



## **Fact Sheet: School Health and Support Services**

### **California Working Families Policy Summit January 12, 2011**

#### **WHAT TYPES OF HEALTH SERVICES DO SCHOOLS PROVIDE?**

California schools offer varying levels of health services, from programs meeting minimum legal requirements to school health centers that offer comprehensive medical, mental and/or oral health care. In all cases, school health services emphasize health promotion, early detection, and disease prevention to support student success in school.

Some health services are required for all students by California Education Code or Health and Safety Code, and others are required for certain students as outlined in the Individuals with Disabilities Education Act (IDEA). These services are typically provided by school personnel, such as school nurses, but they may be provided by other staff depending on the level of service and related legal or credentialing requirements.

Schools often choose to expand their school health services beyond mandated services to better meet the needs of students in their community. This can mean offering medical, mental health or oral health services, or programs to address specific health problems (such as asthma) or to promote healthier behaviors (such as healthier eating and more physical activity).

School health services may be organized under different program models. Expanded program models include:

- School Health Centers
- School Nursing Programs
- Student Counseling or Mental Health Programs
- School-Linked Health Services or Telehealth Services
- Mobile Clinics
- Oral Health Programs
- Health Promotion Programs

#### **WHAT IS A SCHOOL HEALTH CENTER?**

School health centers are the most comprehensive model for delivery of school health services. They provide comprehensive medical and/or mental health care. Services may include physical exams, screenings, immunizations, management of chronic conditions, age-appropriate reproductive health care for adolescents, primary medical care for injuries and illness, laboratory tests, tuberculosis tests, over-the-counter medications and prescription writing, and referrals and coordination of outside services. Clinicians delivering medical care include nurse practitioners, physician assistants, physicians, residents, medical assistants and nurses. The number of school health centers in California has been growing consistently over the past 20 years and today is at 176.

#### **WHAT ARE THE BENEFITS OF SCHOOL HEALTH SERVICES?**

Healthy children are more successful in school.<sup>1,2,3</sup> School health services and social supports are important because they reach children where they are: at school. Because of their location, school health providers are first-hand witnesses to social determinants of health and academic achievement –

bullying, school violence, depression, stress, poor eating habits, etc. – which providers outside a school setting may miss. Research supports the effectiveness of providing health and social supports in schools:

- School health services support learning by meeting health and mental health needs.<sup>4,5,6</sup>
- School health services keep children in the classroom by helping them control their asthma and other chronic diseases.<sup>7</sup>
- School health services dramatically reduce disciplinary referrals and improve school climate by meeting students' mental health needs.<sup>8</sup>
- School dental services allow children to concentrate on learning by providing affordable preventative care and treatment.<sup>9</sup>
- School health services prevent dropout by engaging students in research-based strategies to prevent teen pregnancy.<sup>10,11</sup>

#### **CHALLENGES FOR SCHOOL HEALTH SERVICES IN CALIFORNIA**

- *Lack of state infrastructure and funding*  
Nineteen states have state-funded school health center programs. In California, the State School Health Center Program was established in statute in 2006 by AB 2560. This program was to be jointly administered by the Department of Health Services and the State Department of Education. Unfortunately, the program has not been implemented because neither state funding nor staff was appropriated for the program. What this means is that school health centers do not receive technical assistance or guidance from the state, nor do they receive any dedicated state funds.
- *Difficulty obtaining reimbursement for services provided to health plan members*  
School health centers cannot obtain reimbursement for many of the medical services they provide even when the services are reimbursable (e.g., an acute care visit), and the children they are serving are insured. This happens because most children with Medi-Cal or Healthy Families (as well as private insurance) are enrolled in a health plan which assigns the child to a primary care provider (PCP). When the child obtains care from a provider other than his/her designated PCP, the health plan often does not reimburse for the care.
- *Lack of resources for the comprehensive range of services school health centers provide*  
The services provided in schools are not the same as the clinical "office visit" reimbursed by health insurance. School health services encompass functions such as education, case management, coordination with parents, consultation with teachers, and troubleshooting referrals, all of which fall outside the scope of a billable clinical encounter. When funds are available to cover these services, they are a patchwork of categorical programs within State health and education programs or grant opportunities that are generally temporary and competitive. As the California's budget crisis escalates, the funding sources for these services are in jeopardy.

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<sup>1</sup> Sigfusdottir ID, Kristjansson AL, Allegrante JP. Health Behaviour and Academic Achievement in Icelandic School Children. *Health Educ Res.* 2007;22(1):70-80.

<sup>2</sup> Blumenshine SL, Vann WF, Gizlice Z, Lee JY. Children's School Performance: Impact of General and Oral Health. *J Public Health Dent.* 2008;68(2):82-87

<sup>3</sup> Jackson MI. Understanding Links Between Adolescent Health and Educational Attainment. *Demography.* 2009;46(4):671-694.

**Fact Sheet: School Health Services and Student Supports  
California School Health Centers Association**

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- <sup>4</sup> Walker SC, Kerns SEU, Lyon AR, Bruns EJ, Cosgrove TJ. Impact of School-Based Health Center Use on Academic Outcomes. *J Adol Health*. 2010;46(3):251-257.
- <sup>5</sup> Murray NG, Low BJ, Hollis C, Cross AW, Davis SM. Coordinated School Health Programs and Academic Achievement: A Systematic Review of the Literature. *J Sch Health*. 2007;77(9):589-600.
- <sup>6</sup> Atkins MS, Frazier SL, Birman D, et al. School-Based Mental Health Services for Children Living in High Poverty Urban Communities. *Adm Policy Ment Health*. 2006;33(2):146-159.
- <sup>7</sup> Guo JJ, Jang R, Keller KN, et al. Impact of School-Based Health Centers on Children with Asthma. *J Adol Health*. 2005;37(4):266-274.
- <sup>8</sup> Jennings J, Pearson G, Harris M. Implementing and Maintaining School-Based Mental Health Services in a Large, Urban School District. *J Sch Health*. 2000;70(5): 201-205.
- <sup>9</sup> Larsen CD, Larsen MD, Handwerker MB, Kim MS, Rosenthal M. A Comparison of Urban School- and Community-Based Dental Care. *J Sch Health*. 2009;79(3):116-122.
- <sup>10</sup> Crosby RA, St. Lawrence J. Adolescents' Use of School-Based Health Clinics for Reproductive Health Services. *J School Health*. 2000;70(1):22-27
- <sup>11</sup> Ricketts SA, Guernsey BP. School-Based Health Centers and the Decline in Black Teen Fertility During the 1990s in Denver, Colorado. *Am J Pub Health*. 2006;96(9):1588-1592.