Many Names, One Goal: California School-Based Health & Wellness Centers

CDPH School Health Update Meeting Office Hours
November 7, 2023

CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
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1203 Preservation Park Way, Suite 302 Oakland, CA 94612 | Tel: 510-268-1260 | schoolhealthcenters.org

Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools**.

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WHAT IS A SCHOOL-BASED HEALTH CENTER?

A student-focused health center or clinic:

- Located **on or near** a K-12 school campus
- Organized through school, community, and health provider **relationships**
- That provides age-appropriate, **clinical** health care services

SBHCs **may provide** primary medical care, behavioral health services, health ed **or** dental care onsite or through mobile or telehealth

SBHCs & Wellness Centers

Wellness Centers

Calming Rooms
Welcoming, safe drop-in spaces without any clinical services, staffed by some caring adult

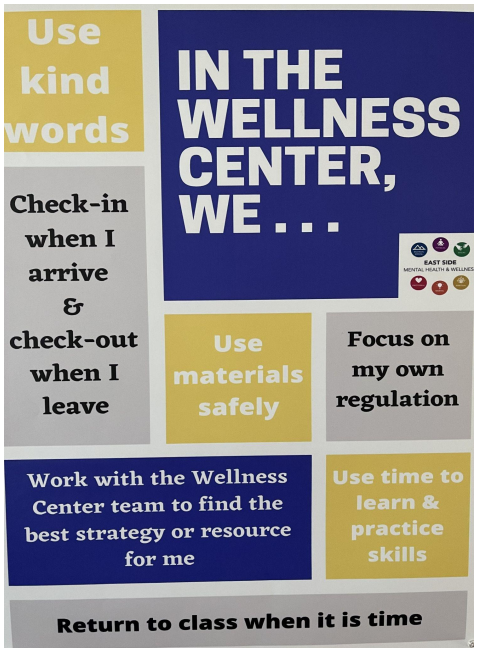
Mental Health only
Calming rooms plus some on-site clinical behavioral health services, provided by school-employed staff and/or co-located CBOs

Mental Health+
Centers with mostly clinical behavioral health plus some other services, like a school nurse and/or sexual/repro health

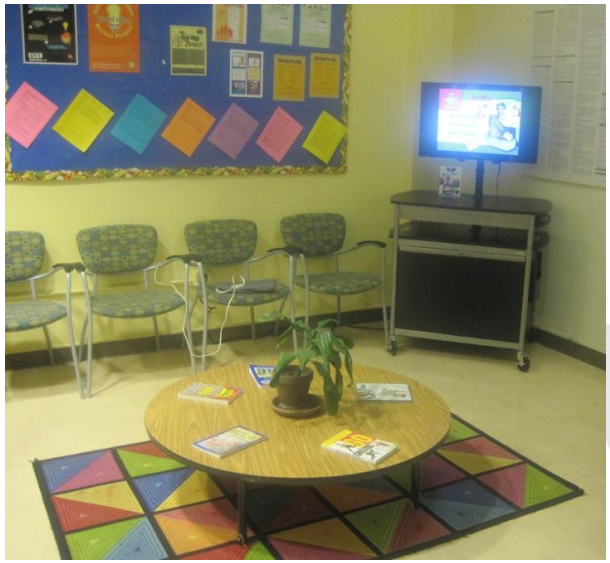
Comprehensive
Clinics with full-scope of health services, including physical medical care, behavioral health, and oral health

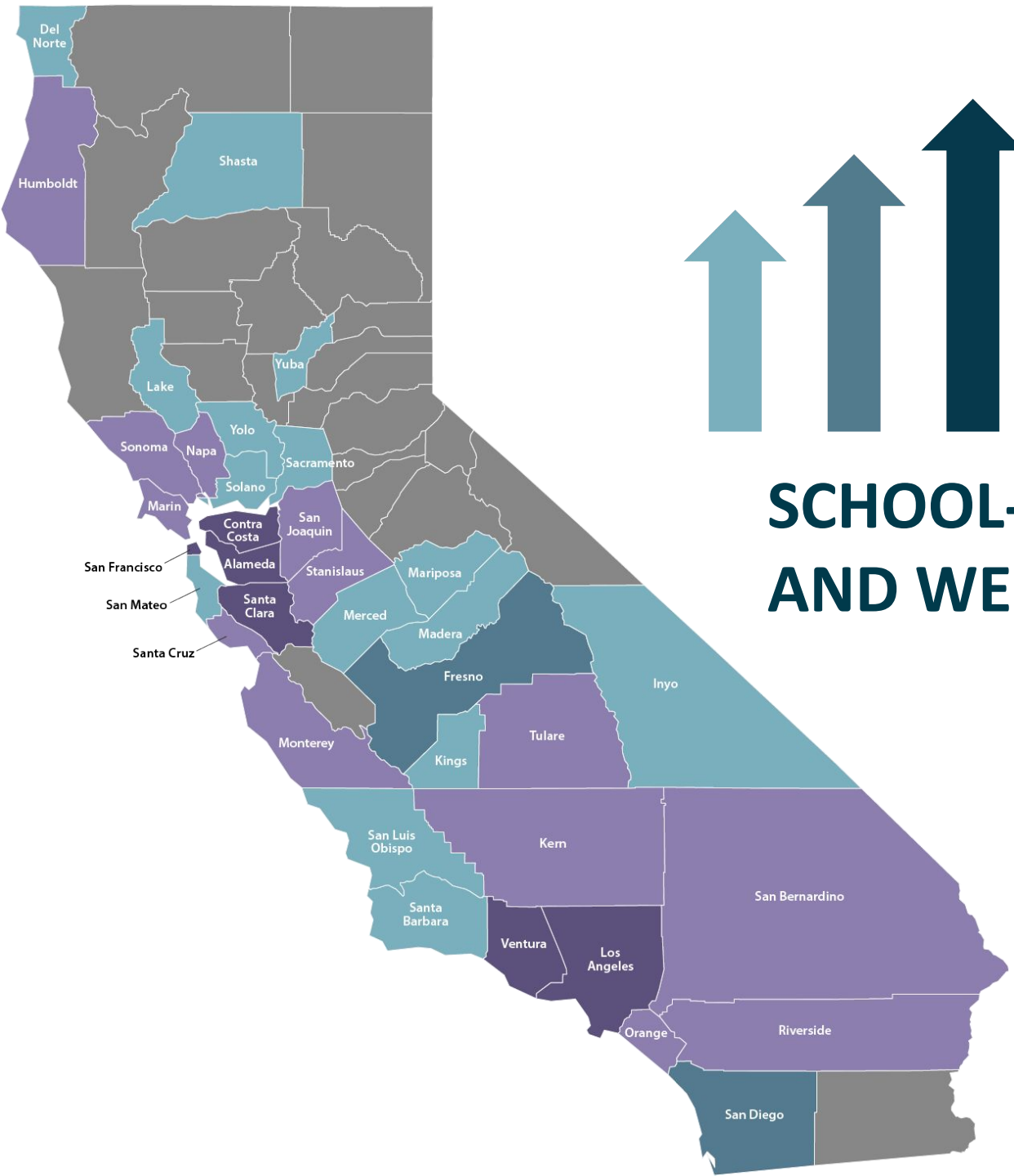
School-Based Health Centers!

Wellness Centers



School-Based Health Centers





400+

SCHOOL-BASED HEALTH AND WELLNESS CENTERS

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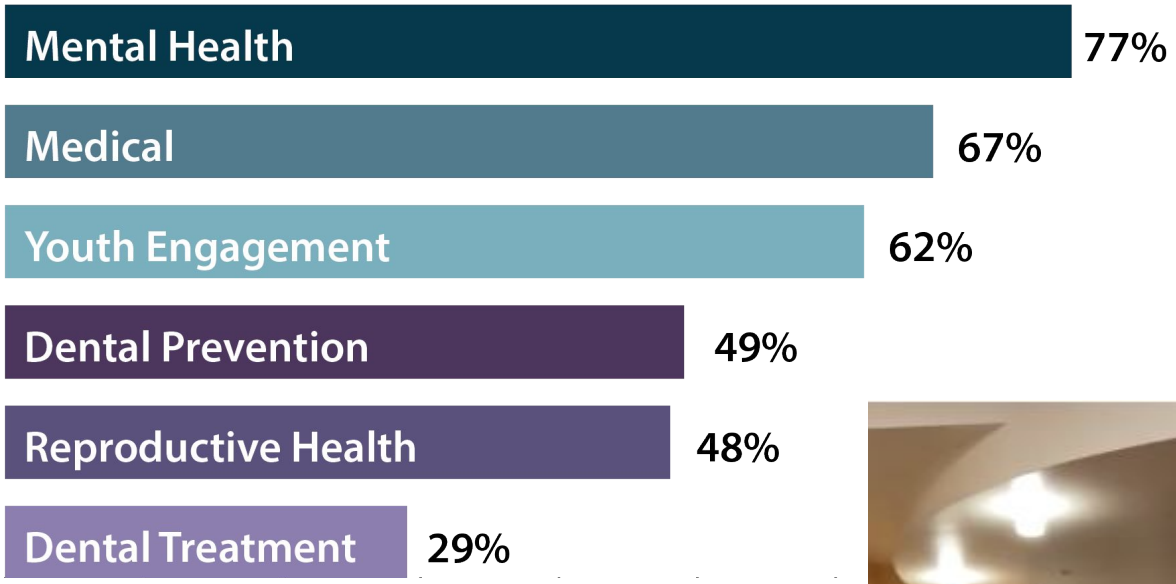
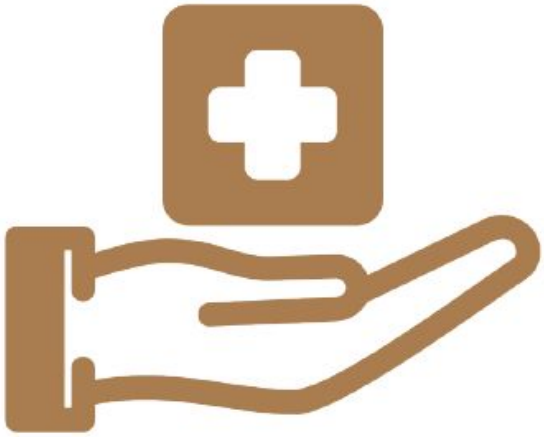
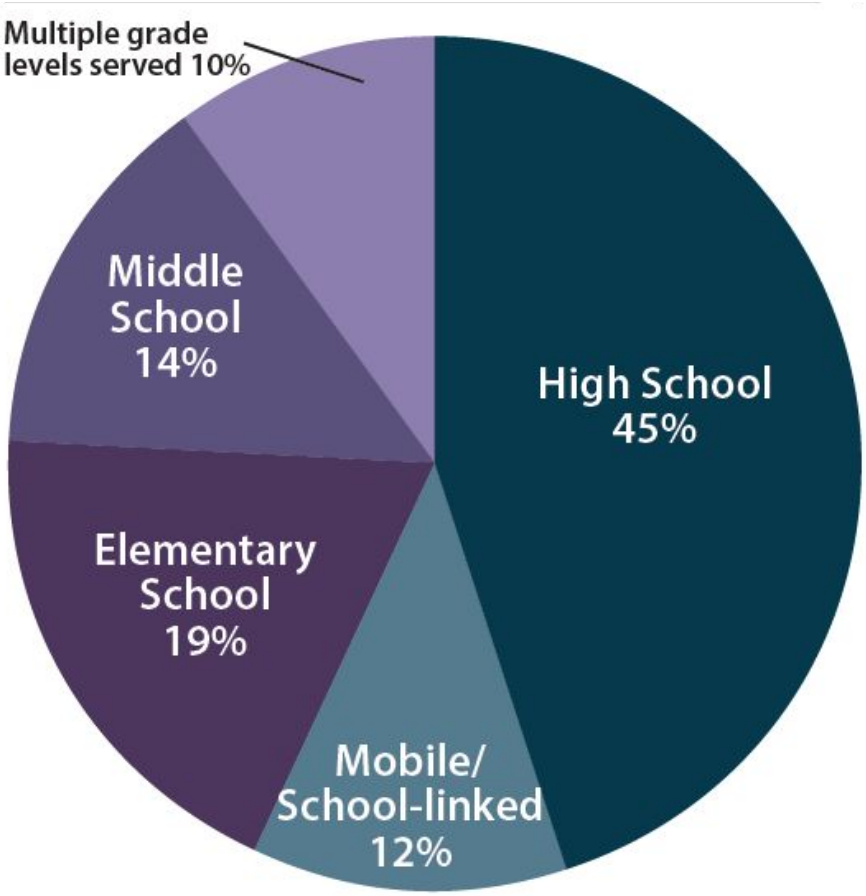
WHAT SERVICES ARE PROVIDED?



WHO IS SERVED?



53% of SBHCs serve broader community



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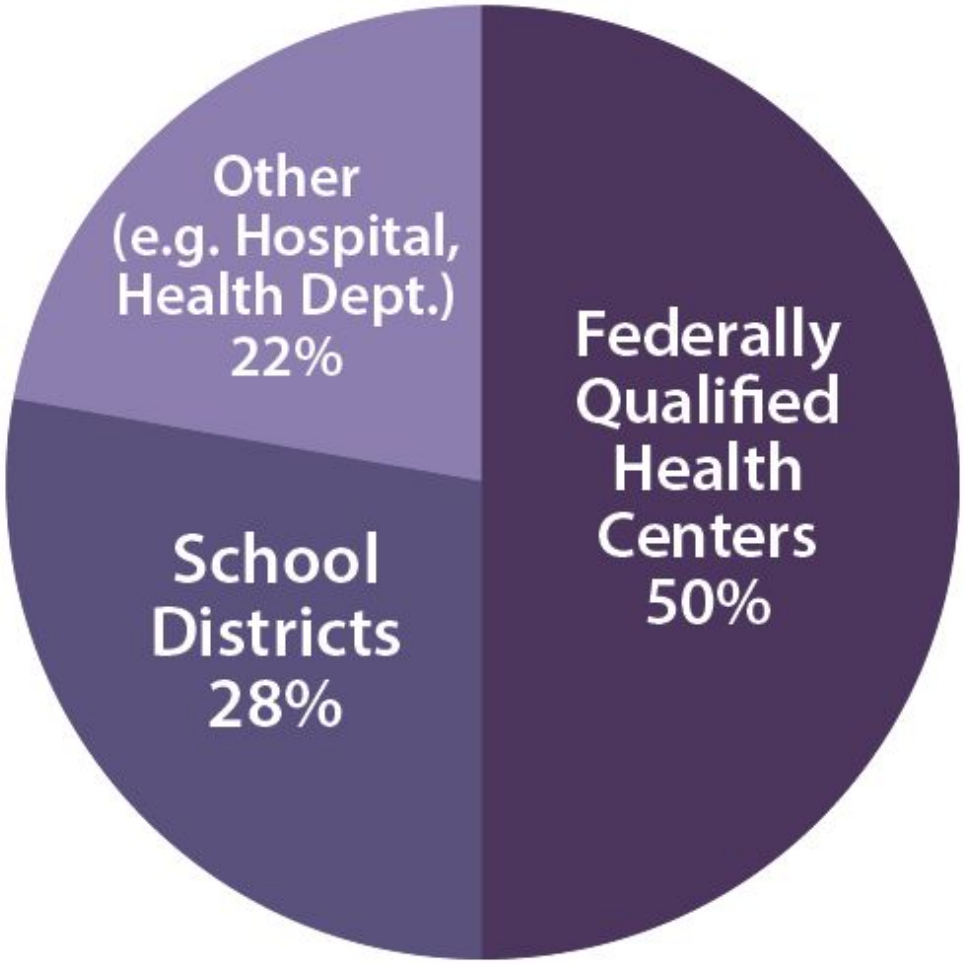
WHO RUNS SCHOOL-BASED HEALTH CENTERS?



School-Based Health & Wellness Centers Are a Proven Approach to Health & Education Equity

EASY & SAFE ACCESS

Meet students where they are—in school

INTEGRATED HEALTH CARE

Coordination between school and community health care providers

WHOLE CHILD APPROACH

Physical + Mental + Social Emotional Health

SBHC & WC IMPACT

- Increased seat time, decreased absenteeism [1,2]
- Increased access to health care [3,4,5,6,7,8]
- 10-21x more likely to use MH services at SBHC[2]
- Reduced ED utilization for asthma [9]
- Increased school connectedness [10,11,12]
- Reduced risky behaviors esp. LGBTQ youth[13,14]

Impact on Youth Mental Health

- 70%–80% of children and adolescents who receive mental health services, access the services in school.
- Youth are 6 times more likely to complete evidence-based treatment in a school setting vs a community based setting.
- School-based settings provide mental health professionals easy access to **educators**, who report both **increased abilities to respond** appropriately to students in psychological distress and **better relationships with students.**
- Higher quality relationships with adults for youth has been linked to reduced mental health distress and a protective factor against suicide.

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SBHC & WC THRIVE ON PARTNERSHIPS

- The best SBHCs are a result of a strong link between the school district and health partner. Other beneficial partners can include:
    - Community-based organizations
    - Municipalities
    - County public health departments
    - Mental health providers
- SBHCs work best when well integrated into the school environment

How Health Partner-Run SBHCs Are Financed

- **Reimbursement** through Medi-Cal, health plans, Family PACT, Child Health and Disability Prevention Program (CHDP), and contracts for mental health services
- **School district contributions** and in-kind support of space, nurses, utilities, and custodial services
- **Sponsoring agency contributions** or subsidies
- **Government and private grants**

How Are Facilities Financed?

While some facilities require substantial investment, some are more affordable. Services can be housed in:

- converted classrooms
- on-site portables
- mobile vans

Facility funding options:

- school modernization or construction grants
- local bond measures
- federal & foundation grants

Download the Best Practices Checklist

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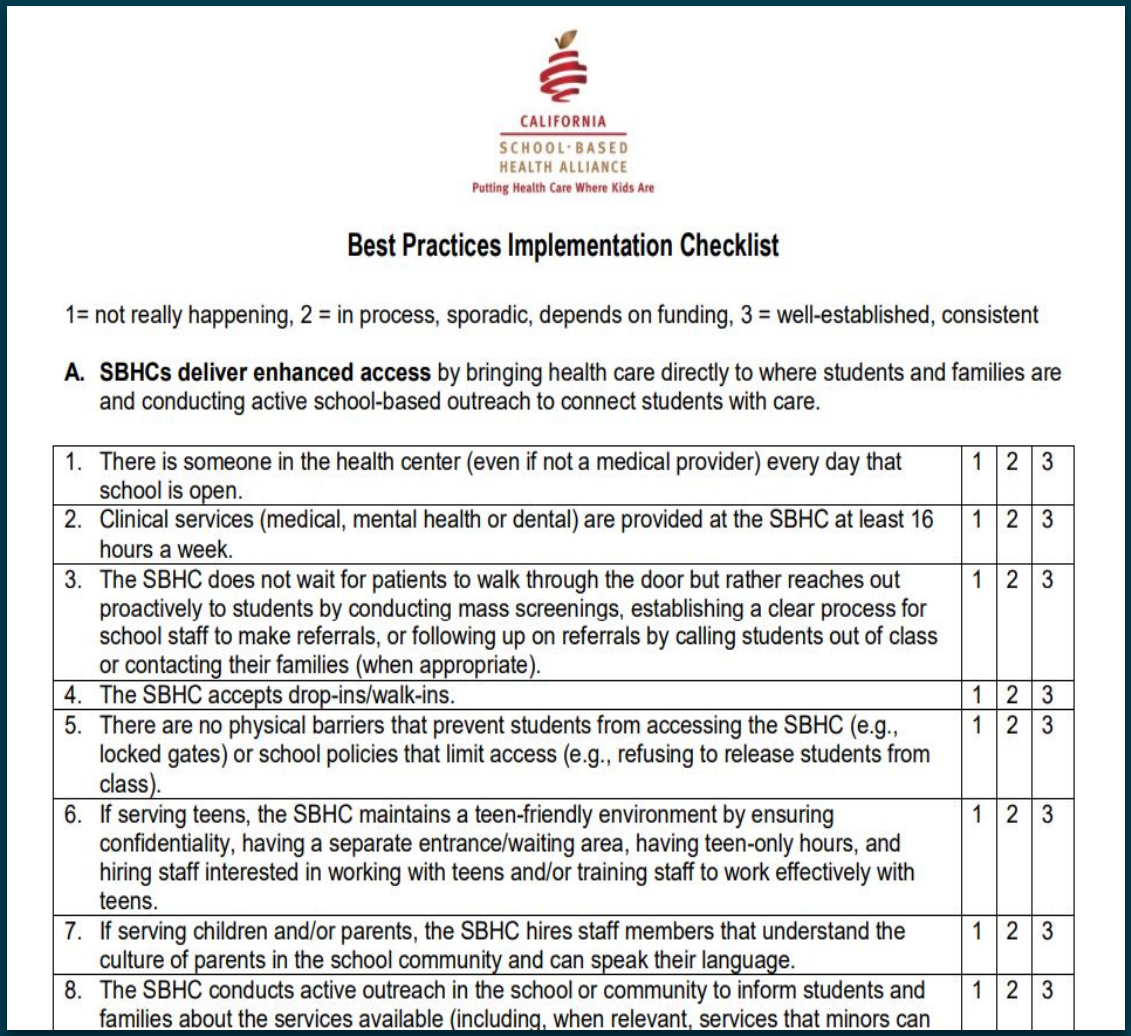

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Best Practices Implementation Checklist

1= not really happening, 2 = in process, sporadic, depends on funding, 3 = well-established, consistent

A. SBHCs deliver enhanced access by bringing health care directly to where students and families are and conducting active school-based outreach to connect students with care.

1. There is someone in the health center (even if not a medical provider) every day that school is open.	1	2	3
2. Clinical services (medical, mental health or dental) are provided at the SBHC at least 16 hours a week.	1	2	3
3. The SBHC does not wait for patients to walk through the door but rather reaches out proactively to students by conducting mass screenings, establishing a clear process for school staff to make referrals, or following up on referrals by calling students out of class or contacting their families (when appropriate).	1	2	3
4. The SBHC accepts drop-ins/walk-ins.	1	2	3
5. There are no physical barriers that prevent students from accessing the SBHC (e.g., locked gates) or school policies that limit access (e.g., refusing to release students from class).	1	2	3
6. If serving teens, the SBHC maintains a teen-friendly environment by ensuring confidentiality, having a separate entrance/waiting area, having teen-only hours, and hiring staff interested in working with teens and/or training staff to work effectively with teens.	1	2	3
7. If serving children and/or parents, the SBHC hires staff members that understand the culture of parents in the school community and can speak their language.	1	2	3
8. The SBHC conducts active outreach in the school or community to inform students and families about the services available (including, when relevant, services that minors can	1	2	3

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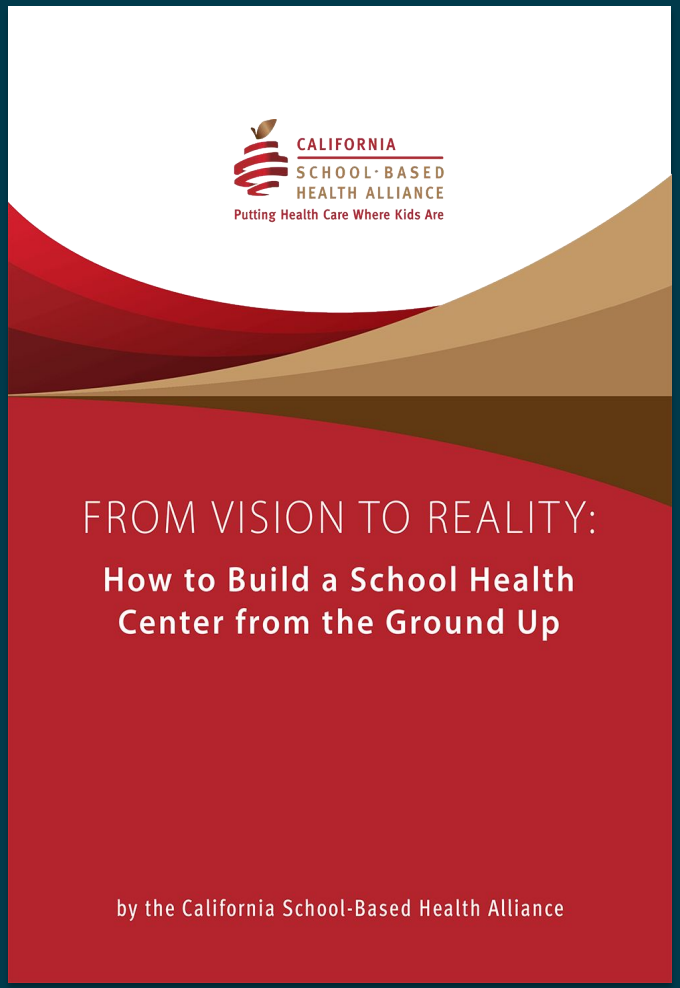
Download Vision to Reality

www.schoolhealthcenters.org/vision-to-reality/



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More Than Health Care - It's Public Health!

- SBHCs can sometimes see 90%+ of the student body (school-wide surveys + health screenings)
- Ongoing & Mass Screening for medical home, insurance, vaccines, legal needs, etc.
- Food, Clothing & School Supply Giveaways
- Health Fairs & Wellness Campaigns
- Staff Wellness Activities & PD
- PBIS & COST Support
- Youth Leadership

STUDENT HEALTH INDEX

Identifying Opportunities to Expand Health Care in California Schools

Liliane Nienstedt, MEd, MPP
completed for the California School-Based Health Alliance

STUDENT HEALTH INDEX

The **first statewide comprehensive analysis** to identify the counties, districts, and schools where new SBHCs will have the greatest return on investment for improving **student health** and **education equity**.

Context & Opportunity

Key Numbers

10,000+

Schools
Number of Schools in California

350+

SBHCs
Number of active SBHCs in California

?

Need
The SHI helps identify opportunities to improve access to care at schools

How will we determine where to advocate for SBHCs?

How will we determine where to advocate for SBHC & WC?

Quantitative Evidence of Need

Using metrics and administrative data

Qualitative Evidence of Need

Using stakeholder conversations

Feasibility

Financial feasibility and community buy-in

Need Assessment Project Objectives

How can we construct an SHI to assess the need for SBHC & WC across California?

Based on these metrics, what schools and districts have the **greatest relative need** for additional SBHCs?

The SHI: A Relative Need Quantitative Model

Methodology

- **School Inclusion Criteria**
  - Co-developed with CSHA
- **SHI Data Selection**
  - Criteria
  - Qualitative / Literature review
- **SHI Creation and Analysis**
  - 1. Merging and Spatially Linking Datasets
  - 2. Rescaling Indicators
  - 3. Calculating Relative Need Scores
- **Rendering Data Usable for Public and CSHA**
  - Data Dashboard

2021 Inclusion/Exclusion Criteria

The List used for Statistical Analysis Excludes:

- Virtual Schools
- Very Small Schools
- Certain Special Educational Opportunities
- Preschools

The Final List Excludes:

- Rural schools with enrollment under 500 students
- Urban non-high schools with enrollment under 500 students
- Urban high schools with enrollment under 1000

Make-up of Included Schools:

School Type	Number		Average Enrollment	
	Urban	Rural	Urban	Rural
Elementary	2,897	34	677	632
Elementary-High Combination	113	2	1,235	511
Junior High / Middle	992	20	897	565
High School	750	13	1,995	669
Total	***4,752***	***69***	***944***	***626***

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Make-up of Included Schools:

School Type	Number		Average Enrollment	
	Urban	Rural	Urban	Rural
Elementary	5,388	176	491	320
Elementary-High Combination	261	12	792	299
Junior High / Middle	1,261	39	706	358
High School	1,378	68	1255	397
Total	**8,288**	**295**	**660**	**342**

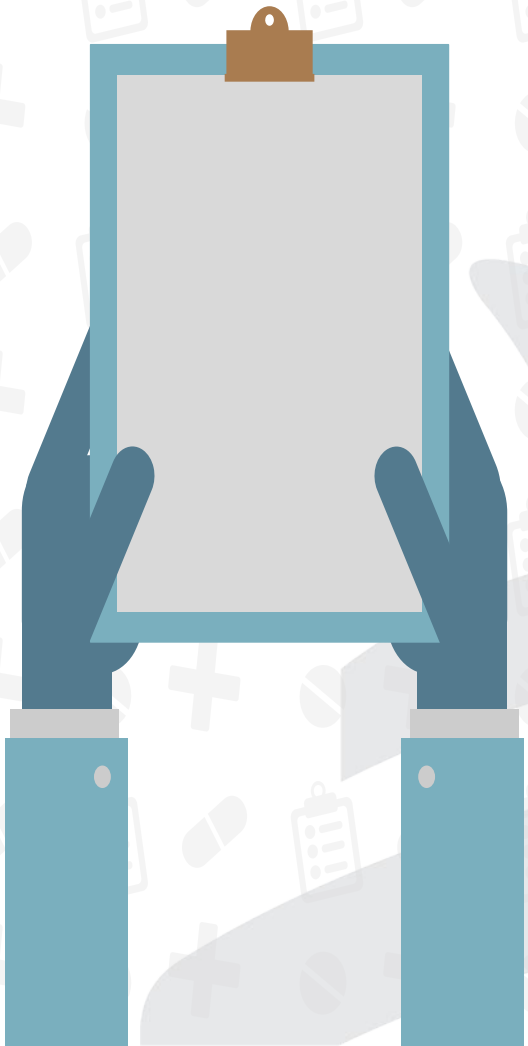
Criteria for Evaluating Indicators Included in Qualitative Need Metric:

Publicly Available

Relevance/Effectiveness

Non Duplicative

Geographically Specific



Model Indices

Index	Focus	Geography	Smallest Geo Unit
Public Health Alliance of Southern California's **Healthy Places Index (HPI)**	Health, Asset-Based	California	Census Tract
Colorado Health Institute's **Needs Assessment for SBHCS**	SBHC Need, Deficit-Based	Colorado	School-Level
The Opportunity Index (jointly developed by Child Trends and	Economic Opportunity, Asset-Based	National (Includes CA)	County

Three main focus areas:

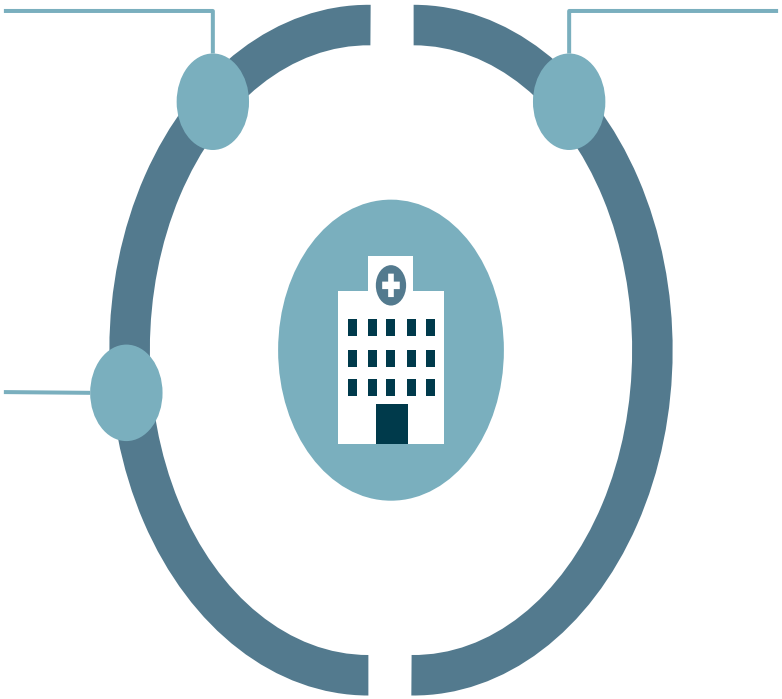
Geography-Level

Health and Health Care Indicators

Include data on asthma, teen pregnancy and proxies for physical activity. These are collected at the census-tract level.

Socioeconomic Indicators

Represent each school's underlying community characteristics. These are collected at the census-tract level.



School-Level

School Level Demographics and Outcomes

Allow for inclusion of demographic characteristics at the individual school-level, which also serve as proxies for hunger rates, as well as inattention and disciplinary concerns. These are collected at the school-level.

Included Metrics

Category	Indicator	Geography	Source and Year
Health and Health Care	**Diabetes**	Census Tract	PLACES Project. Centers for Disease Control and Prevention, 2020.
	Asthma ED admissions	Census Tract	CalEnviroScreen, 2018
	Teen birth	Census Tract	Opportunity Atlas
	Health Professional Shortage Areas	Census Tract	Health Resources and Services Administration, National Health Service Corps
Socio-economic	**Poverty among individuals under 18**	Census Tract	American Community Survey 5-Year Estimates, 2015-2019
	Uninsured among under 19	Census Tract	American Community Survey 5-Year Estimates, 2015-2019
	Healthy Places Index	Census Tract	The California Healthy Places Index, 2018 – 2020 Public Health Alliance of Southern California.
School-Level Indicators	**Percent FRPL**	School-level	2019-20, CDE Student Poverty - FRPM Data
	Percent English Learners	School-level	2019-20 CDE EL's Data
	Percent Chronically Absent	School-level	2018-19 Chronic Absenteeism Data
	Percent homeless	School-level	2019-20 CDE Cumulative Enrollment Data
	Suspension rate	School-level	2018-19 CDE Suspension Data
Other Data Not Included in Index	**Mental health hospitalization rate**	County	kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS, Estimate for 2015-2017

Included Metrics

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New Metrics

Category	Indicator	Geography	Source and Year
No automobile access	Percent of households with no vehicle	Census tract	American Community Survey 5-Year Estimates, 2015-2019
COVID data	Covid vaccination rate by Zip Code	Zip Code Level	CALHHS, Accurate as of June 2023

Calculation Methodology:

Relative

Uses percentiles to assign scores of 1-4 for each of the 14 indicators in a given school.

- The percentile represents a relative score for the indicators, with 4 indicating the highest scores for an indicator.

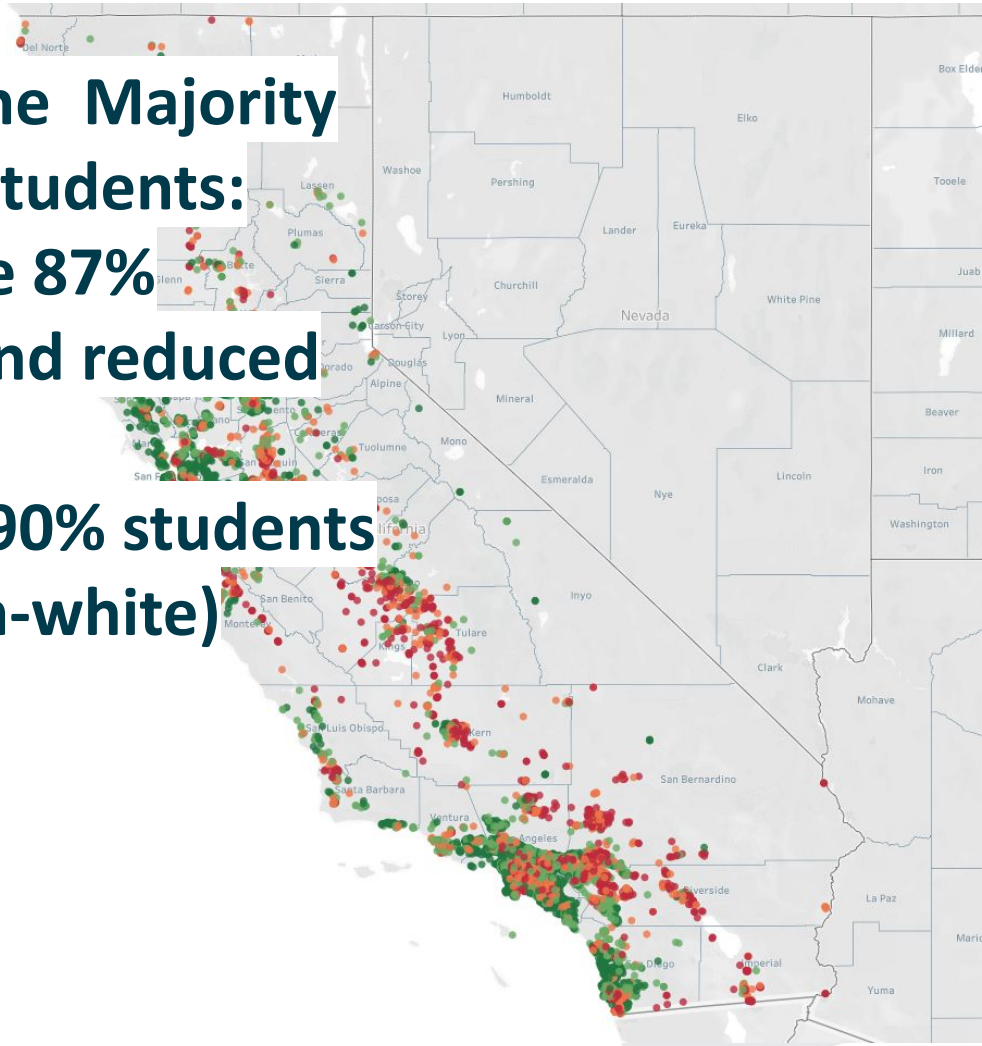
Combines the component scores into a Need Score and uses percentiles to assign a score of 1-4 to each score, which represents a relative score.

- Schools in the 4th quartile have the highest Need Scores, relative to all schools.

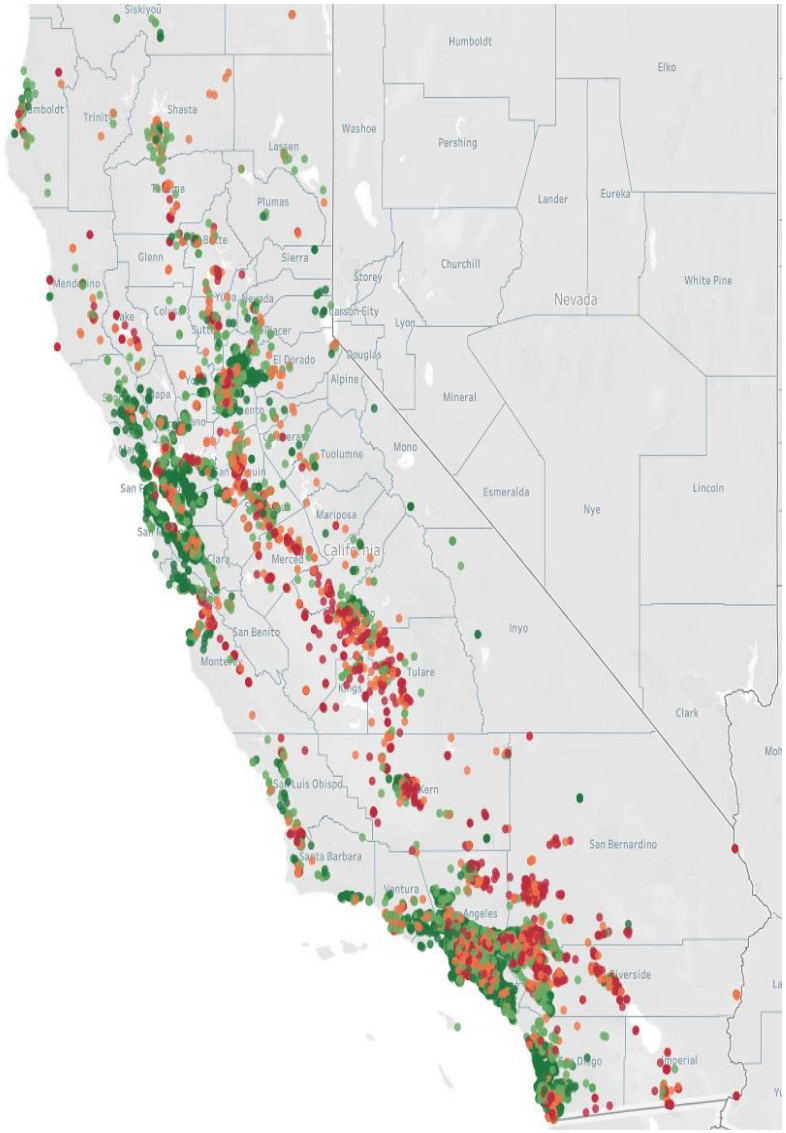
Important Findings

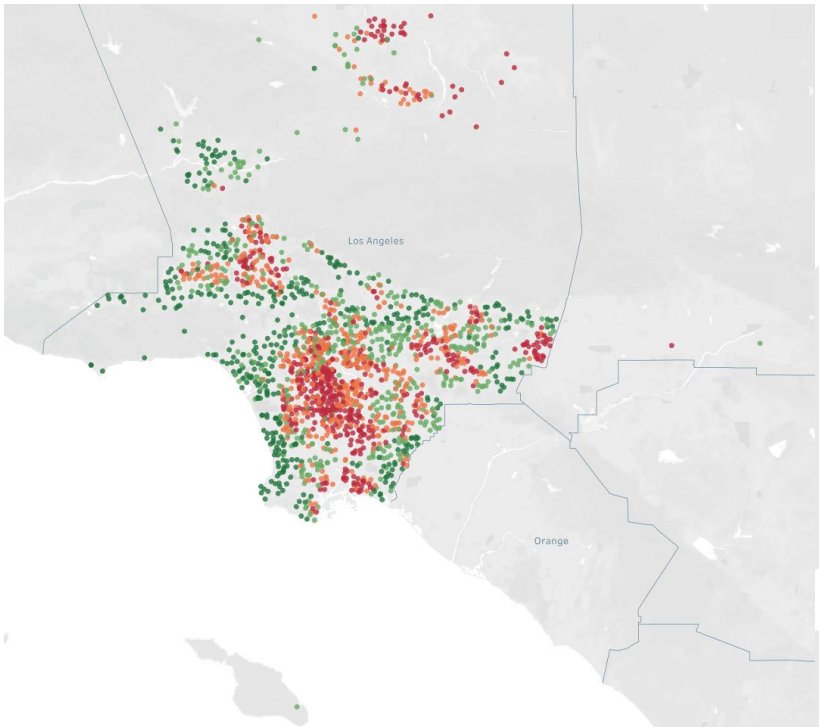
Highest Need Schools Serve the Majority Low-Income and Non-White Students:

- Highest Need Schools Have 87% students eligible for free and reduced lunch
- An average enrollment of 90% students of color (non-hispanic, non-white)



Highest Need Schools are Concentrated in Certain Areas

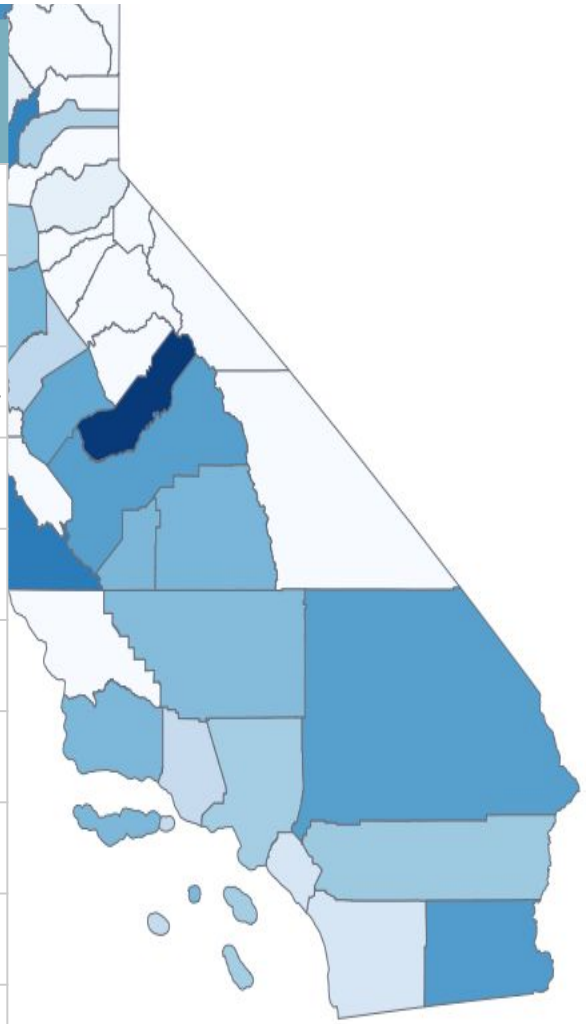




County-Focus

San Bernardino, Tulare and Kern are the top three large counties (>100 schools) with the highest ratio of high-need schools to total schools.

County	Number of Schools	Number of Highest Need Schools	Ratio
Lake	23	14	0.61
Madera	55	30	0.55
Imperial	56	30	0.54
San Bernardino	507	264	0.52
Tulare	154	80	0.52
Merced	85	43	0.51
Tehama	22	11	0.50
Kern	234	114	0.49
Fresno	290	135	0.47
Monterey	108	49	0.45

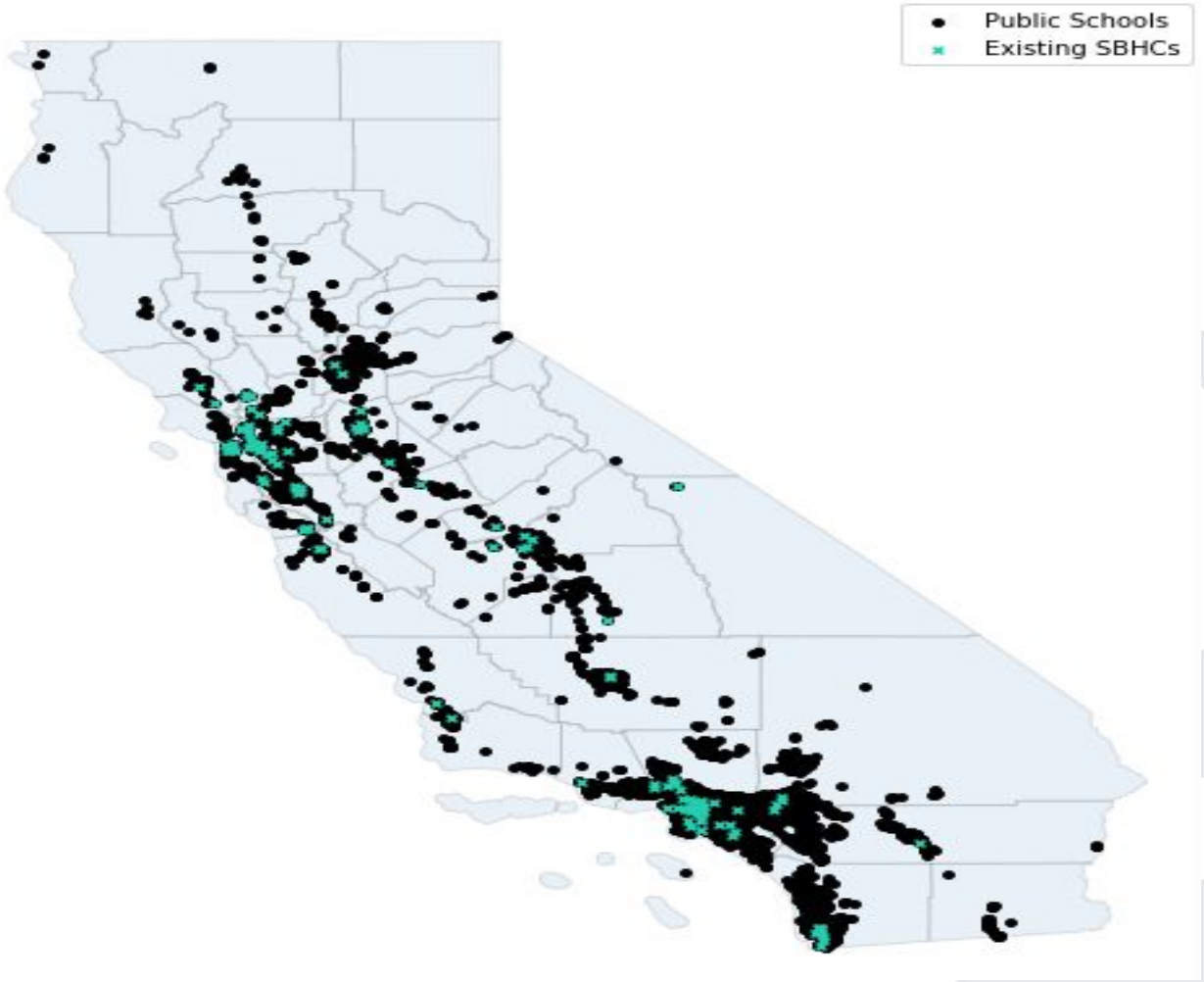


District-Focus

LA and San Bernardino counties both have multiple school districts in the top ten highest need districts.

Rank	County	District	Number of Schools	Number of Highest Need Schools	Ratio
1	Los Angeles	Lynwood Unified	18	18	1.00
2	Santa Barbara	Santa Maria-Bonita	21	20	0.95
3	Monterey	Alisal Union	12	11	0.92
4	Imperial	Calexico Unified	11	10	0.91
5	Madera	Madera Unified	28	25	0.89

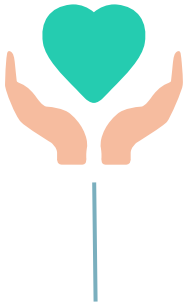
Existing School-Based Health Centers are located at higher need schools, but not consistently at the highest need schools.



Findings

1. There are key data limitations that cannot be addressed without Statewide data collection and reporting.
2. Currently existing School-Based Health Centers are located at higher need schools, but not consistently at the highest need schools.
3. Race was highly correlated with the Relative Need Score of a school.
4. There are counties and districts with significant levels of unmet need.

Future Needs and Recommendations



Support Additional SBCHs

Use the data in the SHI in combination with qualitative data collected in partnership with stakeholders and communities to support additional SBHCs across the state in high need locations.

More data

Advocate for better state- and school-level health related data collection and sharing.

State-level funding

Use the SHI Dashboard to advocate for state-level funding for SBHCs.

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PARTNER WITH CSHA

- Tour a school-based health center
- Learn about potential partnerships
- Get help in selecting a school-based health model that best fits your needs
- Receive guidance on creating a school-based health center project planning committee
- Access our start-up toolkit and other helpful resources

Where to begin

Use the Student Health Index to identify schools in your region - Version 2.0 being released later this month

Download Vision to Reality

Start planning your SBHC

- Form a planning committee
- Conduct a needs assessment
- Identify potential partners
- Brainstorm facility funding sources

2024 California School-Based Health Alliance Conference

Building Transformational School Health for California's Future

April 29-30, 2024
Santa Clara Convention Center

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