



# Meeting the Health Care Needs of Children and Adolescents: School Based Health Centers in Connecticut

Jesse White-Fresé, M.A., L.P.C.  
Executive Director, CT Association of School Based Health  
Centers

Committee on Children  
September 19, 2014





# School Based Health Centers

- ✓ SBHC movement began in the late 80's in response to GAO (Government Accounting Office) report showing significant decline in health of adolescents
- ✓ SBHCs started in New Haven and Bridgeport to address health issues associated with poverty and lack of access to care
- ✓ CT developed a model that *integrated* medical care with preventive and behavioral health services; some sites have dental services
- ✓ Employ a **team** of licensed interdisciplinary professionals with expertise in child/adolescent health (nurse practitioners, physician's assistants, medical directors, clinical social workers, consulting psychiatrists, dentists, hygienists)
- ✓ SBHC medical-behavioral health staff are **co-located** to address a broad spectrum of students' health needs
- ✓ Health education is routinely offered to students that utilize the SBHC



## SBHCs: An Integrated Model that Works

- ✿ Significant increase in attendance for adolescent SBHC medical users compared to nonusers. Grade point average increases over time were observed for mental health users compared to nonusers\*
- ✿ 96.4% of children that receive an asthma breathing treatment in the SBHC return to class (CASBHC data 2008)
- ✿ 5,337 CT children/adolescents received mental health treatment in their SBHC in more than 40,000 visits, enabling them to remain in school and continue to learn (2007-2008 school year)



\* Journal of Adolescent Health 46 (2010) 251–257



# Why School Based Health?

*“Youth bring all of their issues to school”*

**Asthma**

**Tooth pain**

**Domestic violence**

**Illnesses and injuries**

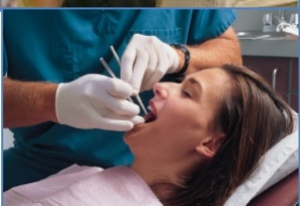
**Learning disabilities**

**Peer conflict**

**Diagnosed and undiagnosed mental health conditions**

**Homelessness**

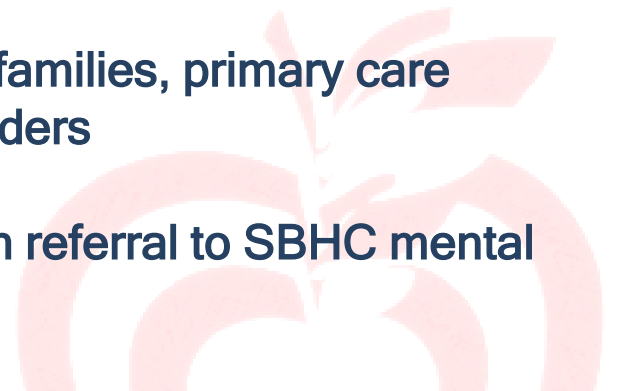
**And many more issues...**





## Medical Services

- Assessment/Diagnosis/Treatment of illnesses and injuries
- Management/treatment of chronic diseases
- Referrals for specialty care (orthopedics, pulmonology, gastrointestinal disorders, cardiac care, etc.)
- Health education in the SBHC and in the classroom
- Immunizations / provide prescriptions
- Support groups for medical topics: asthma, weight management, nutrition
- Case management with students, families, primary care providers, and specialty care providers
- Mental health risk assessment with referral to SBHC mental health clinician as needed





# How the SBHC differs from the school nurse

## School Nurse

- Ensures that physicals and immunizations are on file in the school health office (per state mandates)
- Gives prescribed daily medications
- Administers First Aid
- Sick visits: decide whether student can stay in school per school protocol, or should see the nurse practitioner in the SBHC or other outside provider
- Provides state-mandated screenings (vision, hearing, scoliosis)

## SBHC Nurse Practitioner

- Is an Advanced Practice RN
- Takes health histories and does complete physical examinations
- Diagnoses and treats many common acute and chronic problems
- Performs and/or interprets laboratory tests
- Prescribes and manages medications, immunizations, and other therapies
- Provides health teaching with an emphasis on prevention of illness and health maintenance
- Refers patients to other health professionals as needed



## SBHC Waiting Room



## SBHC Medical Exam Room



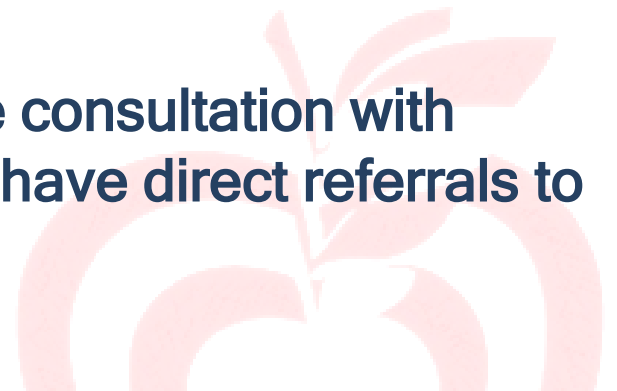
## SBHC Dental Room





## Mental Health Services

- Individual, group, and family therapy
- Risk assessment and health education
- Support groups for topics such as anger management, substance abuse, bereavement, parental illness
- Services are provided by licensed mental health clinicians: LCSW, LMFT, LPC
- Some SBHCs have onsite consultation with child psychiatrists; others have direct referrals to care







# How the SBHC differs from the school social worker

## School Social Worker

- Provides services to **special education students** and those for whom counseling has been indicated in their **individualized education plan (IEP)**
- Attends all **Pupil Placement Team (PPT)** meetings
- **Educationally-focused** advocacy for children in the school setting
- May provide home visits to assess child's special education needs.

## SBHC Mental Health Clinician

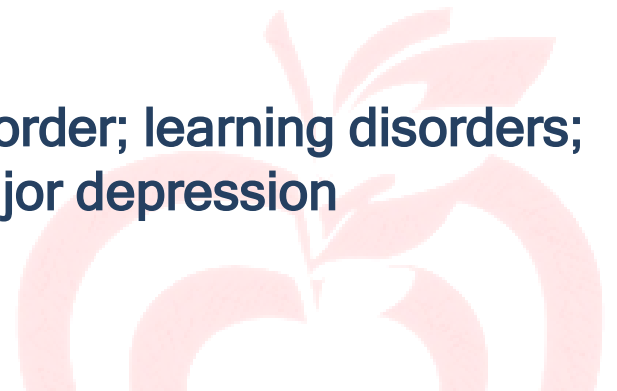
- Provides **therapy** for students with problems that are *not* mandated by schools, similar to other outpatient clinic settings (ex. family disruption, anger management, ADHD, depression, bi-polar)
- **Diagnoses** children/adolescents with mental health problems that affect their ability to learn and function in their home, school, and peer settings
- **Refers** for psychiatric evaluation if child needs medication
- **Participates** in continued team management of treatment plan.
- **May provide** home visits when needed for assessment or treatment.



# “The community mental health therapist in the school”

## Diagnoses seen in SBHCs (2007-2009):

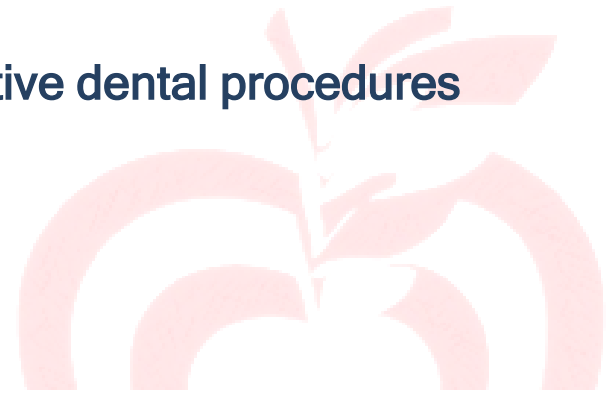
- High risk behavior; self-injury such as cutting
- Psychosocial problems with family and peers
- Attention deficit disorder/ ADHD
- Victimization; traumatic stress
- Alcohol / substance abuse
- Anxiety disorder; bipolar disorder; learning disorders; eating disorders; autism; major depression





# SBHC Dental Services

- The majority of CT SBHCs provide dental services through:
  - Onsite fixed dental operatory in or near SBHC
  - Use of their own portable dental equipment that visits school several times per year
  - Partnership with community dental providers that deliver dental services in the school
  
- Dental Hygiene and Restorative Treatment may be provided:
  - Cleanings, sealants, fluoride treatments, x-rays, health education
  - Exams, fillings, other restorative dental procedures





## SBHCs Partner with Schools and Families for Student Success

- Major concerns of educators, policy makers, and parents = chronic absenteeism, poor academic outcomes and high dropout rates
- Poor health severely limits a child's motivation and ability to learn
- Improving students' health is integral to education reform
- Working together as a team, school staff and SBHC staff create a safety net for children





# Achievement Gap

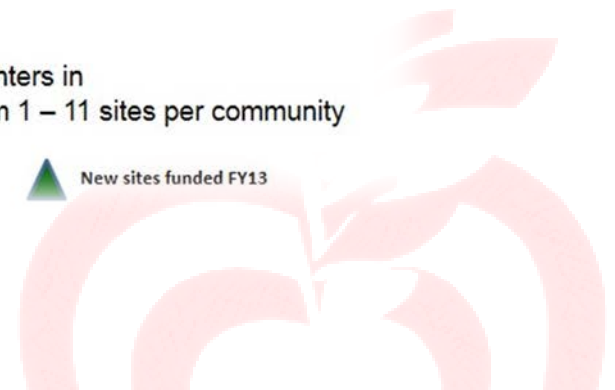
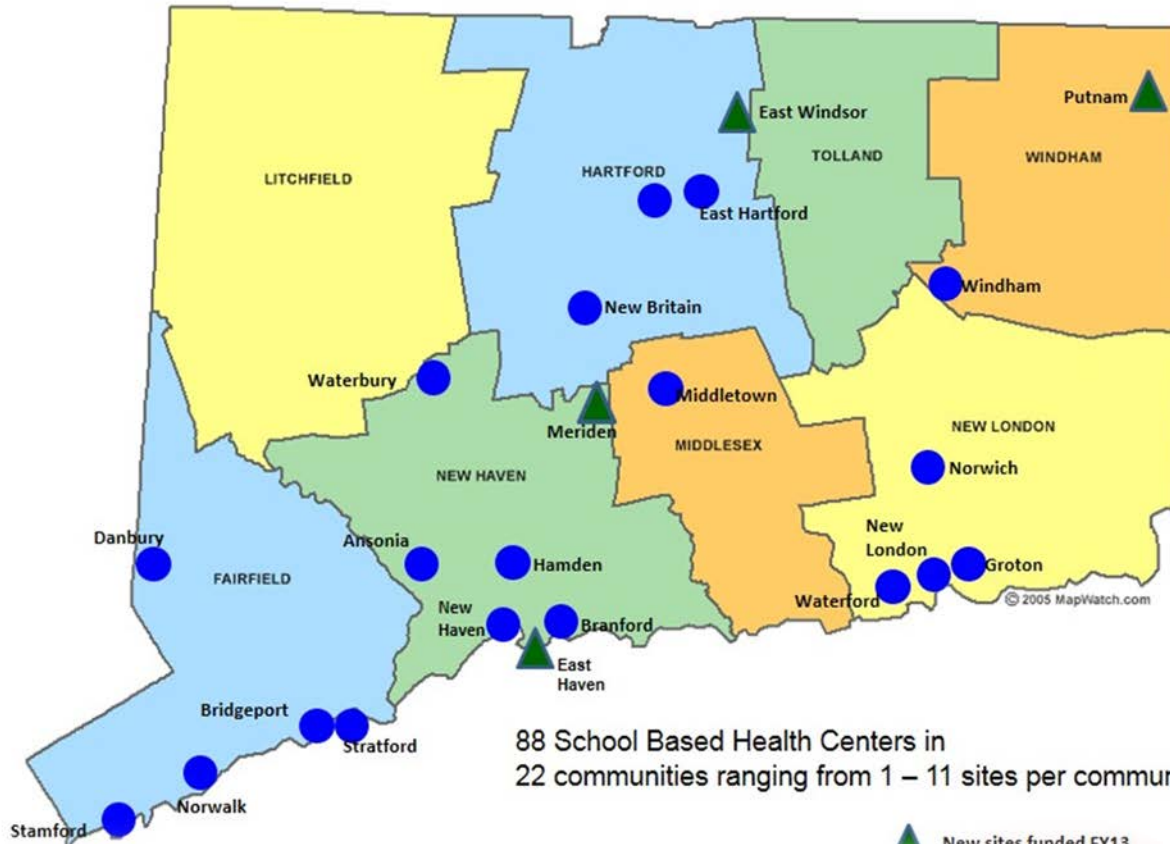


- ▶ CT continues to have the largest achievement gap between students of color and their peers. Low-income students are still far behind their classmates (US Dept of Education 2013)
- ▶ In CT, Black and Hispanic males are suspended or expelled at two to three times the rate as their White counterparts
- ▶ Black and Hispanic females are suspended/expelled at three to five times the rate as their White counterparts (CT Dept of Education 2013)
- ▶ Research confirms that health disparities affect educational achievement (Basch, 2010)





## Distribution of State-funded School Based Health Centers in Connecticut





## About CASBHC



- CT Association of School Based Health Centers is the single formalized voice of School Based Health Centers (SBHC) in CT
- 88 SBHCs sites in 22 communities are funded by the Department of Public Health
- Advocates for all SBHCs at the state and national level to address the health needs of children and adolescents
- Is a state-affiliate of the School Based Health Alliance, the national voice for SBHCs (2000 SBHCs in 46 states)

### Vision:

*All children and adolescents are healthy and achieving at their fullest potential.*





## Current Issues and Opportunities Impacting SBHCs

### *Issues impacting SBHCs on state and federal level:*

- No federal funding stream to support SBHC operations
- Maintenance of funding from CT legislature essential to sustain and expand SBHCs in new schools and communities
- CASBHC and 2 SBHC programs seeking funding to pilot a *Patient-Centered School Based Health Care* model with NY State SBHCs
- CASBHC, DPH, DSS, and private foundation will participate in a national Policy Learning Collaborative to fully integrate SBHCs into health reform initiatives in CT including payment reform





## What Do CT SBHCs need?

- **Maintain the integrity of the integrated care model through a definition in statute**
- **Need a reliable, robust data collection system**
- **Need data and reports consistently to demonstrate impact of SBHC services on student health status**
- **New sites need a single source of information for SBHC requirements, licensure information, and technical assistance**
- **CASBHC could be the training/technical assistance arm of the SBHC unit with funding from DPH or other consistent source**
- **CASBHC and DPH should develop annual quality improvement projects and work on them together**
- **SBHC sites need timely payment on contracts to function effectively**



# *Healthy Kids Make Better Learners!*

**For more information, contact:**  
Jesse White-Fresé, Executive Director  
CT Association of School Based Health Centers  
[jesse@ctschoolhealth.org](mailto:jesse@ctschoolhealth.org)

203-230-9976

Visit our website at [www.ctschoolhealth.org](http://www.ctschoolhealth.org)

**LIKE US ON FACEBOOK**  
**TWITTER @CTSchoolHealth**

