

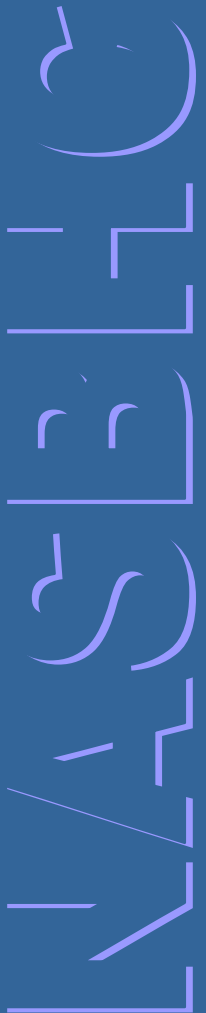
School Based Health Centers (SBHC) : Strengthening Access to Care for Adolescents

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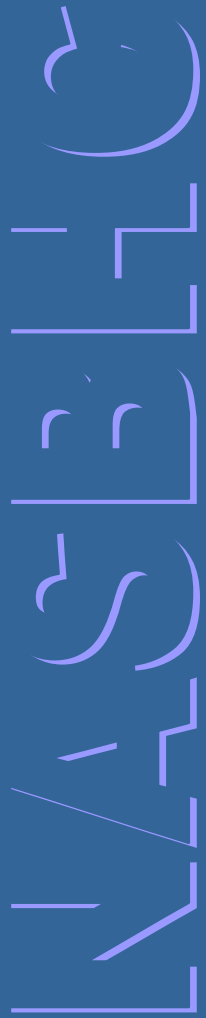
NASBHC National
Assembly on
School-Based
Health Care

Bringing Health Care to Schools for
Student Success

Data Sources

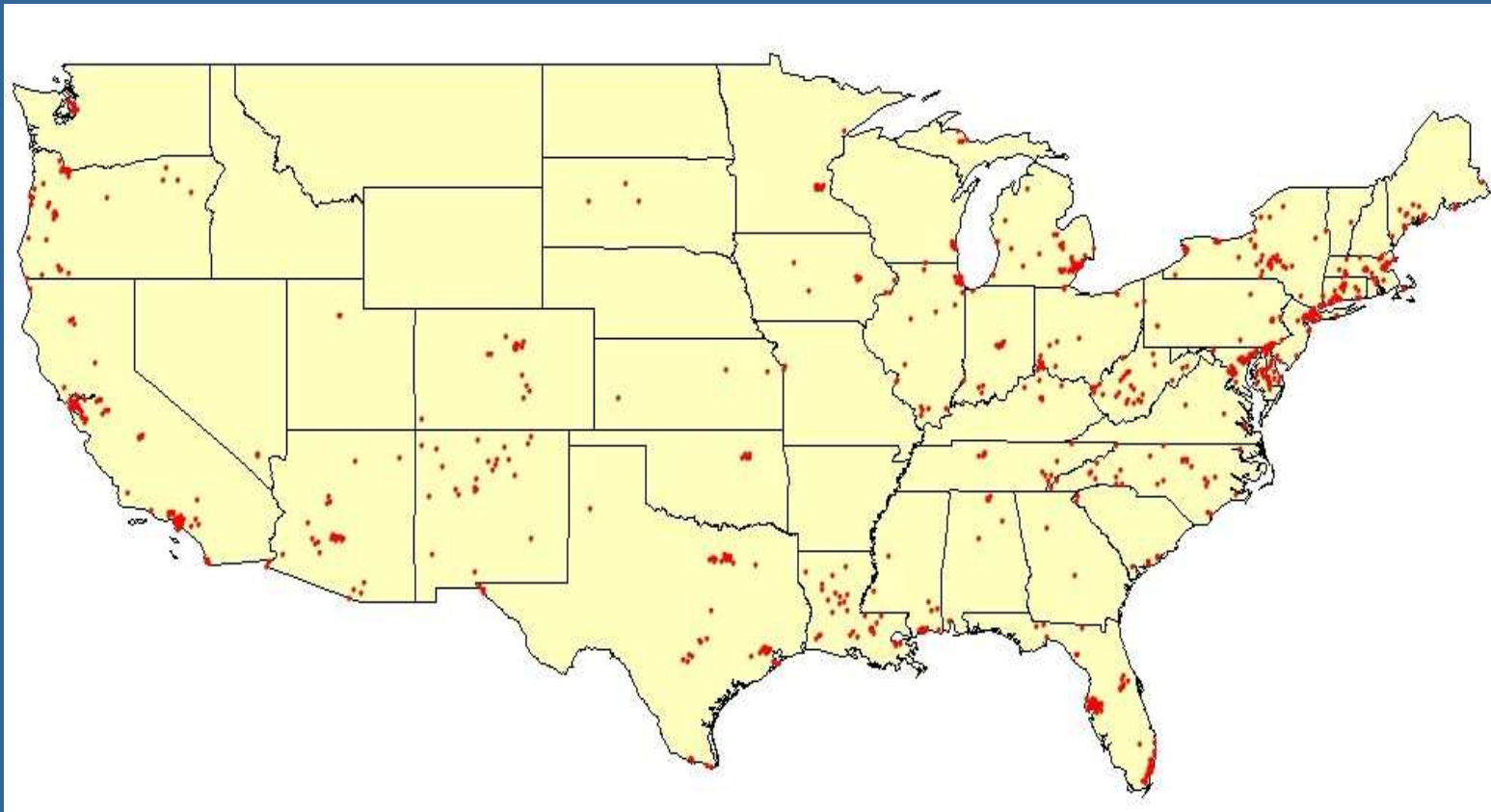
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- 1 Census 2004-05 (N = 1725)
 - Target: school-based health centers
 - Objective: assess demographics, student user profile, staffing and services, quality and evaluation activities
 - 1 State Policy Survey 2006 (N = 52)
 - Target: state agencies
 - Objective: assess types and amount of funding, technical support, data collection, Medicaid/SCHIP policies
 - 1 Professional literature
 - 1 Personal experience

What is an SBHC?

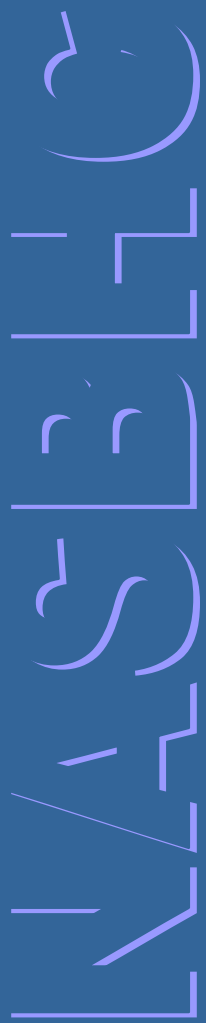


- 1 Partnerships created by schools and community health organizations to provide on-site medical and mental health services that promote the health and educational success of school aged children and adolescents.

Where are SBHCs? (n=1725, 2005)

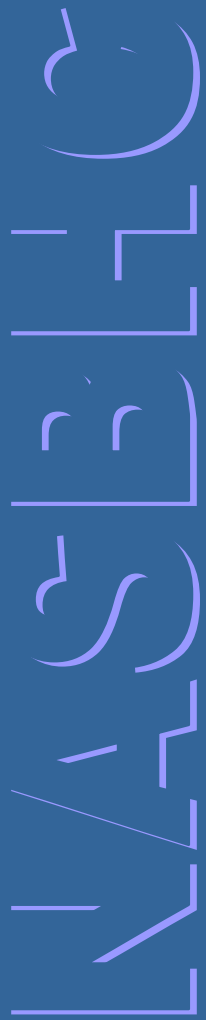


SBHC: Services and Policies



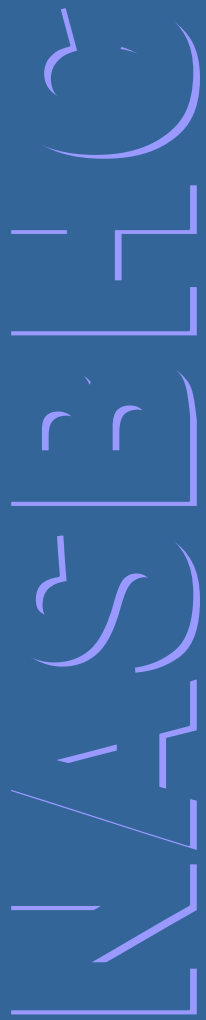
- 1 Approximately 1.7 million students served
- 1 80% provide services to adolescents
 - > 90% provide primary care services including: physical examinations and immunizations, acute and episodic care, referral services, lab testing, dispensing medications, management of chronically ill students and health education
 - 71% provide mental health services

SBHC: Services and Policies, cont.



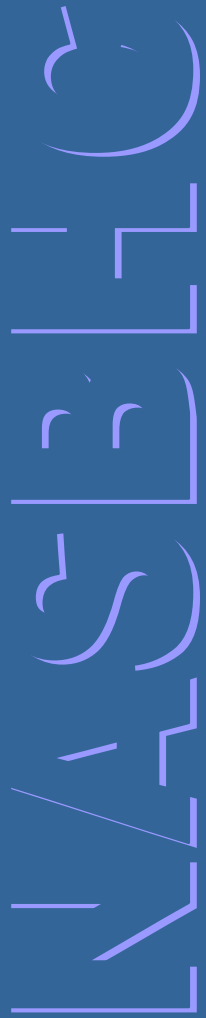
- 1 > 75% provide abstinence counseling and pregnancy testing
- 1 >60% provide STD testing and treatment and HIV/AIDS counseling
- 1 88% provide nutrition/fitness/weight management services
- 1 48% provide substance abuse counseling delivered by a mental health provider
- 1 13% provide oral health services delivered by a oral health provider (minimum screening, maximum restorative services)

Strengths of the Model: Performance and Outcomes



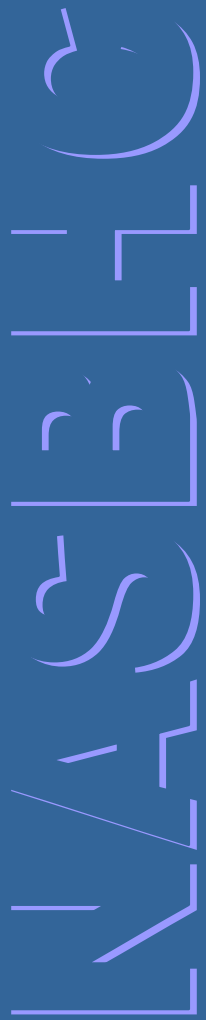
- 1 Adolescents more likely to come to an SBHC than other settings for mental health services
- 1 Decreased use of urgent and emergency care
- 1 Increase in risk assessments and health care maintenance
- 1 Reduction in Medicaid expenditures and cost of hospitalizations
- 1 Decrease in risk behaviors and increase in health promoting behaviors

Strengths of the Model: Performance and Outcomes, cont.



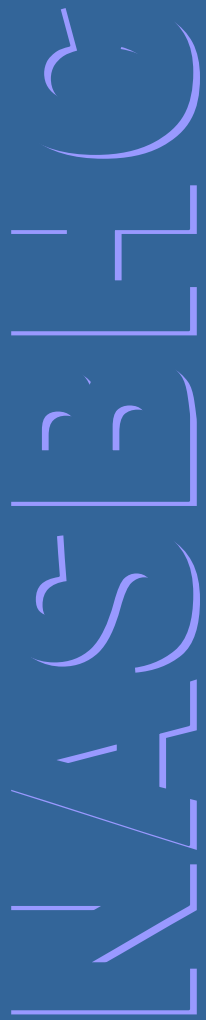
- 1 Centers reach ethnically diverse populations, adolescent males, the uninsured and those without a regular source of care.
- 1 Evidence of student satisfaction with ability of the centers to meet their needs
- 1 Evidence of strong parental support
- 1 Evidence that centers complement and do not duplicate services being provided elsewhere

Challenges for the Model



- 1 Limitations related to access:
 - 44% of centers are available only to students in the school
 - Parental consent often required for any service despite state laws that permit adolescents to give their own informed consent for selected services
 - State/community restrictions regarding provision of reproductive health services
- 1 Need for mental health services may exceed capacity
- 1 Transient student populations

Challenges for the Model, cont.



1 Referrals

- Health problems are identified but limited referral sources are available for uninsured
- If SBHC is not the primary care provider (PCP), referrals may need to go through outside PCP.

1 Uncertain funding and difficulties with reimbursement

State Directed Funding by Source, 1992-2004

