Realizing the Potential of School-Based Health Centers:

A Research Brief and Implementation Guide

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Introduction

Around the country, children and youth in low-income neighborhoods face significant health risks and challenges accessing health care. In 2017, 18% of children lived in poverty and 52% of public school children were eligible for free or reduced-price lunch.[1,2] Youth in poverty and uninsured youth are less likely to have a routine place for preventive care and less likely to have had a well-child visit in the past year.[3] Chronic conditions and special health care needs are more common among children in poverty, children of color, and children on public health insurance.[4] [5] Low-income families are also more likely to live in low-quality housing, which is associated with exposure to mold, lead, and other adverse conditions that can increase health risks.[6] These health and economic disparities are being further exacerbated by the coronavirus pandemic.

Unaddressed health needs impact students' ability to learn and participate in school.[7] Students with chronic health conditions are more likely to miss school due to the symptoms of their illness or to medical treatment during the school day—asthma in particular is the leading cause of chronic absenteeism. Students may also become chronically absent if they frequently miss school due to mental, oral, and behavioral health issues or due to acute illnesses such as the flu. School-based health services, often delivered by a school nurse, can help manage students' health needs during the school day. School-based health centers (SBHCs) are a specific type of school-based health service, often delivered by a physician, that can provide comprehensive medical care, referrals, and serve as a medical home. SBHCs bring together health and education sectors to improve students' academic and health outcomes and provide needed services to the community.

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The Education Redesign Lab (EdRedesign) produced a two-part research brief series in order to explore the role of SBHCs in the U.S. education system and uncover their potential to promote children's health and wellbeing. EdRedesign aims to expand access for children, particularly those affected by poverty and systemic racism, to important health and other vital services by partnering with mayors, superintendents, and community leaders to build stronger systems of supports and opportunities. This first brief introduces SBHCs and examines their key characteristics and impact on student outcomes. It then analyzes relevant federal and state policies and their implications for SBHCs, in addition to spotlighting select state and local policies related to school-based health services. The document also

includes an implementation guide outlining the necessary steps and decisions to consider for those interested in establishing a SBHC in their school or district. The second brief explores how the coronavirus pandemic is affecting SBHCs with a look at key policy changes. It also highlights two different SBHC approaches, observing both challenges and opportunities for students and families accessing health care services in the midst of the global pandemic.

What are School-Based Health Centers and What is Their Impact?

School-based health centers (SBHCs) are primary care centers affiliated with one or more schools that provide medical, and often mental health, services to students and community members. The first SBHCs were established in the late 1960s and early 1970s as the War on Poverty led to the introduction of Medicaid and drew attention to the medical needs of school-aged children living in poverty. Since then, SBHCs have expanded to schools around the country. During the 2016-17 school year, there were 2,584 SBHCs in 48 states, D.C., and Puerto Rico, more than double the number in 1998.[8]

Who do SBHCs Serve?

SBHCs predominantly serve low-income students and students of color. Many SBHCs also serve the broader community. According to the School-Based Health Alliance, over 60% of SBHCs serve individuals who aren't students enrolled at the school where the center is based, including faculty or school personnel, families of student users, students enrolled at other schools, and out of school youth, among others.[9] Schools with SBHC access have higher percentages of students who are black, Hispanic, and eligible for free and reduced-price lunch than the national average for public schools; nearly half (46%) of SBHCs are in urban settings, and over a third (35%) are in rural settings.[10]

What Services do SBHCs Offer?

All SBHCs provide primary care services by definition, with most offering additional services through a variety of delivery models. During the 2016-17 academic year, 65% provided behavioral health services and 41% had an expanded care team, which offers at least one of the following, in addition to primary care and behavioral health services: oral health services, vision care, nutrition services, or other health coordinators.[11] In some states, SBHCs may provide reproductive health services, though this practice is often controversial.[12]

The most common delivery model is a co-located center that is physically located at a school; these account for approximately 80% of all SBHCs. Telehealth-exclusive SBHCs, which deliver primary care services remotely, have become increasingly common in the last several years and now comprise 11.5% of all centers. The growth of SBHCs in rural areas is related to the adoption of this approach. Telehealth delivery is becoming more widely used in the wake of the coronavirus pandemic. Two other SBHC delivery models are far less common. School-linked models, which have a fixed site near a school, and

mobile models, where a van parks on or near a school, comprise 3% and 4% of SBHCs, respectively. This brief will focus on the establishment and implementation of co-located SBHCs.

How do SBHCs Benefit Students?

Research on SBHCs primarily documents their impact on student health and academic outcomes. Currently, the evidence base is strongest for health outcomes, which are often easier to measure. However, there is emerging evidence for improved academic outcomes as well.

There is a large and growing research base documenting the effects of SBHCs on students' health outcomes. A systematic review by the CDC found that SBHCs are associated with improved health care use, including a 15.5 percentage point increase in immunization and a 12 percentage point increase in other recommended preventive screening and counseling.[13]

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The review also found notable benefits for students with asthma, including a 70.6% reduction in asthma-related hospitalization and 15.8% decrease in asthma-related emergency visits.[14] Another review notes that student use of SBHCs has been associated with increased health promotion, increased contraceptive use, and improved mental health outcomes.[15]

Research suggests SBHCs are associated with improvement in students' academic outcomes,[16] but the research base is smaller and more limited due to difficulties connecting student health and academic data.[17] The CDC's systematic review found SBHCs were associated with a 29% decrease in high school non-completion rates and a 4.7% increase in students' GPA.[18]

Studies have also shown an association between SBHC use and higher levels of school connectedness,[19] particularly for students of low socioeconomic status.[20] Some studies suggest there may be differential effects on academic outcomes by subgroup, including the type of services used at SBHCs. One study found use of medical SBHC services was associated with increases in attendance, while use of mental health SBHC services was associated with increases in GPA.[21] One literature review identified that

mental health services at SBHCs may reduce mental health care disparities among students who have experienced trauma.[22]

How are SBHCs Funded?

Establishing and sustaining a SBHC requires planning for startup costs and operating costs. Funding can come from a variety of sources, including federal and state grants, health care institutions, private grants, financing from community development financial institutions, in-kind donations, and Medicaid reimbursements.

Startup costs include building or renovating physical spaces that will meet the needs of providing medical care and administrative support. For example, building design considerations include creating access to the SBHC from outside the school in order to protect confidentiality and allow community members to enter and exit, ensuring proper school safety by installing locks, and adhering to other regulations. Substantial time for planning is another startup cost that SBHCs may accrue. Other costs include furniture, electronic and office equipment, and medical equipment.[23] Federal, state, and foundation grants are commonly used to assist with startup costs. For example, the federal Health Resources and Services Administration (HRSA) has a grant program to assist with capital renovations for SBHCs,[24] and Interact for Health, a Cincinnati foundation, provides local SBHC grants, including one-year planning grants for the medical partner to create a business plan.[25] Community development financial institutions represent another source of startup financing. These institutions support the construction of Federally Qualified Health Centers (FQHC), some of which sponsor SBHCs.

Operating costs are closely tied to hours and staffing, which involve both medical and administrative services. According to a CDC economic evaluation, salaries and benefits account for an estimated 80-90% of SBHC operating costs, which are determined by hours, staff positions, and cost of living.[26] Across 14 studies, SBHC operating costs ranged from $16,322 to $659,684 per year.[27] SBHCs that have a clinic or hospital as a sponsor can be helpful since these entities already have the infrastructure in place and expertise to handle administrative duties such as processing insurance claims. Sustainably covering operating costs requires maximizing revenue. Among FQHC-sponsored SBHCs, which receive higher Medicaid reimbursement rates, insurance reimbursements for billable services account for a substantial portion of revenue.[28] To maintain financial sustainability, SBHCs need an “active patient population” with high levels of insured patients—particularly students who are eligible for Medicaid or the Child Health Insurance Program (CHIP).[29, 30] According to the previously mentioned foundation Interact for Health, the “productivity level necessary to financially sustain one nurse practitioner and one front-office person” is an average of two well-child check-ups and six to eight other visits per day that the SBHC is open.[31]

Funding for SBHCs varies by community, with some national trends. A survey of state investments in SBHCs in fiscal year 2017 found that 16 states and Washington, D.C. reported making investments specifically in SBHCs, an increase of 7% since fiscal year 2014.[32] According to the School-Based Health Alliance's most recent census, 51% of all SBHCs were sponsored by FQHCs.[33] Along with the increase in telehealth-exclusive centers, there was also a slight increase in SBHCs funded by hospitals or medical centers. Notably, no telehealth-exclusive SBHCs were funded by FQHCs. The most common sources of funding for SBHCs are federal, state, and local grants, as well as foundation grants. Billable services are also key elements of SBHC funding, with 85% of SBHCs billing patients or insurance providers.

Relevant Federal and State Policies

Federal and state policies affect the provision of school-based health services, including school-based health centers. The federal Health Information Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), for instance, both have implications for sharing student information and data. The current global pandemic, however, has recently led to waiving some regulations to support flexibility related to telehealth delivery. Meanwhile, in the last several years, policy changes at the federal level have opened opportunities for prioritizing and expanding access to school-based health services—as well as school-based health centers—for students.

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These federal policies affect both health care and education and include the Affordable Care Act (ACA), Medicaid, and the Every Student Succeeds Act (ESSA). Though these changes have been influential, many federal policies set requirements which can be further expanded upon by states. As a result, the policy environment for SBHCs can differ significantly by state. The following section examines the implications of these federal policies for SBHCs and provides a brief snapshot of select state and local policies governing these centers.

Affordable Care Act Shifts Structure of Health Care Systems

Policy changes through the Affordable Care Act (ACA) have implications for SBHCs. The ACA includes provisions to change the reimbursement structure for health service providers to focus on outcomes-based care. As part of this change, insurance providers are incentivized to provide more preventive care. The ACA also has provisions to incentivize better coordination of care through promoting a patient-centered medical home model.[34] A third significant element of the ACA is the requirement that nonprofit hospitals have community benefit agreements. The law requires such hospitals to conduct community needs assessments every three years, enact plans to address community needs, and create financial assistance policies.[35] One way that hospitals can spend their community benefit funds is by sponsoring SBHCs.

Medicaid Policies Reimburse School-Based Health Services

Changes in federal Medicaid regulations and state Medicaid plans also present potential opportunities for SBHCs. For over thirty years, schools have been able to receive Medicaid reimbursements for school-based services provided to students with an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). However, services available to all students free of charge that were provided to Medicaid-enrolled students without an IEP or IFSP were not allowed to be reimbursed by Medicaid. This is known as the "free care rule."[36] In 2014, the Centers for Medicare and Medicaid (CMS) issued a letter to state Medicaid agencies which removed the free care rule and clarified that school-based health services available for free to all students and provided to Medicaid-enrolled students could be reimbursed by Medicaid.[37] As a result, school-based physical, mental, and behavioral health services for all students enrolled in Medicaid may now be covered under Medicaid's Early and Periodic Screening, Diagnostic, and Testing (EPSDT) provision for children and youth through age 21.

While CMS's reversal of the free care rule came from the federal level, the degree to which this change has been implemented differs by state. Many states had written the free care rule into their state laws or state Medicaid plans, which may still prevent schools from using Medicaid to cover free services to eligible students.[38] These state-level policies would need to be changed in order to allow the free care rule reversal to take effect. A review of state Medicaid plans in 2016 found three states which explicitly prohibit coverage for free services, 23 states with provisions that create barriers to coverage, and six states whose Medicaid plans may allow coverage but have other policies that could cause barriers to coverage.[39] Even for states whose plans do remove barriers related to the free care rule, the process of Medicaid billing may pose other barriers for schools and districts. For example, a 2018 survey of school superintendents found that administrative paperwork was a significant barrier, particularly for rural and smaller school districts.[40]

Every Student Succeeds Act Broadens School Quality Measurement

The 2015 Every Student Succeeds act (ESSA) requires state education agencies to include rates of chronic absenteeism—the percentage of students who miss at least 10% of school days—in their state report cards. Additionally, states are required to choose one nonacademic indicator of student success or school quality for their accountability plans. Thirty-seven states and Washington, D.C. chose to use chronic absenteeism rates as their indicator in this category.[41]

Research shows strong links between health and chronic absenteeism.[42,43] Students with chronic health conditions are more likely to miss school.[44] Research suggests that asthma is the leading cause of absenteeism, accounting for one third of all missed school days.[45] The cumulative effects of absenteeism on student educational outcomes may also ultimately lead to poor health outcomes. Chronic absenteeism, particularly in middle grades, is related to high school completion,[46] which in turn has implications for students' long-term health.[47] In fact, educational attainment is one of the most influential social determinants of health, and high school graduation rates are one of the high-priority indicators in the Department of Health and Human Services' Healthy People 2020 initiative.[48] Therefore, ESSA's broadening of school quality measurement and the common use of chronic absenteeism may facilitate the growth of more SBHCs in order to address students' health needs and help them not miss school.[49]

HIPAA and FERPA Protect Student and Patient Data

The federal Health Information Portability and Accountability Act (HIPAA) protects the disclosure of patients' physical and mental health information by health care providers. Under HIPAA, SBHC staff cannot share student health information with school staff unless a parental consent form has been signed.[50] The Family Educational Rights and Privacy Act (FERPA) protects students' personal information and educational records held by a school or district. Under FERPA, school staff cannot share written educational records with SBHC staff without a parental consent form, although there are some exceptions to this rule.[51] As noted earlier, new ways of adhering to HIPAA and FERPA are being explored due to the relaxing of regulations during the coronavirus pandemic.

HIPAA and FERPA are federal laws, but states may have additional laws governing health and educational privacy that may impact collaboration among SBHC and school personnel. For example, the Illinois Mental Health and Developmental Disabilities Confidentiality Act requires more strict protection of mental health records. Privacy of student information is further complicated in states with laws that allow minor consent for certain types of health services, such as reproductive health and mental health.[52]

Notable State and Local School-Based Health Services Policies

While federal health and education policies affect SBHCs, many policies pertaining specifically to SBHCs are implemented at the state level. As of September 2017, 45 states had enacted laws or regulations that address the provision of school-based health services, of which 19 specifically address SBHCs or school-based clinics.[53] Among those that do address SBHCs, there are variations by state. Select states, in addition to one city, are highlighted below in order to illustrate the range of policies governing SBHCs.

Delaware requires a SBHC in every public high school and provides state funds for startup costs.[54] State regulations require state-designated SBHCs to provide physical and mental health services, health and nutrition education, and to promote vaccinations among students. SBHCs may provide reproductive health services, though this decision is left to the local school boards. The regulations also address staffing, billing, quality improvement, and information sharing between SBHC staff and primary care providers.[55] When the law was passed in 2016, only three public non-charter high schools in the state did not have a SBHC. As of February 2018, one of the remaining schools without a SBHC was slated to receive "$228,900 in state funding for its wellness center next year, plus $5,000 in start-up costs."[56] In fiscal year 2017, Delaware spent $3.9 million on SBHCs, a 33% decrease from fiscal year 2014.[57]

California passed legislation in 2006 and 2008 to support the expansion of SBHCs. The School Health Centers Expansion Act created a state grant program and a state SBHC support and technical assistance center.[58] However, no funding has been allocated for either program.[59] In 2016, the state Department of Public Health used existing, unspent dollars to provide one-time funding for the school health center support program. The funding helped to establish an interdepartmental SBHC work group within the Department of Public Health, though the lack of ongoing funding limits the function of the group. A coalition is currently working to obtain one-time funding from the state to create planning and construction grants for new SBHCs.

Illinois passed legislation in 2007 that tasked the state Department of Human Services with establishing 20 new SBHCs and building capacity in existing SBHCs.[60] As of 2019, the state Department of Public Health oversees 66 certified school health centers as part of its School Health Program. Illinois regulations address 14 elements of school-based or school-linked health centers, including scope of services, staffing, access, and student rights and responsibilities.[61] The regulations require all centers to have an advisory board that is involved in the establishment of the center and outlines membership and meeting requirements. Additionally, centers must adhere to quality improvement standards, which are specified in the regulations.

Ohio law specifies that "community learning centers" include schools that work with community-based partners to provide health care and other support services to students and families.[62] Ohio law also allows school districts to contract with hospitals, FQHCs, FQHC look-alikes, or other "appropriately

licensed" health care providers to provide health services in schools and requires that employees under such contracts must have certain minimal credentials. The state Department of Education's school-based health support team has a toolkit of publicly-available SBHC resources that address initial planning processes, partnerships, sustainability, and measuring success.[63] In 2019, Ohio's budget included a new Student Wellness and Success fund which will provide $675 million to districts to support social, emotional, and physical health initiatives.[64]

New York City and New York state provide funding to SBHCs through the health care providers that sponsor them. Most providers sponsor more than one SBHC, and then determine how to allocate public funding to each of their centers. Currently, New York City's sponsors and centers account for nearly 65% of SBHCs in the state. Over the last 25 years, there have been several waves of grants from the city departments of health and education for both capital expenses and operating costs, though there are currently no new funds for either purpose. Opening new centers have stalled as a result. Health care providers in the city continue to express interest in opening new centers but must shoulder the cost themselves.

Implementation Guide:

Essential Planning Steps for Starting a School-Based Health Center

The process of planning and opening a SBHC is nuanced and lengthy. Schools and/or communities contemplating starting a SBHC should consider both common challenges and helpful practices. Addressing these factors is vital for ensuring that SBHCs have a solid foundation in place before beginning to offer services to students and the wider community. The following guide outlines a set of essential planning steps, including key takeaways and important questions for those who are considering implementing co-located SBHCs in their communities. While telehealth is becoming more widely used due to the coronavirus, the planning steps described below apply broadly to implementing co-located SBHCs that offer—but aren't limited to—in person health services. For resources on how SBHCs can incorporate telehealth services, please visit the School-Based Health Alliance website.

Evaluate the Policy Environment in your Community

Understanding key federal policies that impact school-based health services is important when considering establishing a SBHC. However, state and local policies differ greatly and have a large impact on the opportunities and constraints for SBHCs. Evaluating the laws and regulations that govern health and education in your community is critical in weighing and navigating challenges in the SBHC process.

The nature of SBHCs and school-based health services in general require collaboration between health and education sectors. Consequently, relevant policies and regulations can be scattered across state and local departments of education and public health, state Medicaid plans, and local school boards. Taking stock of existing policies can help to inform your community's SBHC strategy. Many states have affiliates that are part of the national School-Based Health Alliance; these affiliates may be able to assist you with navigating policy and other issues related to developing a SBHC.

Key takeaway

- Policies governing school-based health services differ by state and locality. Determining what relevant policies exist in your community can help determine feasibility, opportunities, and constraints when starting a SBHC.

Important questions

- What departments or agencies oversee school-based health services in your state?
- What laws and regulations exist in your state that impact SBHCs? What barriers or opportunities does your state's Medicaid plan present?
- Does your state have a School-Based Health Alliance affiliate that could assist your planning efforts?
- What school district policies related to school-based health services exist in your community?
- What local or regional health care institutions can be your partners in launching a SBHC?

Identify Needs and Build Community Support

Conducting a needs assessment to determine the highest priorities in the community can indicate whether or not a SBHC would provide the most suitable intervention. For example, a school with an existing community health center across the street would be better served by creating a formal relationship between the two rather than constructing a co-located SBHC. Similarly, establishing a SBHC in a school whose primary need is mental health care may not be the most effective investment.

Generating community support is another crucial component in planning for SBHCs. Creating an advisory planning body can help to identify the community's needs and existing resources. Community advisory planning committees should include a variety of stakeholders, including community leaders, school staff, school leaders, youth, parents, and health care professionals. Advisory councils remain important once a SBHC moves from planning to implementation, though their membership may shift as the focus changes to operation and sustainability. Notably, students are key stakeholders and should be included in advisory councils as they bring unique perspectives and can help build buy-in.

Key takeaway

- Assessing community needs and strengths should inform the strategic establishment of a SBHC. Engaging community members, including students, is crucial in this process.

Important questions

- Which health needs of your school community could be addressed by a SBHC?
- What are the most pressing health needs of students and families in your school community?
- Who should be on your community advisory council? Think about unlikely partners (e.g. law enforcement, health care CFOs, home visiting groups, etc.

Choose a Health Care Provider

Most successful SBHCs work with a local health care provider as a partner or sponsor. Health care providers are better prepared to hire and manage SBHC clinicians, acquire supplies, and process billing than schools or districts. Federally-Qualified Health Centers (FQHCs) are especially well-positioned to be sponsors because their missions and principles align with those of SBHCs and they receive higher Medicaid reimbursement rates, among other reasons. Hospitals can also be effective sponsors. Though they are not eligible for the same Medicaid reimbursement rates as FQHCs, nonprofit hospitals can use community benefit funds to supplement service reimbursements.

Finding a health care provider that is the right fit to sponsor a SBHC is a critical step in the planning process. The community advisory committee should thoroughly consider whether a potential sponsor would be a good fit. Elements to evaluate include respect for and involvement in the community, willingness to be flexible to meet the unique needs of schools, and mission alignment with the school. Finding a champion within the provider's organization who can provide leadership and support for the SBHC is also important.

Health care providers may have reservations about sponsoring a SBHC, which can make the process of finding a sponsor lengthy. Potential challenges providers may face include draining resources, navigating community politics, and adapting to the culture of a school. However, providers also benefit from being sponsors by expanding their patient base, building good community relations, and establishing patient trust.[65] Community planning committees should work closely with providers from the beginning to establish a trusting and supportive partnership for success.

Key takeaway

- Finding a health care provider that has the capacity and willingness to collaborate with school staff and support the vision of the SBHC is critical to successful implementation.

Important questions

- Do FQHCs or nonprofit hospitals currently serve your community?
- What capacity expectations or limitations will you need to consider?
- What specific needs does your community have that a health care provider should have experience with?
- What is the community's perception of the health care provider?
- What strategies can you use to work through concerns and create a strong partnership?

Ensure Sufficient Facilities

One prerequisite for establishing a co-located SBHC is determining whether there is sufficient and viable space to construct SBHC facilities. According to an individual who has substantial experience opening SBHCs in Illinois, the issue of facilities is a crucial decision point in the SBHC planning process. A school without space to build out the necessary facilities may not be a feasible site for a SBHC. This can be an especially significant challenge for urban schools which tend to have limited space.

States may have their own requirements for SBHC facilities. In Illinois, for example, a SBHC must meet all the same building requirements as a typical community health center. Since most SBHCs serve community members in addition to students, building plans should also consider how best to incorporate separate entrances and other safety measures that separate students from community members.

Key takeaway

- An important consideration in planning for a co-located SBHC is whether the school has physical space that can be constructed or adapted to meet the medical and administrative needs of SBHCs.

Important questions

- Does your school have physical space that can be constructed or adapted to meet the needs of a SBHC?
- What state or local policies govern the requirements for SBHCs and health clinics in your community?
- What services are we ultimately building a space to support in the short and long term?

Secure Startup Funding

A substantial challenge in planning for SBHCs is securing funding to create a new center. Startup funding generally includes capital costs and staff planning time, at a minimum. Sites can receive startup funding from a variety of sources such as public and private grants, financing from community development financial institutions, in-kind donations, and local tax dollars. A strong community advisory council that oversees planning can be an important component in finding startup funding. In Chicago, for instance, one community advisory council worked closely with the local government to be able to use funds from e-cigarettes and tax increment financing (TIF) to support construction of a SBHC.[66] In addition, exploring funding opportunities through community development financial institutions can be helpful. LISC's Healthy Futures Fund, for example, provides loans and new market tax credits for the construction and financing of Federally Qualified Health Centers.[67]

Key takeaway

- Startup funding is needed to cover staff planning time and capital costs and may come from a variety of sources. A strong community advisory council is essential to identifying and pursuing diverse funding opportunities.

Important questions

- What local, state, or federal funding sources may be available to provide startup funds?
- What private funding sources may be available in your community?
- What community development financial institutions may be available to provide startup support?

Create and Sustain a Funding Base

Establishing and maintaining a sustainable funding base is another common challenge for SBHCs. Third-party reimbursements, particularly from Medicaid, are critical to financial sustainability. SBHC providers often rely on high usage of reimbursable services by the school community to be sustainable. As a result, health care organizations often prioritize providing billable services to as many patients as possible.[68] This may contrast with the priorities of school staff.[69] The tension inherent in these differing views can cause conflicts between SBHC staff and school staff. For example, SBHC staff may be reluctant to engage in non-billable health promotion activities and more likely to focus on obtaining high levels of parental consent forms for students to be able to use SBHC services.

Though insurance reimbursements are a significant source of funding, they do not cover the full range of services that all SBHC clients need. Most SBHCs serve a high proportion of Medicaid-eligible students and families, and services that are Medicaid-reimbursable vary by state. Since many SBHC patients are uninsured or underinsured, they may need case management services or support with Medicaid

enrollment.[70] Additionally, some of the preventive services SBHCs provide may not be reimbursable through existing payment structures.[71] Public and private grants provide opportunities to fund non-billable services, but may not be a reliable or sustainable source of funding. One strategy to increase funding sustainability is to expand the patient base by allowing family and community members to use the SBHC.

Key takeaway

- High usage of Medicaid-reimbursable SBHC services is crucial in establishing and maintaining a sustainable funding base. Creative thinking and obtaining outside funding are important considerations for SBHCs that plan to provide non-reimbursable services.

Important questions

- Does your school community have a high proportion of Medicaid-eligible students and families?
- How will the school ensure sustainably high service utilization rates?
- If your SBHC plans to offer non-reimbursable services, what resources are available to provide funding for these activities?

Address School Leadership and Staff Changes

Turnover in SBHC and school staff is an important consideration in the implementation process. Changes in school leadership can have particularly significant impacts. A study of SBHCs in Chicago found that new principals and other key staff members led to changes in policies and procedures to reflect the priorities of those in leadership positions.[72] Staffing turnover can also disrupt relationships that have been developed between staff at schools and health care organizations. Establishing a school-based health team comprised of school and SBHC staff that meets regularly can help buffer the adverse effects of staff turnover. Building and maintaining buy-in among families and school staff is another way to ensure that the SBHC continues to receive adequate support even if school leadership changes.

Key takeaway

- Staff turnover is inevitable, but building broad buy-in among school community members and collaboration between school and SBHC staff can help maintain consistency.

Important questions

- Do you have the staff capacity to support a school-based health team?
- What school and SBHC staff can serve on an internal school-based health team?
- How can the school build buy-in across the broader school community to ensure continued internal champions?

Share Information Effectively

Federal and state confidentiality laws that govern the sharing of health and educational information, such as HIPAA and FERPA, can impede collaboration between school staff and SBHC staff. HIPAA and FERPA may limit information about students that can be shared between SBHC staff and school staff. Parent consent forms are a common way to navigate this challenge, but specific content and procedures will differ by community. As previously mentioned, the global pandemic has led to the relaxing of some regulations, which has implications for the sharing of student health and educational information.

Federal and state laws also address parental access to information about student health care. This is particularly relevant for reproductive health and contraceptive services. Many states have "minor consent" laws that allow minors of a certain age to access such services without parent permission.[73] Understanding the laws and regulations in your community can help determine strategies to legally and effectively share information when necessary.

Effective communication between SBHC staff and hospitals or community health providers can also be challenging. Many SBHCs use Electronic Health Records (EHR) to track and coordinate patient care. However, there are many EHR options and SBHCs may not have systems that are compatible with those used by hospitals. Lapses in communication may also occur when children return to school after a hospitalization and the hospital does not share discharge information with school health staff.[74] If school-based staff provide students with referrals to community-based mental health agencies, they may not be able to track whether students ultimately receive care.[75]

Key takeaway

- Federal and state laws including FERPA and HIPAA regulate the sharing of school and health data, which can complicate collaboration between school and SBHC staff.

Important questions

- What confidentiality laws apply to SBHCs in your state?
- What regulations have been waived due to the pandemic and how does that affect the sharing of student health and educational information in your state?
- What strategies can your school employ to facilitate legal and useful information sharing when necessary?

Conclusion

School-based health centers offer an important avenue for providing access to health care for students, especially those affected by poverty and systemic racism. Such centers can bolster children's health and wellbeing, and emerging research suggests they have academic benefits as well. Over the past several years, federal policies have created greater opportunities for states to establish SBHCs. While this policy environment is encouraging for those interested in implementing SBHCs, school districts face a number of logistical, policy, financial, and human capital challenges in creating and sustaining health centers. Communities, however, can use this guide to understand essential planning steps and make informed decisions to overcome the obstacles to implementing these important supports for children and families.

Endnotes

[1] KIDS COUNT Data Center, "Children in poverty (100 person poverty) in the United States," Annie E. Casey Foundation, accessed February 21, 2020, https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=1&loct=1#detailed/1/any/false/37,871,870,573,869,36,868,867,133,38/any/321,322

[2] National Center for Education Statistics, "Table 204.10 Number and percentage of public school students eligible for free or reduced-price lunch, by state: Selected years, 2000-2001 through 2016-2017," Institute for Education Sciences, April 2019, https://nces.ed.gov/programs/digest/d18/tables/dt18_204.10.asp?current=yes

[3] Lindsey I. Black, Colleen N. Nugent, and Anjel Vahratian, "Access and Utilization of Selected Preventive Health Services Among Adolescents Aged 10–17," *National Center for Health Statistics Data Brief*, no. 246(2016): 1-8, https://www.cdc.gov/nchs/data/databriefs/db246.pdf

[4] Gabrielle F. Miller, Edward Coffield, Zanie Leroy, and Robin Wallin. "Prevalence and Costs of Five Chronic Conditions in Children," *The Journal of School Nursing* 32, no. 5 (2016): 357-64. https://journals.sagepub.com/doi/10.1177/1059840516641190

[5] Child Trends, "Children with Special Healthcare Needs," accessed February 21, 2020, https://www.childtrends.org/indicators/children-with-special-health-care-needs

[6] Office of Disease Prevention and Health Promotion, "Quality of Housing," accessed February 21, 2020, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/quality-of-housing

[7] Delaney Gracy et al., "Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children," Children's Health Fund, January 2017, https://www.childrenshealthfund.org/wp-content/uploads/2017/01/Health-Barriers-to-Learning.pdf

[8] School-Based Health Alliance, "2016-17 National School-Based Health Care Census," 2018, https://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/

[9] Ibid

[10] Ibid

[11] Ibid

[12] Heather Boonstra, "Meeting the Sexual and Reproductive Health Needs of Adolescents in School-Based Health Centers," April 17, 2015, https://www.guttmacher.org/gpr/2015/04/meeting-sexual-and-reproductive-health-needs-adolescents-school-based-health-centers.

[13] John A Knopf et al., "School-Based Health Centers to Advance Health Equity," *American Journal of Preventive Medicine* 51, no. 1 (2016): 114-26, https://www.ncbi.nlm.nih.gov/pubmed/27320215

[14] Ibid

[15] Victoria Keeton, Samira Soleimanpour, and Claire D Brindis, "School-Based Health Centers in an Era of Health Care Reform: Building on History," *Current Problems in Pediatric and Adolescent Health Care* 42, no. 6 (2012): 132-56, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770486/.

[16] John A Knopf et al., "School-Based Health Centers to Advance Health Equity," *American Journal of Preventive Medicine* 51, no. 1 (2016): 114-26, https://www.ncbi.nlm.nih.gov/pubmed/27320215

[17] Sara Peterson Geierstanger, Gorette Amaral, Mona Mansour, and Russell Walters Susan, "School-Based Health Centers and Academic Performance: Research, Challenges, and Recommendations," *The Journal of School Health* 74, no. 9 (11, 2004): 347-52, https://www.ncbi.nlm.nih.gov/pubmed/15656260

[18] John A Knopf et al., "School-Based Health Centers to Advance Health Equity," *American Journal of Preventive Medicine* 51, no. 1 (2016): 114-26, https://www.ncbi.nlm.nih.gov/pubmed/27320215

[19] Jessica Strolin-Goltzman, Amanda Sisselman, Kelly Melekis, and Charles Auerbach, "Understanding the Relationship between School-Based Health Center Use, School Connection, and Academic Performance," *Health & Social Work* 39, no. 2 (2014): 83-91, https://www.researchgate.net/publication/263293459_Understanding_the_Relationship_between_School-Based_Health_Center_Use_School_Connection_and_Academic_Performance

[20] Melina Bersamin, Robert W. S. Coulter, Jenna Gaarde, Samantha Garbers, Christina Mair, and John Santelli, "School-Based Health Centers and School Connectedness," *Journal of School Health* 89, no. 1 (2019): 11-19, https://onlinelibrary.wiley.com/doi/abs/10.1111/josh.12707

[21] Sarah Cusworth Walker, Suzanne E.U Kerns, Aaron R Lyon, Eric J Bruns, and T.J Cosgrove, "Impact of School-Based Health Center Use on Academic Outcomes." *Journal of Adolescent Health* 46, no. 3 (2010): 251-57, https://www.ncbi.nlm.nih.gov/pubmed/20159502

[22] Satu Larson, Susan Chapman, Joanne Spetz, and Claire D. Brindis, "Chronic Childhood Trauma, Mental Health, Academic Achievement, and School-Based Health Center Mental Health Services," *Journal of School Health* 87, no. 9 (2017): 675-86, https://escholarship.org/uc/item/6th2r852

[23] Robert J Nystrom, and Adriana Prata, "Planning and Sustaining a School-Based Health Center: Cost and Revenue Findings from Oregon," *Public Health Reports* 123, no. 6 (2008): 751-60, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2556720/

[24] Health Resources and Services Administration, "FY 2019 School-Based Health Center Capital (SBHCC) Program (HRSA-19-073) Technical Assistance," U.S. Department of Health and Human Services, https://bphc.hrsa.gov/programopportunities/fundingopportunities/sbhcc/index.html

[25] Susan M Sprigg, Francie Wolgin, Jennifer Chubinski, and Kathryn Keller, "School-Based Health Centers: A Funder's View of Effective Grant Making," *Health Affairs (Project Hope)* 36, no. 4 (2017): 768-72, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1234

[26] Tao Ran, Sajal K Chattopadhyay, and Robert A Hahn, "Economic Evaluation of School-Based Health Centers," *American Journal of Preventive Medicine* 51, no. 1 (2016): 129-38, https://www.thecommunityguide.org/sites/default/files/publications/he-ajpm-ecrev-sbhc.pdf

[27] Ibid

[28] Health Resources and Services Administration, "FY 2019 School-Based Health Center Capital (SBHCC) Program (HRSA-19-073) Technical Assistance," U.S. Department of Health and Human Services, https://bphc.hrsa.gov/programopportunities/fundingopportunities/sbhcc/index.html

[29] Tao Ran, Sajal K Chattopadhyay, and Robert A Hahn, "Economic Evaluation of School-Based Health Centers," *American Journal of Preventive Medicine* 51, no. 1 (2016): 129-38, https://www.thecommunityguide.org/sites/default/files/publications/he-ajpm-ecrev-sbhc.pdf

[30] Health Resources and Services Administration, "FY 2019 School-Based Health Center Capital (SBHCC) Program (HRSA-19-073) Technical Assistance," U.S. Department of Health and Human Services, https://bphc.hrsa.gov/programopportunities/fundingopportunities/sbhcc/index.html
[31] Tao Ran, Sajal K Chattopadhyay, and Robert A Hahn, "Economic Evaluation of School-Based Health Centers," *American Journal of Preventive Medicine* 51, no. 1 (2016): 129-38, https://www.thecommunityguide.org/sites/default/files/publications/he-ajpm-ecrev-sbhc.pdf
[32] School-Based Health Alliance, "School-Based Health Care: State Policies and Funding, FY2017, https://www.sbh4all.org/school-health-care/aboutsbhcs/school-based-health-care-state-policy-survey/
[33] School-Based Health Alliance, "2016-2017 National School-Based Health Care Census," 2018, https://www.sbh4all.org/wp-content/uploads/2019/05/2016-17-Census-Report-Final.pdf
[34] Melinda K. Abrams, Rachel Nuzum, Mark A. Zezza, Jamie Ryan, Jordan Kiszla, and Stuart Guterman, "The Affordable Care Act's Payment and Delivery System Reforms: A Progress Report at Five Years," The Commonwealth Fund, May 7, 2015, https://www.commonwealthfund.org/publications/issue-briefs/2015/may/affordable-care-acts-payment-and-delivery-system-reforms
[35] National Academy for State Health Policy, "States Work to Hold Hospitals Accountable for Community Benefits Spending," May 8, 2018, https://nashp.org/states-work-to-hold-hospitals-accountable-for-community-benefits-spending/
[36] Sarah Somers, "Medicaid's Early and Periodic, Screening, Diagnosis and Treatment in Schools and the Free Care Rule," National Health Law Program, February 2016, https://9kqpw4dcaw91s37kozm5jx17-wpengine.netdna-ssl.com/wp-content/uploads/2016/02/2016_02_Health_Advocate_Vol46.pdf
[37] Cindy Mann, "Medicaid Payment for Services Provided without Charge (Free Care)" (letter), December 15, 2014, https://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf
[38] Georgetown University Health Policy Institute Center for Children and Families, "Recent Changes to the Free Care Rule Put Federal Funds Back on the Table," May 6, 2016, https://ccf.georgetown.edu/2016/05/06/recent-changes-free-care-rule-put-federal-funds-back-table/
[39] Sara Somers, "Medicaid's "Free Care Policy:" Results from Review of State Medicaid Plans," National Health Law Program, October 20, 2016, https://healthyschoolscampaign.org/wp-content/uploads/2017/07/MedicaidFreePolicyCare.revd_.10.20.pdf
[40] The School Superintendent's Association, "Structural Inefficiencies in the School-Based Medicaid Program Disadvantage Small and Rural Districts and Students," February 2019, https://www.aasa.org/uploadedFiles/Policy_and_Advocacy/Resources/AASA_Medicaid_Report_FINAL.pdf
[41] Stephen Kostyo, Jessica Cardichon, Linda Darling-Hammond, "Eliminating Chronic Absenteeism: Making ESSA's Promise Real: State Strategies to Close the Opportunity Gap," Learning Policy Institute, October 3, 2018, https://learningpolicyinstitute.org/product/essa-equity-promise-absenteeism-brief

[42] National Collaborative on Education and Health, "Brief of Chronic Absenteeism and School Health," March 2015, https://www.attendanceworks.org/wp-content/uploads/2017/09/Chronic-Absenteeism-and-School-Health-Brief-1.pdf
[43] Robert Wood Johnson Foundation, "The Relationship Between School Attendance and Health," September 1, 2016, https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html
[44] National Collaborative on Education and Health, "Leading Health Conditions Impacting Student Attendance," Accessed November 6, 2019, https://healthyschoolscampaign.org/wp-content/uploads/2015/12/School-Health-and-Attendance-Chart.pdf
[45] Attendance Works, "Mapping the Early Attendance Gap," September 2015, https://www.attendanceworks.org/wp-content/uploads/2017/05/Mapping-the-Early-Attendance-Gap_Final-4.pdf
[46] Robert Balfanz and Vaughn Byrnes, "The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools," Johns Hopkins University, May 2012, https://www.attendanceworks.org/wp-content/uploads/2017/06/FINALChronicAbsenteeismReport_May16-1.pdf
[47] National Collaborative on Education and Health, "Brief of Chronic Absenteeism and School Health," March 2015, https://healthyschoolscampaign.org/wp-content/uploads/2015/12/Chronic-Absenteeism-Background-Paper.pdf
[48] Natalie McGill, "Education Attainment Linked to Health throughout Lifespan: Exploring Social Determinants of Health," *The Nation's Health* 46, no. 6 (2016): 1,18-19, http://thenationshealth.aphapublications.org/content/46/6/1.3
[49] Note that statistics for the 2019-20 academic year will have to take into account the disruption of schooling during the spring of 2020 due to the global pandemic.
[50] School-Based Health Alliance, "Partnering with School-Based Health Centers: What Schools Need to Know," accessed March 1, 2020, http://ww2.nasbhc.org/
[51] Ibid
[52] California School-Based Health Alliance, "Consent & Confidentiality," accessed March 1, 2020, https://www.schoolhealthcenters.org/start-up-and-operations/student-records-consent-and-confidentiality/
[53] Child Trends, "State Statutes and Regulations for Healthy Schools School Year 2017-2018: Health Services," January 31, 2019, https://www.childtrends.org/wp-content/uploads/2019/01/WSCC-State-Policy-Health-Services.pdf
[54] National Association of State Boards of Education, "Delaware - School-based health services: Policy requirement," accessed March 1, 2020, https://statepolicies.nasbe.org/health/categories/health-services/school-based-health-services/delaware-school-based-health-services-policy-requirement
[55] http://regulations.delaware.gov/register/december2012/proposed/16%20DE%20Reg%20600%2012-01-12.pdf
[56] Jessica Bies, "12 years later, St. Georges Technical High School "finally" gets school-based wellness center," *Delaware Online*, February 12, 2018,

https://www.delawareonline.com/story/news/education/2018/02/09/12-years-later-st-georges-technical-high-school-finally-gets-school-based-wellness-center/323058002/

[57] School-Based Health Alliance, "School-Based Health Care: State Policies and Funding, FY2017," accessed March 1, 2020, http://www.sbh4all.org/school-health-care/aboutsbhcs/school-based-health-care-state-policy-survey/

[58] National Association of State Boards of Education, "California – School-based health services: Policy requirement," accessed March 1, 2020, https://statepolicies.nasbe.org/health/categories/health-services/school-based-health-services/california-school-based-health-services-policy-requirement

[59] Victoria Keeton, Samira Soleimanpour, and Claire D. Brindis, "School-Based Health Centers in an Era of Health Care Reform: Building on History," *Current Problems in Pediatric and Adolescent Health Care* 42, no. 6 (2012): 132-156, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770486/

[60] National Association of State Boards of Education, "Illinois – School-based health services: Policy requirement," accessed March 1, 2020, https://statepolicies.nasbe.org/health/categories/health-services/school-based-health-services/illinois-school-based-health-services-policy-requirement

[61] https://www.illinois.gov/hfs/SiteCollectionDocuments/mch_sbhcstandards.pdf

[62] National Association of State Boards of Education, "Ohio – School-based health services: Policy requirement," accessed March 1, 2020, https://statepolicies.nasbe.org/health/categories/health-services/school-based-health-services/ohio-school-based-health-services-policy-requirement

[63] Ohio Department of Education, "School-Based Health Care Support Toolkit," February 14, 2020, http://education.ohio.gov/Topics/Student-Supports/School-Based-Health-Care-Support-Toolkit

[64] Ohio Department of Education, "Student Wellness and Success," February 13, 2020, http://education.ohio.gov/Topics/Student-Supports/Student-Wellness-and-Success

[65] Tao Ran, Sajal K Chattopadhyay, and Robert A Hahn, "Economic Evaluation of School-Based Health Centers," *American Journal of Preventive Medicine* 51, no. 1 (2016): 129-38, https://www.thecommunityguide.org/sites/default/files/publications/he-ajpm-ecrev-sbhc.pdf

[66] City of Chicago, "TIF To Support School-Based Health Center in Avalon Park," News release, July 25, 2018, https://www.chicago.gov/city/en/depts/dcd/provdrs/tif/news/2018/june/tif-would-support-development-of-school-based-health-center-in-a.html

[67] LISC, "Healthy Futures Fund," Accessed May 11, 2020, http://www.healthyfuturesfund.org/

[68] Olga Acosta Price, "School-centered approaches to improve community health: lessons from school-based health centers," Brookings, *A Series of Discussion Papers on Building Healthy Neighborhoods* no. 5 (2016), https://www.brookings.edu/wp-content/uploads/2016/07/Price-Layout2-1.pdf

[69] Stephen Baker, Lauren Rich, Melissa Wojnarowski, Patrick Meehan, "Implementing Successful SchoolBased Health Centers: Lessons from the Chicago Elev8 Initiative," Chapin Hall at the University of Chicago, 2013, https://www.chapinhall.org/wp-content/uploads/Baker_Implementing-Successful-School-Based-Health_Report_2013.pdf

[70] Stephen E. Barnett and Mandy Allison, "School-Based Health Centers and Pediatric Practice," American Academy of Pediatrics, Policy statement, https://pediatrics.aappublications.org/content/pediatrics/129/2/387.full.pdf

[71] Olga Acosta Price, “School-centered approaches to improve community health: lessons from school-based health centers,” Brookings, *A Series of Discussion Papers on Building Healthy Neighborhoods* no. 5 (2016), https://www.brookings.edu/wp-content/uploads/2016/07/Price-Layout2-1.pdf
[72] Ibid.
[73] Guttmacher Institute, “An Overview of Consent to Reproductive Health Services by Young People,” February 1, 2020, https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law
[74] Olga Acosta Price, “School-centered approaches to improve community health: lessons from school-based health centers,” Brookings, *A Series of Discussion Papers on Building Healthy Neighborhoods* no. 5 (2016), https://www.brookings.edu/wp-content/uploads/2016/07/Price-Layout2-1.pdf
[75] Karen Lai, Sisi Guo, Roya Ijadi-Maghsoodi, Maryjane Puffer, and Sheryl H Kataoka, "Bringing Wellness to Schools: Opportunities for and Challenges to Mental Health Integration in School-Based Health Centers," *Psychiatric Services* 67, no. 12 (2016): 1328-1333, https://www.ncbi.nlm.nih.gov/pubmed/27417895