

## SCHOOL-BASED HEALTH AND WELLNESS CENTERS IN CALIFORNIA

There are currently over 300 school-based health centers (SBHCs) in California.

CSHA defines a “School-based health center” as a student-focused health center or clinic that meets all of the following conditions:

- (A) Is located at or near a school or schools.
- (B) Is organized through school, community, and health provider relationships.
- (C) Provides age-appropriate, clinical health care services onsite by qualified health professionals; and states that a school-based health center may provide primary medical care, behavioral health services, and/or dental care services onsite or through mobile health or telehealth.

Some of the main SBHC types or “models” are described further below.

SBHCs emerged in the U.S. during the late 1960s and have since experienced a significant rise. They originated in connection with the advent of Medicaid in 1965, which among other things highlighted the need for better health care for low-income children.

School-based health centers can be found throughout the state from Del Norte to San Diego counties, in urban, suburban, and rural settings, with the largest concentrations in Los Angeles and the San Francisco Bay Area, and the fastest growth in the Central Valley. The majority of communities served by California’s SBHCs are low-income areas where young people and families face many barriers to good health. Three quarters of SBHCs serve schools where 70% or more of students qualify for free and reduced price meals (FRPM). Almost all SBHCs (97%) are in schools where a majority of students (>50%) are students of color.

## BENEFITS OF SCHOOL HEALTH CENTERS

There is nothing more basic to a child’s ability to succeed in school and in life than good health. Yet many children and youth in California do not get the health care they need, even when they have health insurance coverage. This inability to access care results in many children and youth coming to school every day suffering from conditions that seriously impact their ability to learn and succeed - conditions such as unmanaged asthma, dental cavities, and exposure to trauma. SBHCs help improve the lives of California’s children because they place a breadth of essential services in exactly the right environment – our schools. SBHCs benefit children, youth, and families because they:

Many of the benefits of SBHCs have been documented through research. Please see fact sheets on [www.schoolhealthcenters.org](http://www.schoolhealthcenters.org) or [www.sbh4all.org](http://www.sbh4all.org) for more detail and citations.

- **Create access.** SBHCs offer services in a safe, familiar location and charge little or nothing for their services. They put health care where young people are for the majority of their days. Students who have access to SBHCs are often more comfortable and less intimidated about seeking services. This is especially true for services that are preventive or carry a stigma - such as sexual health and mental health services - two of the services needed most by California adolescents.
- **Are cost-effective.** SBHCs provide preventive and primary care services that can help reduce the need for more costly interventions down the line. Students who use SBHCs decrease their use of emergency rooms and hospitals while increasing their use of primary care, reproductive health, mental health counseling, and substance use services.

- **Provide high quality care.** At SBHCs, services are delivered by providers who can follow up effectively and who tend to have a broad understanding of the environment in which students are living. Primary care can be integrated with behavioral health, education, and prevention programs to a greater extent than it can be in medical office settings.
- **Reach the state’s most vulnerable children.** SBHCs are generally located in schools with greater proportions of low-income students, English Language Learners, and students of color. Youth in these groups are disproportionately impacted by poverty, structural racism, and environmental threats, and less likely to have access to protective health, mental health, and social services. Without these services, childhood risk factors are more likely to be translated into higher rates of heart disease, cancer, and other chronic illnesses in adulthood. Thus SBHCs contribute to the reduction of the state’s most persistent health disparities.
- **Support student learning.** SBHCs support schools struggling to meet academic performance goals. They can influence academic achievement by improving mental health, diet, injuries, physical illness, self-esteem/resilience, risky behaviors, and health care utilization. SBHCs increase the number of caring adults on a school campus and help increase school connectedness - a protective factor for a variety of poor health and education outcomes. Research shows a positive impact of SBHCs on school attendance, grade promotion, disciplinary problems, and graduation rates.
- **Support families.** SBHCs play an important role in helping families manage the physical and mental health care needs of their children. In addition to keeping parents in the workplace, they strengthen the connection between school and the family so that they can work together more effectively to meet a child’s educational needs. Parent or guardian consent is required for students to enroll for health center services as required by California law, and many families take advantage of the opportunity to easily access health services for their children. Some SBHCs, particularly those located in elementary schools, offer services to the entire family. Others offer or link to parent support, resources, and/or education programs.

## SCHOOL-BASED HEALTH CENTER MODELS

SBHCs encompass a wide variety of models. Some of the main categories are shown below:

- **school-based health centers** are located directly on school campuses, either within the main school building, often within one or more renovated classrooms, or in their own building on school grounds
- **school-linked health centers** are housed in a nearby location off-campus and closely linked to one or more schools through a formal or informal relationship
- **mobile vans** serve one or more school sites

New terms are often introduced to describe a variation on one of these models. For example, in recent years many California schools have opened **wellness centers**. These terms are often used interchangeably and to reflect different service models in different regions. Typically a “Wellness Center” is run by an LEA (local education agency) and has behavioral health as it’s primary focus. We would consider this to be a School-Based Health Center as long as clinical services are being provided to students. Some “Wellness Centers” do not provide clinical services, but instead provide calming spaces for youth to de-escalate. We would not consider these SBHCs. This document focuses School-Based Health Centers that typically provide multi-disciplinary clinical services.

Some SBHCs serve only students of the associated school(s) while others are additionally available for siblings, other students, family members, school staff, and/or the wider community. In some cases these services are strictly circumscribed - e.g., only TB testing for teachers and staff. In other cases, the same wide scope of services is available for all those who walk through the doors.

Finally, it should be noted that the use of **telehealth** is changing the way school health services are delivered. During the COVID-19 pandemic, most SBHCs utilized telehealth to deliver health care services to their student clients, and many will continue this practice going forward. There is much opportunity to work with SBHCs, particularly in rural areas, to leverage telehealth to spread health care services to more students and schools that do not have their own SBHCs.

## WHO OPERATES SBHCs?

Many different types of organizations run SBHCs in California. The most common are:

- Community Health Centers, including Federally Qualified Health Centers (FQHCs) (represents the majority of California and U.S. SBHCs)
- School districts or other Local Educational Agencies
- Community, district, County or Children’s Hospitals
- City or County public health departments
- Other community-based organizations
- Private physician groups

Most SBHCs are actually collaborations that include a combination of the above organizations. This hybrid model is both more complex, and also more effective. Two examples are described on the right.

## SERVICES AND STAFFING

The vast majority (86%) of California SBHCs provide primary medical care, 68% provide mental health services, 60% provide reproductive health services, and 36% provide dental care. More detailed information about these services, and SBHC staffing, is provided in Chapter 4.

## HOW SCHOOL-BASED HEALTH CENTERS ARE FINANCED

SBHCs are typically funded using a combination of third-party billing revenues, public and/or private grants, and in-kind support from local organizations. In general:

- Important sources of third-party reimbursement are Medi-Cal, Family PACT, and the Child Health and Disability Program (CHDP).
- Schools contribute financially or through in-kind support of space, utilities, and custodial services.
- Community agencies may contribute some in-kind services provided in an SBHC
- SBHCs obtain grant funding from private foundations, government and other sources. The type of comprehensive care available at many SBHCs would not be possible without enhanced funding from these sources.

Much more information about funding for SBHCs can be found in Chapter 5.

## SBHC COLLABORATIONS

The James Morehouse Project (JMP) at El Cerrito High School (ECHS) was started by a teacher in 1998. Twenty-three years later, the JMP is a beautiful and comprehensive SBHC that is an anchor of school culture and climate at ECHS. The Director is a school district employee; medical services are provided by Contra Costa Health Services; all other JMP staff are employed by their fiscal sponsor, the community mental health agency Bay Area Community Resources. Other community based partners come on site to lead groups, or partner with JMP staff and interns on youth development projects. All these collaborating partners work together closely to ensure center services feel seamless to youth. More info at: <http://www.jamesmorehouseproject.org/>

Shop 55 is a truly multi-disciplinary SBHC at Oakland High School. Operated by lead agency East Bay Asian Youth Center, it is a partnership between the school and local community agencies that provide medical services (Asian Health Services, a local FQHC), mental health, youth development, and academic support to Oakland High students. Shop 55 provides medical, mental, and dental health, youth development programming, and academic assistance to Oakland High students, using a tiered-intervention support strategy. They serve approximately 1,100 out of 1,500 Oakland High students in a school year and connect them to one or more of the services above. More info at: <https://www.shop55.org>

## CORE COMPETENCIES AND GUIDING PRINCIPLES FOR SBHCs

CSHA has adapted this vision for school-based health centers:

- 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.
- B. **SBHCs strengthen prevention and population health** by connecting clinical care with public health approaches such as group and classroom education, school wide screenings and prevention programs, creation of healthier environments, or efforts to address the social determinants of health.
- C. **SBHCs offer intensive support for the highest need students** by being present on a daily basis to manage chronic disease, address behavioral health issues, deal with crises, and help students and families access resources.
- D. **SBHCs have a shared mission with the school to improve academic achievement** by working together to address absenteeism, school climate, classroom behavior, and performance.
- E. **SBHCs are committed to functioning as part of an integrated health care system** by communicating and coordinating care with other providers, partners, and payers.

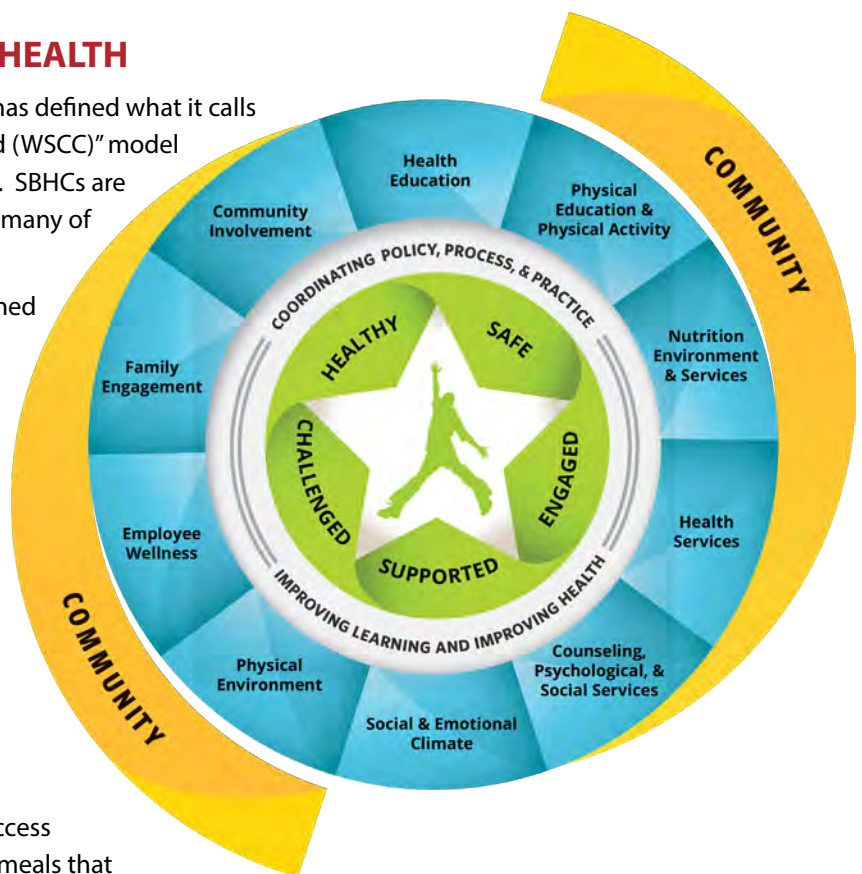
SBHCs strive to uphold a trauma-informed, healing-centered approach to services. SBHCs incorporate trauma-informed interventions into their direct work with students, but can bring a trauma informed, healing-centered lens to organizational and school practices. See <https://www.schoolhealthcenters.org/trauma-informed-sbhcs/> for CSHA guidance on implementing trauma-informed practices in SBHCs.

See <https://www.schoolhealthcenters.org/sbhc-checklist/> or Appendix A for CSHA's Best Practices Checklist to help assess how effectively SBHCs are embracing these guiding principles.

## CDC FRAMEWORK FOR SCHOOL HEALTH

The Centers for Disease Control and Prevention has defined what it calls a “Whole School, Whole Community, Whole Child (WSCC)” model consisting of 10 interactive components (below). SBHCs are uniquely positioned to play an important role in many of these components.

- **Health Education** – a curriculum designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors
- **Physical Education & Physical Activity** – a curriculum that promotes optimum physical, mental, emotional, and social development through activities that can be pursued throughout the life course
- **Health Services** – services provided for students to protect and promote health
- **Nutrition Environment & Services** – access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students and serve as a living laboratory for nutrition and health education



- **Counseling, Psychological, & Social Services** – services provided to improve students’ mental, emotional, and social health
- **Physical Environment** – access to healthy physical and aesthetic surroundings and a psychosocial climate and culture that are positive and promote well-being
- **Employee Wellness** – opportunities for school staff to improve their health status and encouragement to pursue a healthy lifestyle
- **Family Engagement** – active engagement of parents, community resources and services to provide an integrated school, parent, and community approach for enhancing the health and well-being of students
- **Social and Emotional Climate** – contributing to a climate that can promote health, growth, and development by providing a safe and supportive learning environment
- **Community Involvement** – contributing to the community through service-learning opportunities and by sharing school facilities with community members like school-based health centers

## COMMUNITY SCHOOLS

A community school is a school that utilizes a “whole child” approach to education. They integrate a focus on academics with health, social services, community development and community engagement. A robust community school will include the following four pillars:

- Integrated student supports,
- Family and community engagement,
- Collaborative leadership and practices for educators and administrators, and
- Extended learning time and opportunities.

### SBHCs Are Aligned with Community Schools

California’s school-based health center (SBHC) model is a strong complementary asset to the goals and vision for community schools in the state. SBHCs are a way for community schools to bring reliable, affordable, quality health care services to students and their families in an accessible and coordinated way.

- SBHCs address the five outlined student needs in the Community Schools Framework
- SBHCs create a site in a community school where school and community resources can be organized together and co-located
- SBHCs allow for the community school to provide wrap-around services and care to students to help close the achievement gap and break down physical and mental health barriers to learning
- Having support for basic needs allows students to participate fully in their education

For more information about SBHCs & Community Schools, see:

<https://www.schoolhealthcenters.org/community-schools/>

*Oakland’s SBHCs are a foundational component of our full-service community schools strategy, a districtwide approach to serve the whole child and to address unacceptable disparities in education, health, and life outcomes for our students.*

*– Curtiss Sarikey, Chief of Staff, Oakland Unified School District*

*See more at <https://learningpolicyinstitute.org/blog/covid-oakland-school-based-health-centers>*