



Center for Strategic
Community **Innovation**

a fiscally sponsored project of Community Innovations

Maximizing the SBHC's Role in a Full Service Community School

Presenters:

- Melissa Brown, PhD
- Kendall Jones, MSW



Goals

- Identify key elements of FSCS and roles SBHCs can play within this approach.
- Develop strategies for SBHCs to work more effectively with school systems and FSCS partners.
- Examine how health services can be fully integrated into FSCS.
- Develop foundation for well-coordinated health services with deep linkages.



Welcome - Role

Who is in the room?

1. **SBHC Managers, Directors, and Coordinators**
2. **Direct Service Providers: Medical, Mental, Vision, Oral Health**
3. **Administrative, Fiscal & Insurance Billing Support Staff**
4. **Local, regional, state officials/policymakers**
5. **SBHC Funders**
6. **Others**



FSCS Knowledge



- Novice
- Intermediate
- Expert

Did You Know?

- The Affordable Care Act appropriated \$200 million for 2010 through 2013 for capital grants to improve and expand services of SBHC's.
 - \$95 million awarded to 278 SBHC's in July 2011 enabled them to serve an additional 440,000 people. 20% receive HRSA funding.
 - Nearly 2,000 SBHC's operate nationwide. Most are open *every day* school is in session.
- National Assembly on School-Based Health Care Census, 2012

Did You Know? SBHC Impact

- Students not enrolled in an SBHC **lost 3 times** as much seat time as students enrolled in an SBHC. Race, gender, age, poverty status, and presence of a preexisting illness did not influence these findings.

CONCLUSION

These findings suggest that SBHCs have a **direct impact** on educational outcomes such as attendance. **ADA** is school's major source of income.



[Journal of School Health, August, 2010](#)

The SBHC Backdrop

The Facts:

- **Education** exerts the **strongest influence** on health. (Refs. 1-6)
- Education is consistently associated with **lower death rates**. (Ref. 5)
- The less schooling people have, the higher their levels of **risky health behaviors** (eg. smoking, being overweight, low levels of physical activity). (Ref. 6)
- **Health gap grew** in past 2 decades. (Ref. 7)

The SBHC Challenge



- **33% of all students in the U.S. and 50% of Black, Latino and American Indian students do not graduate from high school on time. (CDC [Ref. 1](#))**

The CDC Challenge for SBHC's

“If medical researchers were to discover an elixir that could increase life expectancy, reduce the burden of illness, delay the consequences of aging, decrease risky health behavior, and shrink disparities in health, we would celebrate such a remarkable discovery. **Education is such an elixir”.**

“Yet health professionals have rarely identified improving school graduation rates as a major public health objective, nor have they systematically examined their role in achieving this objective. They must seize this opportunity to improve health and reduce disparities.”

~ CDC (Ref. 1)

Dr. Nicholas Freudenberg, Distinguished Prof.
of Urban Public Health



Reliable Indicators * **Successful Outcomes**

Education is one of the strongest predictors of health: the more schooling people have the better their health is likely to be.

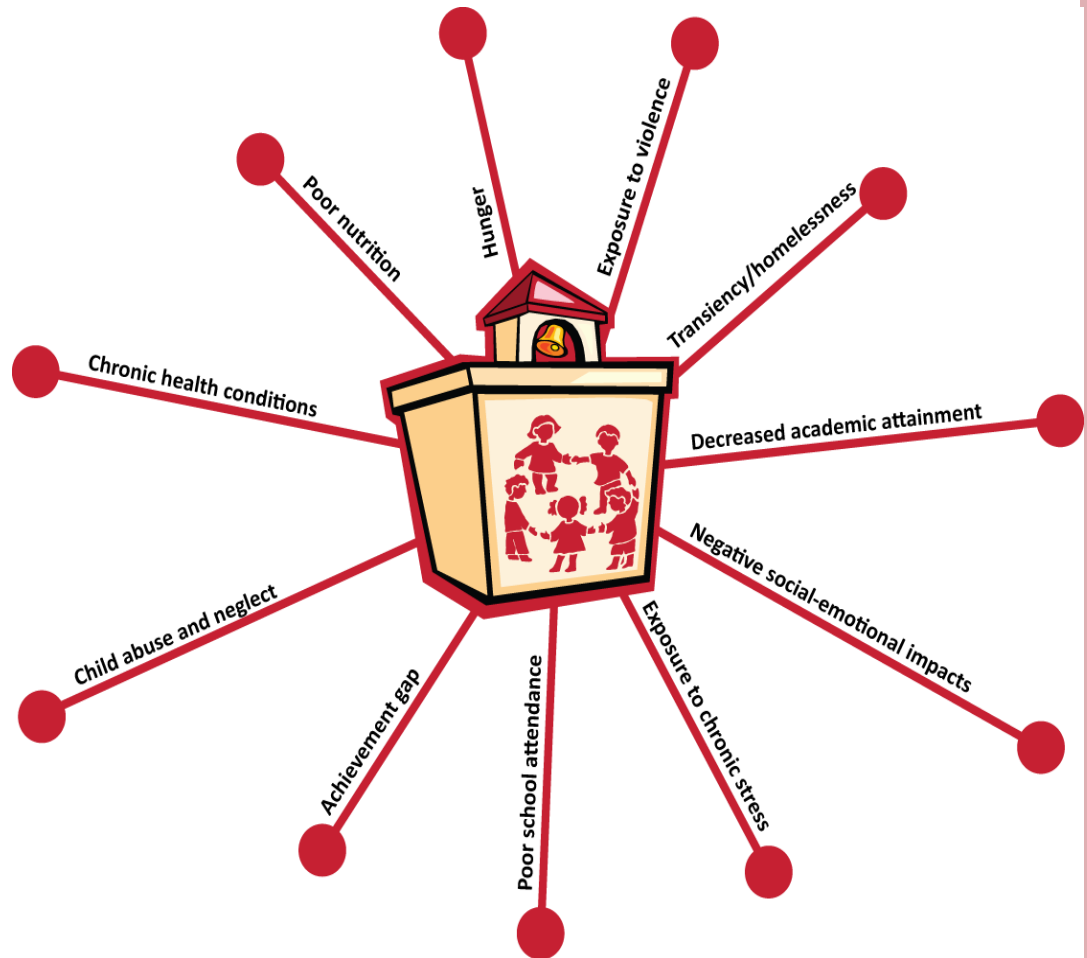
– CDC

Community School Questionnaire



Why Full Service Community Schools?

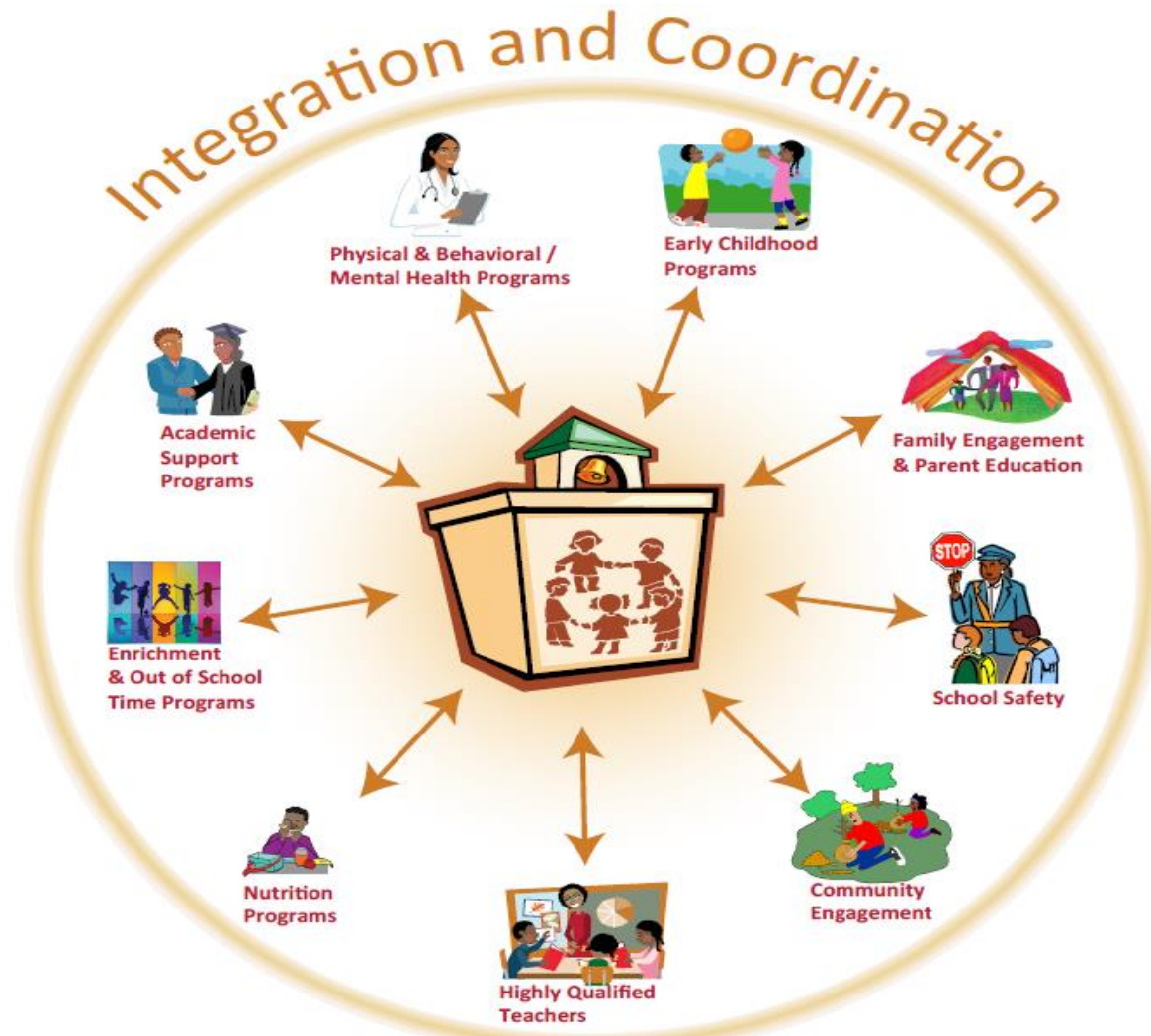
- ❖ Variety of Existing **Barriers** to Student and Family Success
- ❖ School District, City, County, Community-based organizations, or parents **can't do it all on their own**
- ❖ Decentralized and **fragmented responses** to these barriers and needs



Full Service Community School (FSCS) District



Full Service Community School Site-Level



What are Full Service Community Schools?

- **Approach** to increase:
 - Educational Success
 - Physical, social, and emotional well-being for students, families, and communities
- **Not a program; it is an *approach***
- **Next evolution** of “wrap-around” support services

What are Full Service Community Schools?

❖ National definition of a **Community School**

Both a set of partnerships and a place where services, supports and opportunities lead to improved student learning, stronger families and healthier communities.

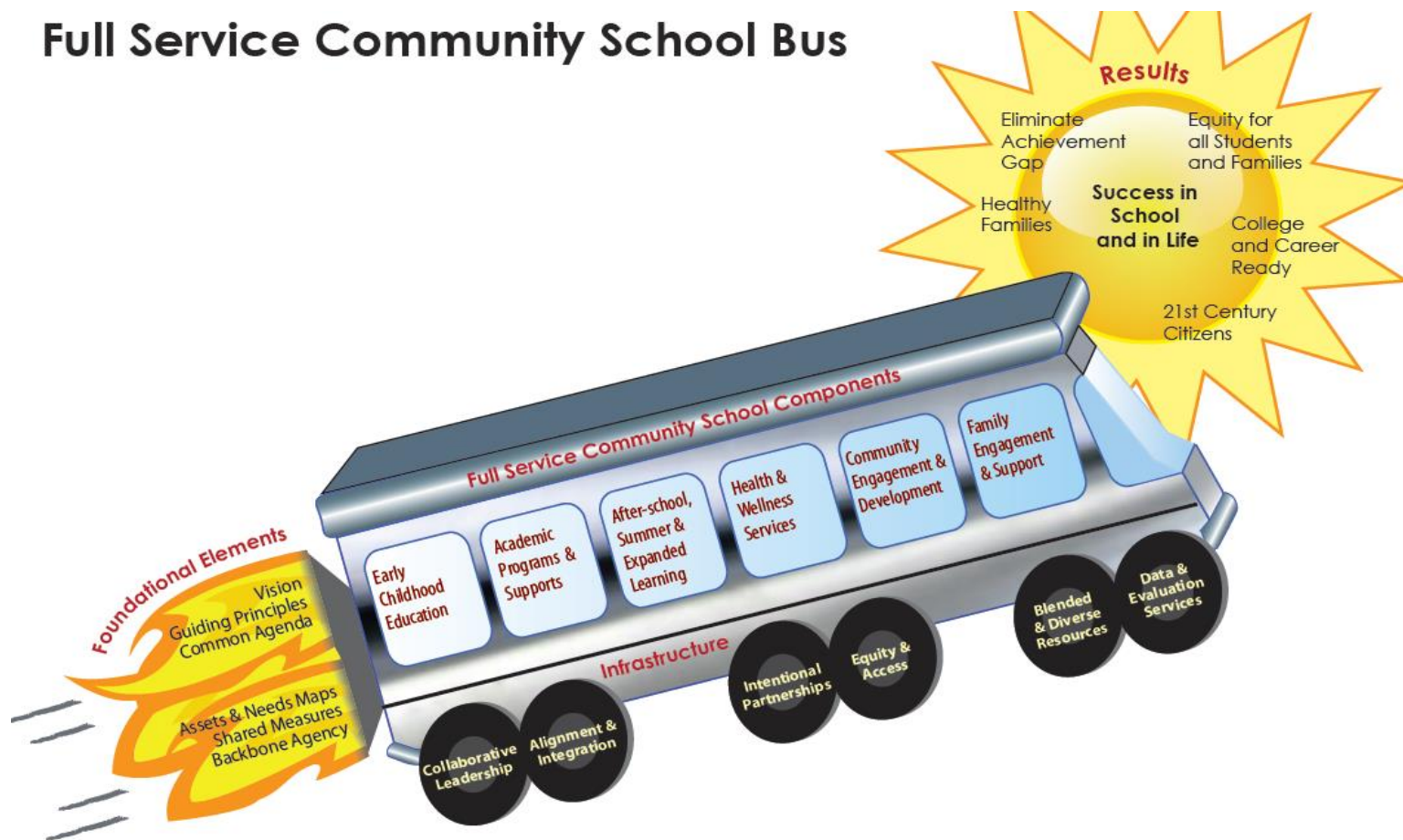
Using public schools as a hub, inventive, enduring relationships among educators, families, community volunteers, business, health and social service agencies, youth development organizations, and others committed to children are changing the educational landscape — permanently— by transforming traditional schools into partnerships for excellence.

(Coalition for Community Schools)



Key Elements of Community Schools

Full Service Community School Bus





FSCS Program Components



Outcomes of Community Schools

○ Learning and Achievement

- Improvement on state standardized reading and math tests
- Improved API scores

○ Youth Development

- Increased standing in national assessment of positive youth development assets
- Decreased drug use and incidences of fighting

○ Family Well-being

- Parents were less stressed, improved child development practices, decreased instances of child abuse and neglect

○ Community Life

- Less vandalism, increased parental involvement, improved community volunteerism

Community Schools in Action



The Children's Aid Society



Full Service Community Schools

**What makes a Full
Service
Community
School effective?**





FSCS Program Components



School Service Systems & SBHCs



Challenges:

- Linking to ALL Systems
- Creating Meaningful Relationships with Key Personnel
- Connecting to the FSCS Community regularly

Tool

FSCS' Operate at the Intersection of Systems



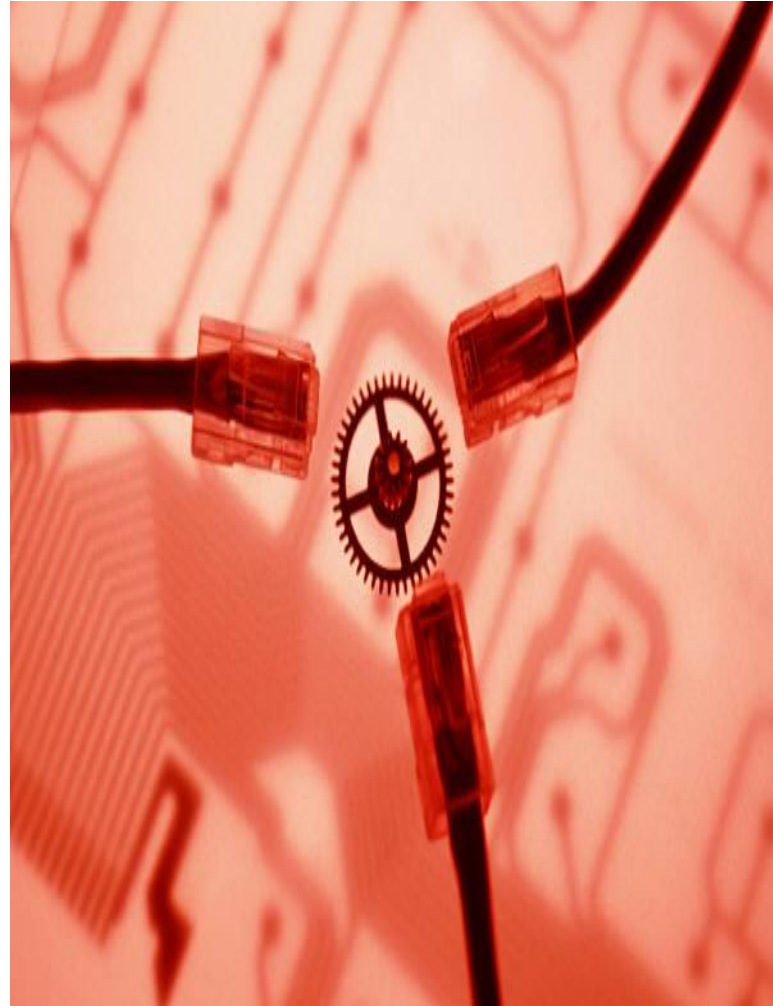
Integration of Services

What does full integration of the SBHC within the fabric of the school look like?



Some Characteristics of Full Service Integration

- A common language shared by those implementing services
- Strong articulated communication systems
- Presence of opportunities for joint decision-making
- Providers work collaboratively with the school and celebrate successes together



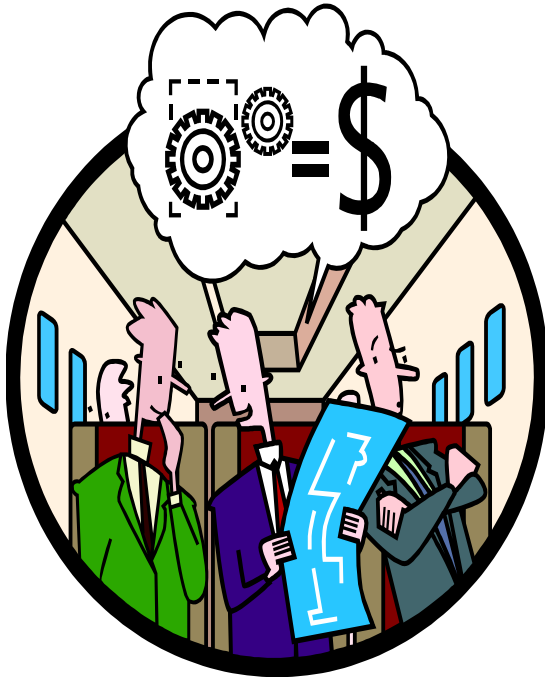
Some Characteristics of Full Service Integration

- Providers share resources and talents
- Process for Regular Review and Feedback of service outcome data
- Deep collaboration across disciplines, programs, & services
- Providers know what is going on in the classrooms and in each other's program/s

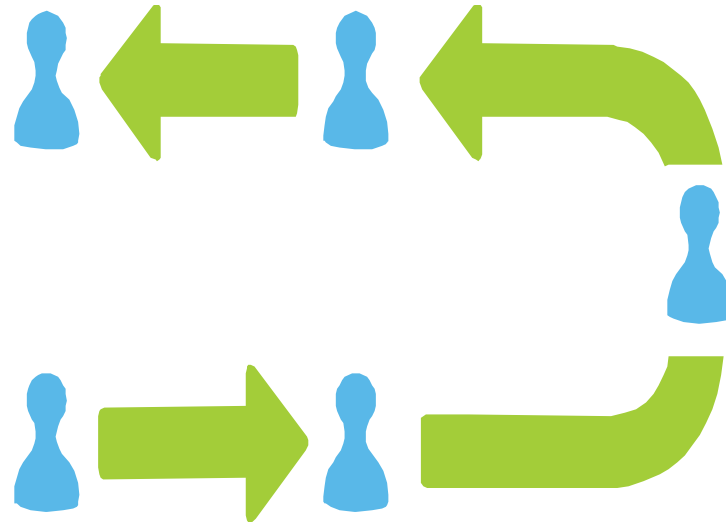


Strategies for Integration

○ Organic



○ Intentional



Full Integration of Health Services

**What would full
integration of health
services within the
fabric of the school
look like?**



Role 1: SBHCs Reframe School Dropout as Public Health Issue



○ Dr. Nicholas
Freudenberg (Ref. 1)

Prevent Chronic Disease:
Public Health Research,
Practice, and Policy. CDC,
2007.

Role 2: SBHC's Generate School Wealth



- Increased Attendance leads to ADA Revenue Growth
- Must be measured so “value added” may be demonstrated
- Increase sources of collaborative FSCS/SBHC grant revenue

(Ref 2, Ref 3)

Am J Public Health



Gallery Walk





Wrap Up



Why Integrate and Collaborate?

- More **effective and efficient** use of monetary and human capital
- **Decreased** duplication and gaps in services
- Improved **outcomes for students**:
 - Increased attendance
 - Decreased dropouts
 - Healthier students
 - Improved academic and life success
- Improved **outcomes for schools**:
 - Improved academic success
 - Improved school safety
 - Increased revenue
- Collaborative leadership and blended funding lead to **sustainability**



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