

CHAPTER 08 School-Based Health Center Facilities

SBHCs can be constructed in a variety of spaces, ranging from converted classrooms to adjunct portables to stand-alone school-based or school-linked buildings. Some schools have provided shop buildings or locker rooms that are no longer in use; large spaces such as these can provide an ideal environment for innovative designs.

The health center should be thoughtfully planned and designed to support the services it will provide. Various stakeholders – including students, parents, school nurses, school administrators, and health center personnel – should participate in the design process. Building contractors and architects should ensure that the health center design follows the functional specifications and adheres to relevant building codes and regulations. Funding for facilities development must be secured well in advance of construction. This chapter includes information about various funding sources available for SBHC construction and capital improvement.

DESIGNING THE SCHOOL-BASED HEALTH CENTER

The following are some suggested steps to take in the process of designing your school-based health center facility.

1. **Goals and Planned Usage:** First, identify the school-based health center programs and services that will be provided at the center (see Chapter 2, Planning).
2. **Operational Schedule:** Identify the anticipated hours of operation on a daily, weekly, monthly, and annual basis. A preliminary calendar should be developed that identifies all programs and services that will be operated and when.
3. **Clients:** Identify the numbers and ages of the individuals that you project will utilize the center. Consideration should be given to caseloads and anticipated occupancy at any given time. This would include a comprehensive list of staffing, including full-time, part-time, and on-call staff.
4. **Relationship to School Nursing Services:** The relationship between the school-based health center and other school district health services should be clearly identified and integrated to the extent possible. School nursing services may be delivered from within the school-based health center or from a linked area nearby.
5. **Accessibility:** The specific needs and requirements for access to and from the center depend upon: (a) the relationship between the school-based health center and the school's other health programs; (b) the schedule of planned operations; and (c) the coordination of programs and services between participating agencies. Ideally, there should be direct access from the interior of the school building to the school-based health center for students to receive services during school hours; some programs will require an external entrance to serve the public during school hours and when school is not in session. The center must be fully accessible to individuals with disabilities. If possible, there should be access for medical emergency vehicles.
6. **Function and Flow:** Imagine how the various functions and services will interact in order to determine how spaces should be clustered or arranged for the smooth and efficient flow of personnel, clients, and materials. (See Appendix J for sample floor plan and photos)
7. **Security:** The school-based health center should be planned for a high level of security. Particular attention should be given to areas where medical supplies and equipment will be located. Access to the center should be limited to health center staff and include a security system, if possible.

KEY ELEMENTS OF SCHOOL-BASED HEALTH CENTERS

Although designs and needs will vary, there are some considerations which are universal. All school-based health centers should guarantee privacy, confidentiality, and a sense of well-being. They should be inviting to students, other clients and the public and operate within an appropriate physical plant. The facility must have current fire and building safety certificates and comply with laws and regulations governing health facilities, particularly the Americans with Disabilities Act (ADA) and state laboratory requirements. (See Chapter 6 for more information on facilities licensing.) More details on each of these areas are provided below.

Privacy/Confidentiality: The facility's physical layout should meet students' need for privacy. The waiting area should not be visible from an external hallway; the examination/counseling room/s should be secluded from the rest of the health center by walls or partitions; and there should be at least one phone line in a private room. Privacy should be fostered, both acoustically and physically: for example, if walls are not soundproof, white noise machines should be used. If the health center serves both adolescents and a wider age group, some clinics provide separate spaces or specific hours of service for teen clients so that they do not fear encountering parents or neighbors in the center. Having confidence in the confidentiality of services is one of the most important factors related to teen usage of a school-based health center.

Sense of well-being: School-based health centers should offer a relaxing and soothing atmosphere to foster student and family comfort, safety, and calm. Soft colors promote quiet and concentration, and natural light from windows relieves strain and anxiety. Minimizing noise can lower blood pressure and lessen frustration. Especially in large urban schools, this "safe space" can offer a real respite from the challenges of daily school life, particularly for students with physical or emotional difficulties, or sensory sensitivities.

Youth-friendliness: The space should ideally feel appealing and welcoming to adolescent patients. This is a great opportunity to get input from youth leaders. They can help select colors, posters, and other decorations.

Spatial requirements: The spatial requirements for each school-based health center will depend on the programs and services to be provided. The spaces identified below are a partial listing of programs or services, and the range of square footage that might be required. In some situations, multiple private exam or counseling rooms will be required; in others, it may be possible to create shared functional spaces, such as a charting area with laboratory, or a cot room combined with office supply storage. In considering space requirements, consider both functions and regulatory requirements. The figures below offer estimated net square footage for each type of space required. See Appendix J for Sample Floor Plans.

Program/Service/Function	Estimated Square Footage
Waiting/reception area	75 – 200
Office(s)/provider area – each	60 – 120
Sick/resting area (for student cots)	100 – 200
Examination/counseling room(s) - each	80 – 100
Bathroom	50 – 120
Laboratory	80 – 150
General storage	50 – 100
Conference/meeting space/break room	120 – 200

Climate control and ventilation: School-based health centers are often at the mercy of larger (and sometimes antiquated) systems for heating, cooling, and ventilation. If possible, a separate mechanical system should be considered, particularly if the health center will operate during non-school hours. Health center management should have access to these controls to ensure a comfortable and sanitary environment for patients. Special attention should be given to the exam room(s), lavatories, and the laboratory.

Plumbing: A sink with hot and cold water should be provided in each examination room, each laboratory, and in the lab room/area. Ideally, the laboratory would include two sinks with hot and cold water, and the water controls should be hands-free to reduce contamination.

Electrical/electronic requirements: Electrical outlets should be provided in all spaces as required by code, which local facilities staff or contractors will outline for you. The electrical circuit for refrigerators and freezers should remain active at all times, even when school is not in session, or valuable vaccines may be lost (see Chapter 6 for VFC requirements.) Locations should be identified for telephones, computer terminals, modems and/or local area networks. When possible, the school’s central phone, intercom, and/or public address system should be connected to the school-based health center.

Lighting: Natural lighting should supplement artificial lighting in the school-based health center. Lighting in each space should be controlled by the occupant of the space. Special attention should be given to lighting in the space that will be used for vision testing.

Sanitary requirements: Surface finishes for floors, walls, windows, window coverings, and counter tops should be designed for easy cleaning and sanitizing. Provisions should be made for custodial services and the containment and removal of biohazardous waste.

Display: Identify any requirements for bulletin boards, tack strips, display cases, display racks for educational materials, and chalkboards as required and appropriate.

Furniture and equipment: The movable furniture and equipment required for each space should be identified. This includes desks, tables, chairs, bookcases, cots, storage cabinets, file cabinets, computers and printers, telephones, photocopier, wall clocks, refrigerator, freezer, exam table(s), and other medical/dental equipment.

ADA requirements: The construction and alteration of most public and non-profit buildings must comply with Title III of the Americans with Disabilities Act (ADA) – the ADA Standards for Accessible Design (https://www.ada.gov/ada_title_III.htm).

In health care and educational settings, the standards establish specific dimensions for hallway, doorway, and room clearance, to name a few. Local district facilities departments as well as contractors will be able to describe and apply ADA requirements appropriately.

Fire clearance: Fire clearances are required by the Health and Safety Code prior to initial licensing or before any changes to a licensed facility can be approved by the State. State-licensed health care facilities require a fire safety inspection to be conducted by the local fire authority (either City fire department or County Fire Marshall for unincorporated areas).

Prior to your application for state licensure, you may request that the fire department conduct a pre-inspection to help you identify any possible changes needed. A fire clearance application, site and floor plans, and applicable fees are required. The facility may also need local Zoning, Building or Fire Code permits. The Fire Marshal’s Office cannot issue a fire clearance until all agencies’ requirements have been met. Contact your local fire department to learn more.

FINANCING FOR SCHOOL HEALTH CENTER FACILITIES

Most new school-based health centers require funding to construct or renovate their facility. In order to determine the capital costs required, follow the steps above to identify the overall square footage involved, including wall thickness, circulation space and any connecting corridors. A budget should then be developed that realistically reflects the estimated cost for new construction, renovations, and/or additions. In addition, the school-based health center facilities development plan should be included in the school district facilities master plan.

School-based health centers in California have primarily relied on state and local funding to support construction of their facilities. Specific funding available for school-based health center facilities includes:

STATE SCHOOL FACILITIES GRANTS

The California Department of Education (CDE) allows school facilities grants, including modernization grants and new construction grants, to be used for constructing school-based health centers within existing school facilities.

Modernization grants must be used to modernize or update outdated and unsafe facilities. Grants are based on the number of students served by the district/school to be modernized and require a 40% local match. Because most districts use their entire modernization grant to update classroom and core support facilities, little modernization funding has been used to support school-based health center construction.

New construction grants can be used if a school-based health center is being designed and built simultaneously with the new construction of a school. In this case, the district would develop a facilities master plan, identify potential site(s) for the new school facility inclusive of the school-based health center, and then the CDE would evaluate and approve the proposal.

School districts are required to match 50% of the state grant for new construction.

Finally, the CDE has defined a **Joint-Use Program** under the School Facility Program. This program allows a school district to utilize funds from a joint-use partner to build projects such as libraries, child care facilities or gymnasiums. Over \$100 million has been made available for these projects, although the state has generally not recognized school-based health centers as a valid use of this funding. Proposed legislation may change this, so planning groups should contact the state to determine if their project might be eligible for joint-use funding: <http://www.cde.ca.gov/ls/fa/sf/jtuse.asp>.

LOCAL BONDS

Some school districts such as the Los Angeles Unified School District are using funds from local bond measures to finance their local “joint-use” projects, including school-based health center construction. Due to inadequate state facilities funding, many school districts secure funding for school facilities repair and construction by issuing local general obligation bonds. These bonds can be authorized with the approval of either 66.67 or 55 percent of the voters in the district. The bonds are repaid with local property tax revenue. School districts can also impose developer fees levied on new residential, commercial and industrial developments. Developer fees vary significantly by community, depending on the amount of local development. In fast-growing areas, the fees could make notable contributions to school-based health center construction. Finally, school districts may form special districts to sell bonds for school construction projects, known as “**Mello-Roos**” bonds. These bonds require two-thirds voter approval, and are paid off by property owners located within the special district.

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (CHFFA)

Medical service providers can sometimes secure facilities funding from CHFFA. CHFFA provides public and non-profit health care providers with loans, grants, and tax-exempt bonds. CHFFA also provides loans to small and rural health facilities through the HELP II Financing Program and offers two grant programs, the Children’s Hospital Program and the Community Clinic Grant Program. CHFFA financing may be used for the following project-related costs:

- Construction
- Remodeling and renovation
- Land acquisition (as part of the proposed project)
- Acquisition of existing health facilities
- Purchase or lease of equipment
- Refinancing or refunding of prior debt
- Working capital for start-up facilities
- Costs of bond issuance, feasibility studies and reimbursement of prior expenses. For more information on grant and loan cycles, go to: <http://treasurer.ca.gov/chffa/>

COMMUNITY DEVELOPMENT BLOCK GRANTS (CDBG)

CDBG grants are administered by the California Department of Housing and Community Development, and may also support SBHC facilities construction. The primary federal objective of the CDBG program is the development of viable urban communities by providing decent housing and a suitable living environment and by expanding economic opportunities, principally for persons of low and moderate income. Each year, the program makes funds available to eligible jurisdictions through several allocations; school-based health centers may be constructed or renovated with General CDBG grants. Grant-funded activities must be directed toward the planning of a project which, if brought to completion, would be a CDBG-eligible activity in which at least 51 percent of the beneficiaries would be low or moderate income households.

Each year, the program makes funds available to eligible jurisdictions such as cities and city districts. Notices of Funding Availability are published for each allocation as the funds become available. More information is available at <https://www.hcd.ca.gov/grants-and-funding/programs-active/community-development-block-grant>.

OTHER SOURCES OF FUNDING

Some foundations will support construction or equipment costs. School sites or districts with a higher tax base may have general facility funds to allocate to school-based health center construction. If a federally qualified health center is going to be the medical provider, it may have access to funding sources for facilities. The federal stimulus package passed in February 2009 includes \$1.5 billion for construction of clinic facilities. Creatively leveraging a variety of state, local and private funding sources is likely to be the most effective strategy for garnering adequate funds.

FACILITIES CONSTRUCTION PROCESS

This process will differ for school-based and school-linked health centers. Once the facilities design plan for a school-based site has been established, it may be required or advisable to update the school board. A presentation can include an overview of the needs assessment process and results, facilities design plans, and a rationale for how the new health center correlates with district and community goals.

If the health center will be on school grounds, preliminary architectural designs should be submitted to the Division of State Architect (DSA) for review and approval (see <https://www.dgs.ca.gov/DSA>).¹² The DSA requires some fees for Project Plan Submittal, and may also charge additional fees for later changes to the plans. Depending on the size of the project, DSA approval may take three months.

If approved, the DSA will issue a building permit and construction can begin. A core work group should be formed to guide and troubleshoot facilities construction. Members of this group may vary depending on whether the facility is school-based or –linked, who owns the land, and also who is the lead agency for the health center.

When health centers are constructed on school district property, special attention must be paid to developing clear work plans and timelines with the district facilities personnel and the local school board. District facilities departments are often understaffed and underfunded, and many school districts will “contract out” construction projects other than basic maintenance and repair to outside building contractors. The school board should set clear expectations for the oversight and monitoring of construction projects.

Once construction is complete, the DSA schedules an inspection. If the facility is approved by the Inspector of Record, the DSA issues a certificate of occupancy. At the same time, the local fire department needs to inspect the property for fire safety. See Appendix K for a memo from DSA about requirements for SBHCs.

¹² The DSA reviews plans for public school construction and certain other state funded building projects to ensure that plans, specifications and construction comply with California's building codes.