address health issues associated with poverty and lack of access to care
- ✓ CT developed a model that *integrated* medical care with preventive and behavioral health services; some sites have dental services
- ✓ Employ a *team* of licensed interdisciplinary professionals with expertise in child/adolescent health (nurse practitioners, physician's assistants, medical directors, clinical social workers, consulting psychiatrists, dentists, hygienists)
- ✓ SBHC medical-behavioral health staff are *co-located* to address a broad spectrum of students' health needs
- ✓ Health education is routinely offered to students that utilize the SBHC



SBHCs: An Integrated Model that Works

- ✿ Significant **increase in attendance** for adolescent SBHC medical users compared to nonusers. Grade point average increases over time were observed for mental health users compared to nonusers*
- ✿ **96.4%** of children that receive an asthma breathing treatment in the SBHC return to class (CASBHC data 2008)
- ✿ 5,337 CT children/adolescents received mental health treatment in their SBHC in more than **40,000** visits, enabling them to remain in school and continue to learn (2007-2008 school year)

* Journal of Adolescent Health 46 (2010) 251–257



Why School Based Health?

“Youth bring all of their issues to school”

Asthma

Tooth pain

Domestic violence

Illnesses and injuries

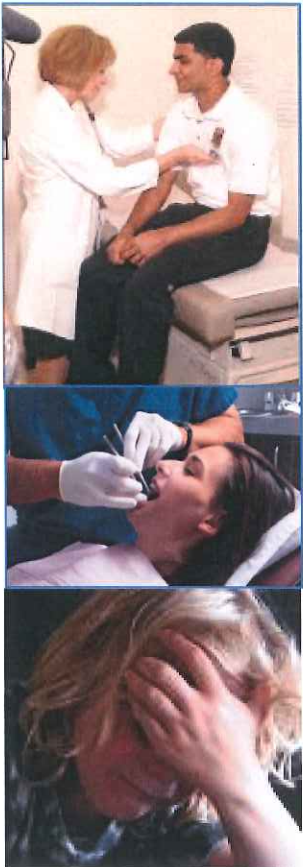
Learning disabilities

Peer conflict

Diagnosed and undiagnosed mental health conditions

Homelessness

And many more issues...





Medical Services

- Assessment/Diagnosis/Treatment of illnesses and injuries
- Management/treatment of chronic diseases
- Referrals for specialty care (orthopedics, pulmonology, gastrointestinal disorders, cardiac care, etc.)
- Health education in the SBHC and in the classroom
- Immunizations / provide prescriptions
- Support groups for medical topics: asthma, weight management, nutrition
- Case management with students, families, primary care providers, and specialty care providers
- Mental health risk assessment with referral to SBHC mental health clinician as needed





How the SBHC differs from the school nurse

School Nurse

- Ensures that physicals and immunizations are on file in the school health office (per state mandates)
- Gives prescribed daily medications
- Administers First Aid
- Sick visits: decide whether student can stay in school per school protocol, or should see the nurse practitioner in the SBHC or other outside provider
- Provides state-mandated screenings (vision, hearing, scoliosis)

SBHC Nurse Practitioner

- Is an Advanced Practice RN
- Takes health histories and does complete physical examinations
- Diagnoses and treats many common acute and chronic problems
- Performs and/or interprets laboratory tests
- Prescribes and manages medications, immunizations, and other therapies
- Provides health teaching with an emphasis on prevention of illness and health maintenance
- Refers patients to other health professionals as needed



SBHC Waiting Room



SBHC Medical Exam Room



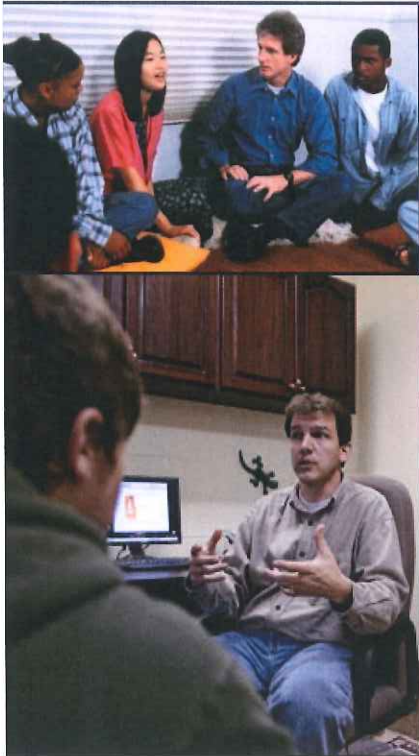
SBHC Dental Room





Mental Health Services

- Individual, group, and family therapy
- Risk assessment and health education
- Support groups for topics such as anger management, substance abuse, bereavement, parental illness
- Services are provided by licensed mental health clinicians: LCSW, LMFT, LPC
- Some SBHCs have onsite consultation with child psychiatrists; others have direct referrals to care





How the SBHC differs from the school social worker

School Social Worker

- Provides services to special education students and those for whom counseling has been indicated in their individualized education plan (IEP)
- Attends all Pupil Placement Team (PPT) meetings
- Educationally-focused advocacy for children in the school setting
- May provide home visits to assess child's special education needs.

SBHC Mental Health Clinician

- Provides therapy for students with problems that are *not* mandated by schools, similar to other outpatient clinic settings (ex. family disruption, anger management, ADHD, depression, bi-polar)
- Diagnoses children/adolescents with mental health problems that affect their ability to learn and function in their home, school, and peer settings
- Refers for psychiatric evaluation if child needs medication
- Participates in continued team management of treatment plan.
- May provide home visits when needed for assessment or treatment.



“The community mental health therapist in the school”

Diagnoses seen in SBHCs (2007-2009):

- High risk behavior; self-injury such as cutting
- Psychosocial problems with family and peers
- Attention deficit disorder/ ADHD
- Victimization; traumatic stress
- Alcohol / substance abuse
- Anxiety disorder; bipolar disorder; learning disorders; eating disorders; autism; major depression





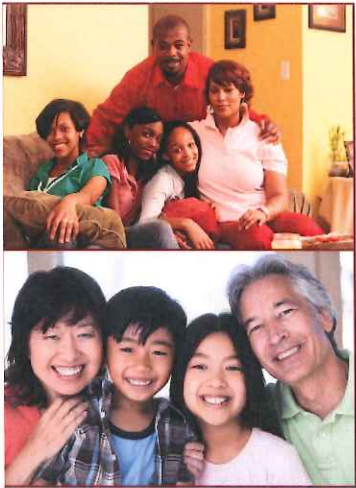
SBHC Dental Services

- The majority of CT SBHCs provide dental services through:
 - Onsite fixed dental operatory in or near SBHC
 - Use of their own portable dental equipment that visits school several times per year
 - Partnership with community dental providers that deliver dental services in the school
- Dental Hygiene and Restorative Treatment may be provided:
 - Cleanings, sealants, fluoride treatments, x-rays, health education
 - Exams, fillings, other restorative dental procedures

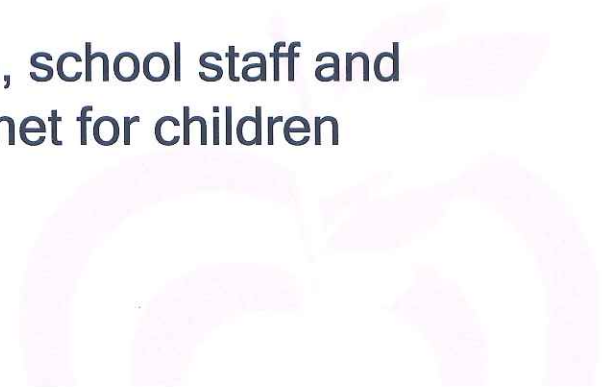




SBHCs Partner with Schools and Families for Student Success



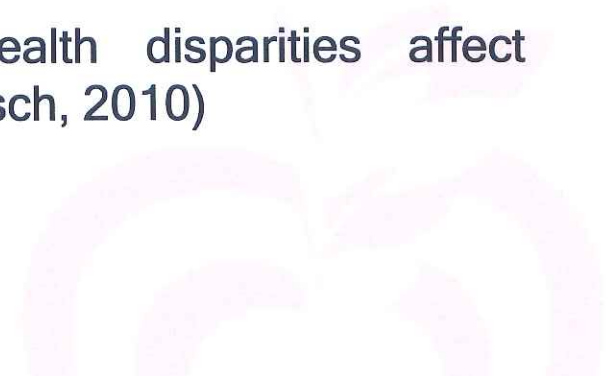
- Major concerns of educators, policy makers, and parents = chronic absenteeism, poor academic outcomes and high dropout rates
- Poor health severely limits a child's motivation and ability to learn
- Improving students' health is integral to education reform
- Working together as a team, school staff and SBHC staff create a safety net for children





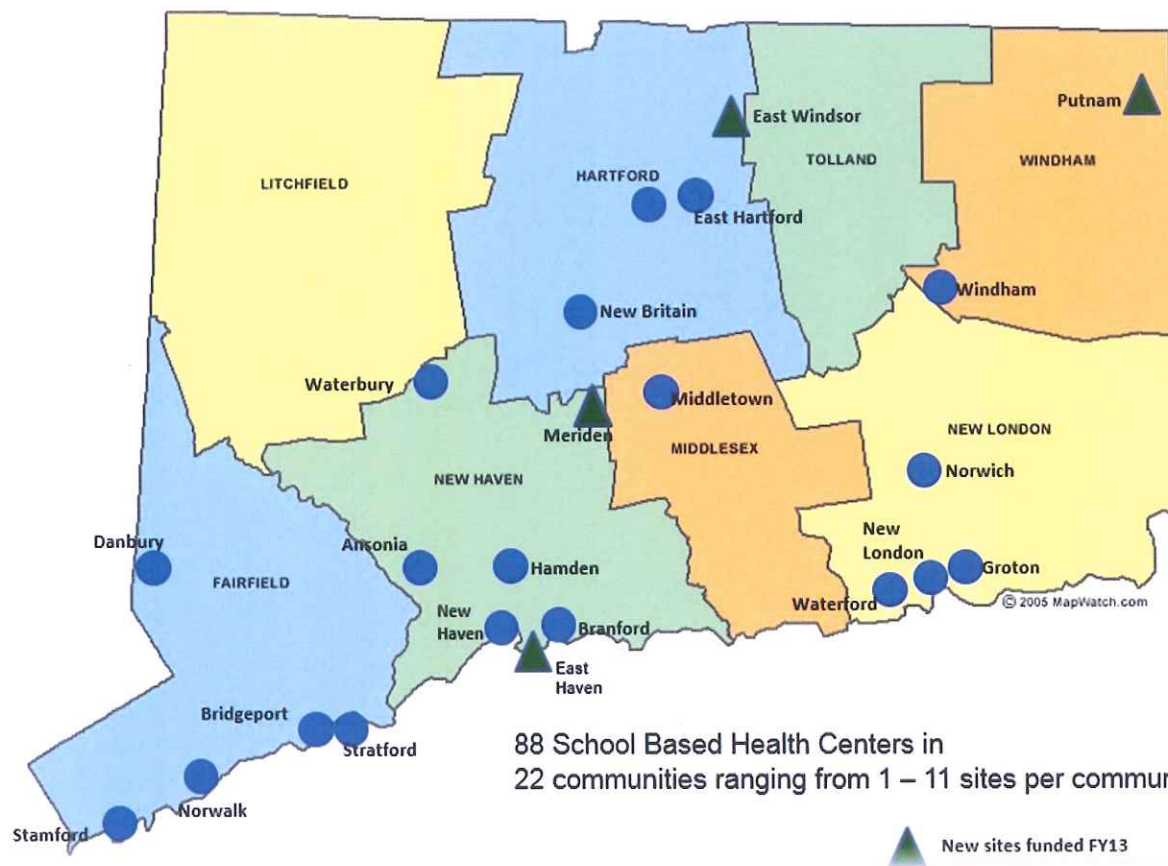
Achievement Gap

- ▶ CT continues to have the largest achievement gap between students of color and their peers. Low-income students are still far behind their classmates (US Dept of Education 2013)
- ▶ In CT, Black and Hispanic males are suspended or expelled at two to three times the rate as their White counterparts
- ▶ Black and Hispanic females are suspended/expelled at three to five times the rate as their White counterparts (CT Dept of Education 2013)
- ▶ Research confirms that health disparities affect educational achievement (Basch, 2010)





Distribution of State-funded School Based Health Centers in Connecticut





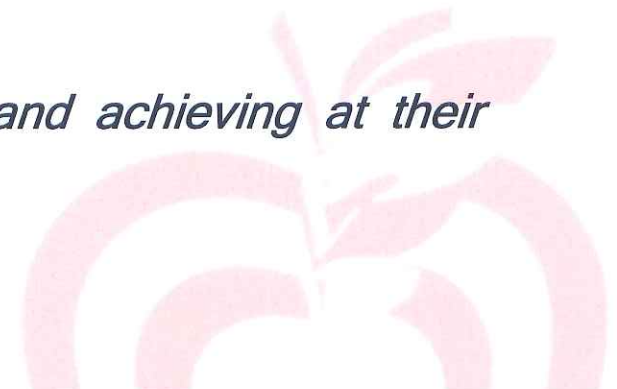
About CASBHC



- CT Association of School Based Health Centers is the single formalized voice of School Based Health Centers (SBHC) in CT
- 88 SBHCs sites in 22 communities are funded by the Department of Public Health
- Advocates for all SBHCs at the state and national level to address the health needs of children and adolescents
- Is a state-affiliate of the School Based Health Alliance, the national voice for SBHCs (2000 SBHCs in 46 states)

Vision:

All children and adolescents are healthy and achieving at their fullest potential.





Current Issues and Opportunities Impacting SBHCs

Issues impacting SBHCs on state and federal level:

- No federal funding stream to support SBHC operations
- Maintenance of funding from CT legislature essential to sustain and expand SBHCs in new schools and communities
- CASBHC and 2 SBHC programs seeking funding to pilot a *Patient-Centered School Based Health Care* model with NY State SBHCs
- CASBHC, DPH, DSS, and private foundation will participate in a national Policy Learning Collaborative to fully integrate SBHCs into health reform initiatives in CT including payment reform



What Do CT SBHCs need?

- Maintain the integrity of the integrated care model through a **definition in statute**
- Need a reliable, **robust data collection** system
- Need **data and reports** consistently to demonstrate impact of SBHC services on student health status
- New sites need a single source of information for SBHC requirements, licensure information, and technical assistance
- CASBHC could be the **training/technical assistance** arm of the SBHC unit with funding from DPH or other consistent source
- CASBHC and DPH should develop **annual quality improvement projects** and work on them together
- SBHC sites need **timely payment** on contracts to function effectively



Healthy Kids Make Better Learners !

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