

### PURPOSE



The National Assembly on School-Based Health Care conducted the 2004-05 Census, the tenth count of school-based health centers (SBHCs) since 1986, to:

- Provide a better understanding of the role of SBHCs in meeting the needs of underserved children and adolescents,
- Collect up-to-date data on demographics, staffing services, operations, prevention activities, clinical policies and trends, and
- Create a national directory of programs.

### LOCATION OF SBHC (n=1234)

Census 2004-05 identified 1709 school-connected programs nationwide. This number includes school-based, mobile and linked programs. 1335 or 78% of known programs responded to the survey. These data on practices and operations during the 2004-05 school year were collected from October 2005 through October 2006. Efforts were made to confirm that non-respondents were open during the 2004-05 school year. This report describes the 1235 sites providing a minimum of primary care service, defined as having a staffing profile with a nurse practitioner, physician assistant or physician on school grounds. Programs not providing primary care services on school grounds are not presented in this report.

In School Building	87%
On School Property	11%
Mobile (non-fixed)	2%

### SCHOOLS (n=1222)

Settings for SBHCs are as varied as the types of schools in the United States. As schools nationwide re-design for students' academic success, SBHCs adapt to meet the age-appropriate needs of the students they are serving.

**80% of the programs report serving at least one grade of adolescents.**

**41% are designated as Title One schools.**

**6% of SBHCs are in alternative schools.**

**41% of SBHCs are in schools with more than 1000 students.**

High	30%
Elementary	20%
Middle	15%
Elementary/Middle	14%
K-12	14%
Middle/High	7%

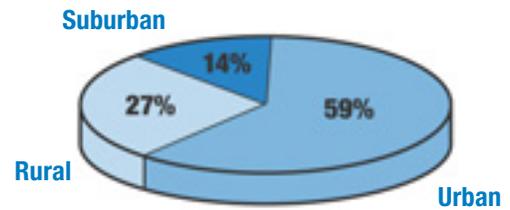
### ETHNIC/RACIAL PROFILE OF STUDENT POPULATION IN SCHOOLS WITH SBHCs (n=1235)

Students in schools with SBHCs are predominantly minority and ethnic populations that have historically experienced health care access disparities. 69% of SBHCs report that more than half of their student population is eligible for the United States Department of Agriculture's National School Lunch Program, which provides free and reduced lunch – a marker for underserved students.

Hispanic	34%
Black	30%
White	30%
Asian	4%
Native American	1%
Other	1%

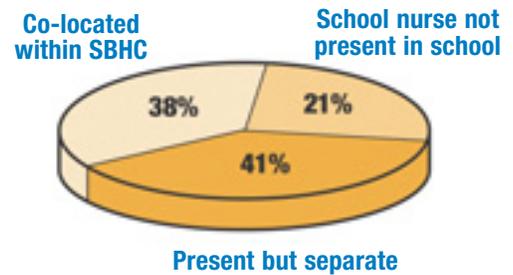
## SBHCs BY COMMUNITY CHARACTERISTIC (n=1235)

SBHCs are located in geographically diverse communities, with the majority (59%) in urban communities. Nearly one in three health centers is in rural schools. Sponsorship of SBHCs is most typically by a local health care organization, such as a hospital (29%), community health center (22%), and health department (17%). Other community partners include nonprofit organizations, universities and mental health agencies. Only 14% are sponsored by the school system.

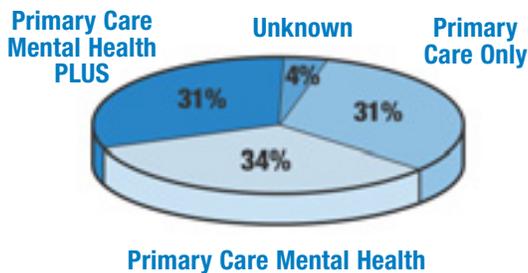


## SBHC PARTNERSHIPS: SCHOOL NURSES

School nurses and SBHCs (where they are both present) relate to each other in one of two ways: they either maintain separate facilities or co-locate within the same health suite. Some SBHCs partner with the school to serve children with special health care needs: 30% monitor medications; 24% serve on Individualized Education Program teams; 22% are involved in developing individual health plans; and 20% review medication recommendations. Other SBHC partnerships (non-sponsor) that contribute staff or in-kind services include school system (67%), local health departments (39%), hospitals (35%), state health departments (29%), mental health agencies (28%), universities (27%), and substance abuse agencies (13%).



## SBHC STAFFING MODELS (n=1235)



Staffing patterns in America's SBHCs can range from an on-site provider in a school four hours a week to six full-time equivalents. These come from multiple disciplines operating in a center that is open more than 40 hours each week. While there are many health care staffing configurations within SBHCs, the presence of primary care providers – in any combination of physician, nurse practitioner or physician assistant – is the common denominator. Three SBHC staffing patterns described here illustrate different approaches to school-based health care.

### PRIMARY CARE

The chief characteristic of this staffing model is what it doesn't have: a mental health professional. The primary care SBHC staff is typically comprised of a nurse practitioner or physician assistant with medical supervision by a physician. Clinical support is provided by a registered or licensed practical nurse with assistance from a medical clerk or health aide. In a small percentage of these SBHCs, staff may be augmented by social service, health education, or dental professionals.

### SBHC Staff and Mean Hours – (Hrs)/Week by Model

PROVIDER TYPE	N	% of All SBHCs	Primary Care Hours	PC-MH Hours	PC-MH+ Hours
Primary Care	1235	100	26	26	33
Mental Health	805	65	0	29	36
Nursing/Clinical Support	1071	87	44	55	59
Dental	153	12	24	0	25
Health Education	186	15	11	0	24
Nutrition	163	13	11	0	25

### PRIMARY CARE - Mental Health

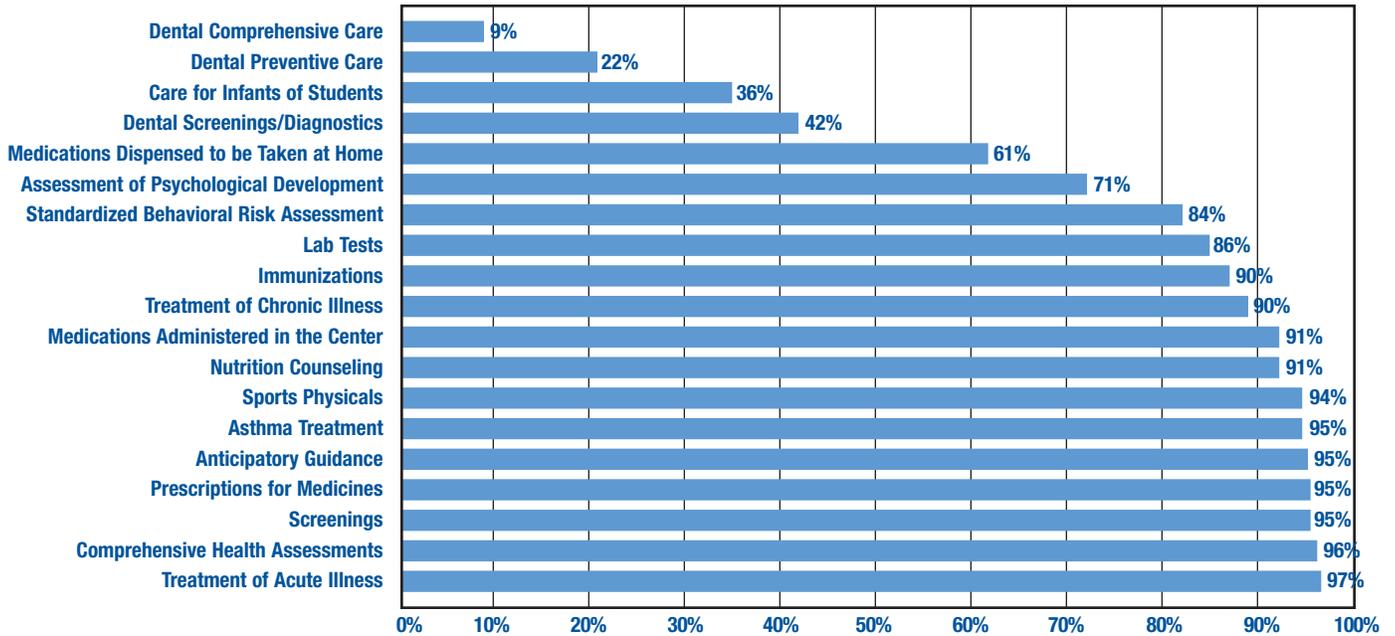
The largest group of SBHCs is staffed by primary care providers in partnership with a mental health professional – whether licensed clinical social worker, psychologist, or substance abuse counselor. Clinical and administrative support is similar to the primary care model.

### PRIMARY CARE - Mental Health PLUS

The third model is the most comprehensive. Primary care and mental health staff are joined by other disciplines to complement the health care team. The most common addition is a health educator, followed by social services case manager, and nutritionist.

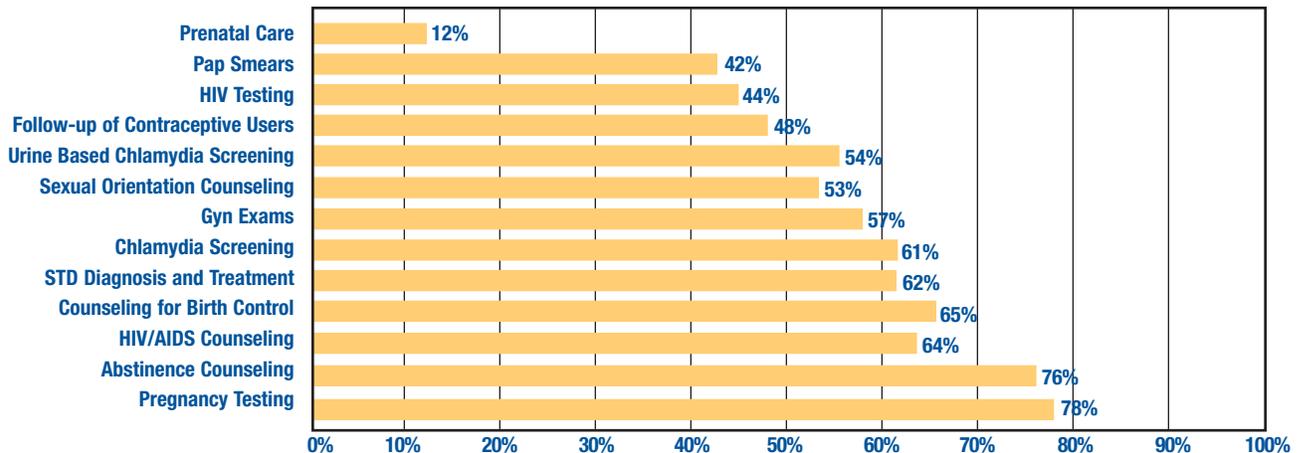
## PRIMARY CARE SERVICES PROVIDED BY SBHCs (n=1176-1259)

The majority of SBHCs provide the basic tools of primary preventive care. The most common components in the SBHC scope of service are comprehensive health assessments, anticipatory guidance, vision and hearing screenings, immunizations, treatment of acute illness, laboratory services, and prescription services.



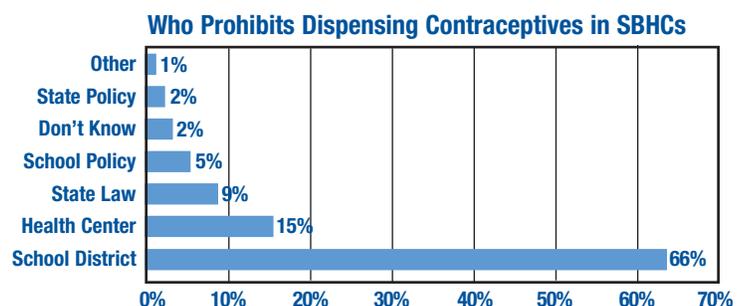
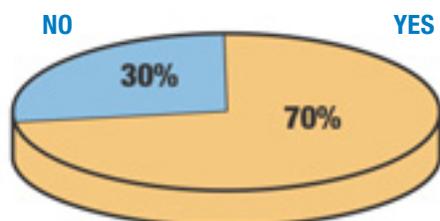
## REPRODUCTIVE HEALTH SERVICES OFFERED TO ADOLESCENTS ON SITE (n=897-931)

Health centers serving middle and high school aged students (n= 977) are more likely to offer abstinence counseling (76%) and provide on-site treatment for sexually transmitted diseases (62%), HIV/AIDS counseling (64%), and diagnostic services such as pregnancy testing (78%). Family planning services most often encompass birth control counseling (65%) and follow up (48%). A minority of health centers neither provide on-site nor refer to an off-site provider for any reproductive health services.



## CONTRACEPTION PROHIBITION (n=853)

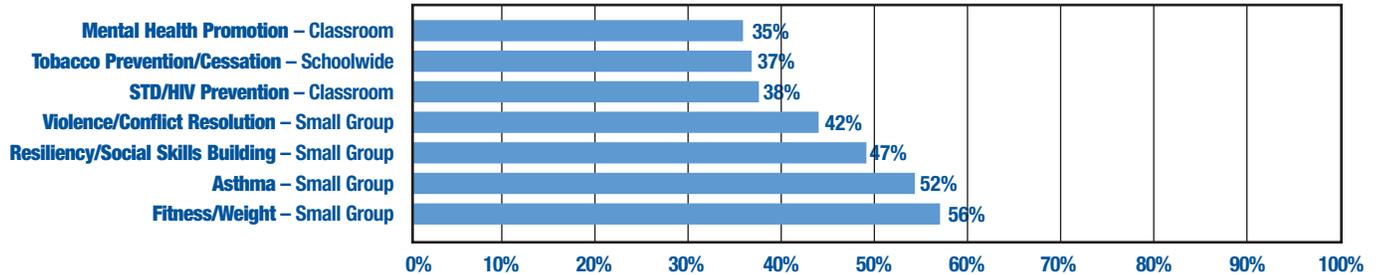
More than two-thirds of SBHCs are prohibited from dispensing contraception – a policy determined most often by the school district.



## PREVENTION, EARLY INTERVENTION, AND RISK REDUCTION

Most common prevention, early intervention, and risk reduction activities are provided to students individually through services such as immunizations (89%), vision, hearing, and scoliosis screenings (95%), and behavioral risk assessment (84%). A significant number of SBHCs are engaged in population-based health promotion in small groups, classrooms, and school-wide on topics including fitness and weight, asthma, dental, parenting, resiliency and social skills building, mental health promotion, as well as tobacco, alcohol and drug, violence, injury, pregnancy (abstinence and comprehensive), and STD/HIV prevention.

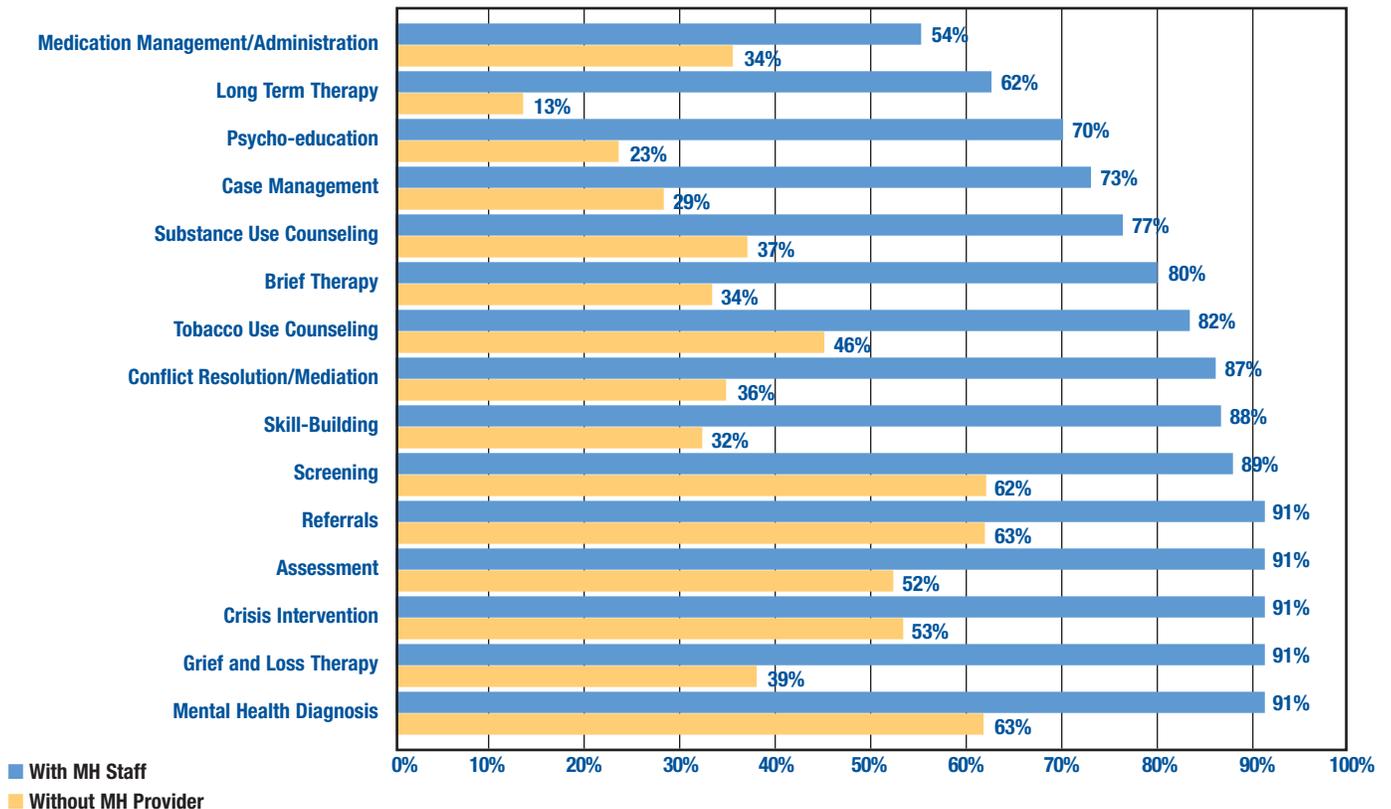
Selected Prevention, Early Intervention, and Risk Reduction Activities Offered by SBHCs



## MENTAL HEALTH SERVICES IN SBHCs WITH (n=805) AND WITHOUT (n=388) MENTAL HEALTH PROVIDERS

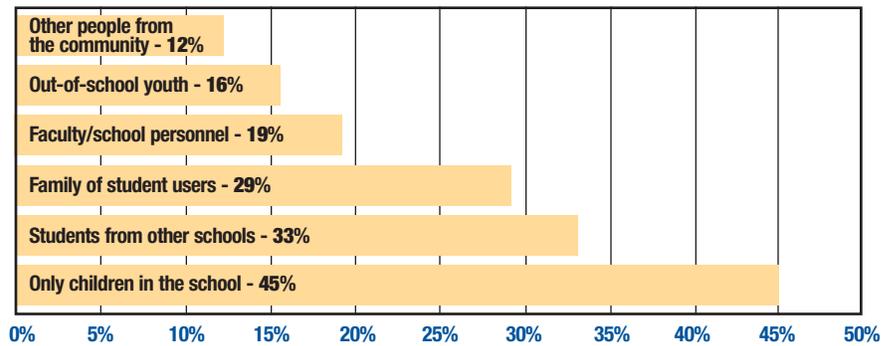
SBHCs offer a variety of on-site mental health and counseling services through several modalities, including individual, one-on-one counseling, student group counseling, family therapy, consultation, and case management. These services are more likely to be provided when mental health professionals are included as center staff, although these services are also delivered by primary care staff. Those services most frequently reported as provided by centers without mental health professionals on staff include referrals (63%), mental health diagnosis (63%), and screening (62%).

- Predominant MH Provider is Licensed Counselor/SW/Therapist (n=656 or 81% of programs with a mental health provider).
- Twelve percent (n=93) of SBHCs report having a drug and alcohol counselor on-site.
- Ten percent (n=77) reports having psychiatrist on-site.



## OTHER POPULATIONS SERVED BY SBHCs (n=1227)

Although the school population is the SBHC's primary target, many (55%) provide services to patients other than enrolled students: students from other schools in the community (33%); family members of students (29%); faculty and school personnel (19%); out-of-school youth (16%); and other community members (12%).



## PATIENT REVENUE AS % OF TOTAL SBHC BUDGET (n=845)

Most SBHCs bill third-party payers for health center visits, including Medicaid (72%), private insurance (50%), and the State Children's Health Insurance Program (45%). Twenty percent bill students or families directly. Two in three SBHCs report that patient revenue comprises less than 25% of their total budget, and only 8% report greater than 50% of their total budget.

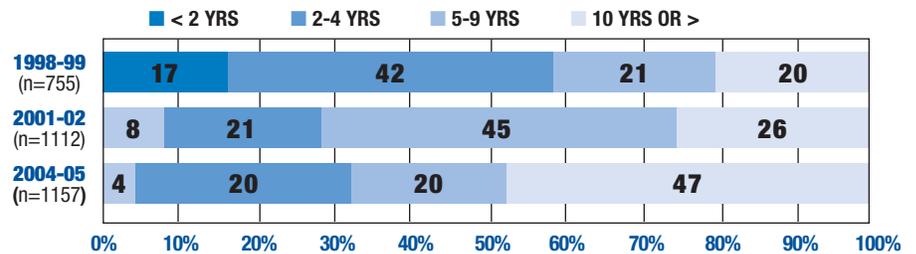
Non revenue funding sources including government entities are:

- State Government - 72%
- Private Foundations - 62%
- County/City Government - 42%
- Corporations/Business - 38%\*

\*Section 330 Public Health Service Act funding accounts for great majority of fed government source.

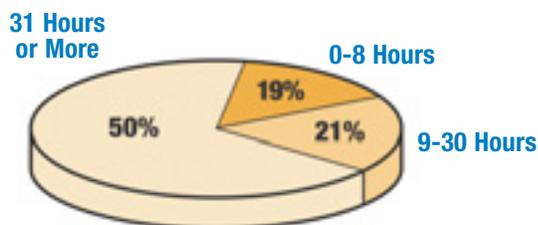
## LENGTH OF TIME SBHC HAS BEEN OPEN (n=1157)

67% of the nation's SBHCs are five years or older, up from 41% in 1998. 152 new centers opened since the 2001-02 census. Compared to 1998 and 2001, the cohort of new SBHCs (< 2 years) indicates less growth. Six percent reported that in the history of its operation the SBHC closed and re-opened its doors at least once.

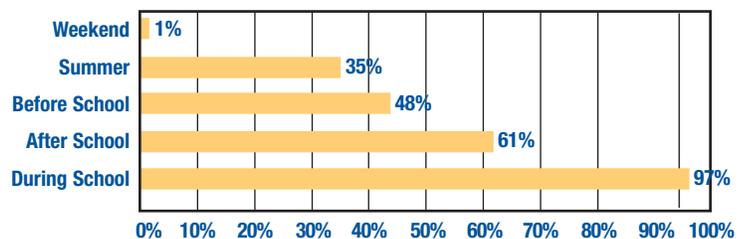


## SBHC HOURS OF OPERATION (n=1221)

The majority of SBHCs are open during normal school hours, and typically more than 30 hours per week. Some health centers provide expanded hours enabling students to make visits during out-of-school time, including after school (61%), before school (48%), and during the summer (35%). A small cohort of SBHCs are only open before and after school. 65% of SBHCs report having a pre-arranged source of after-hours care.



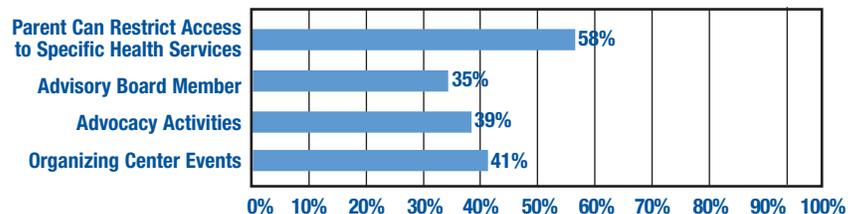
### Health Center is Open...

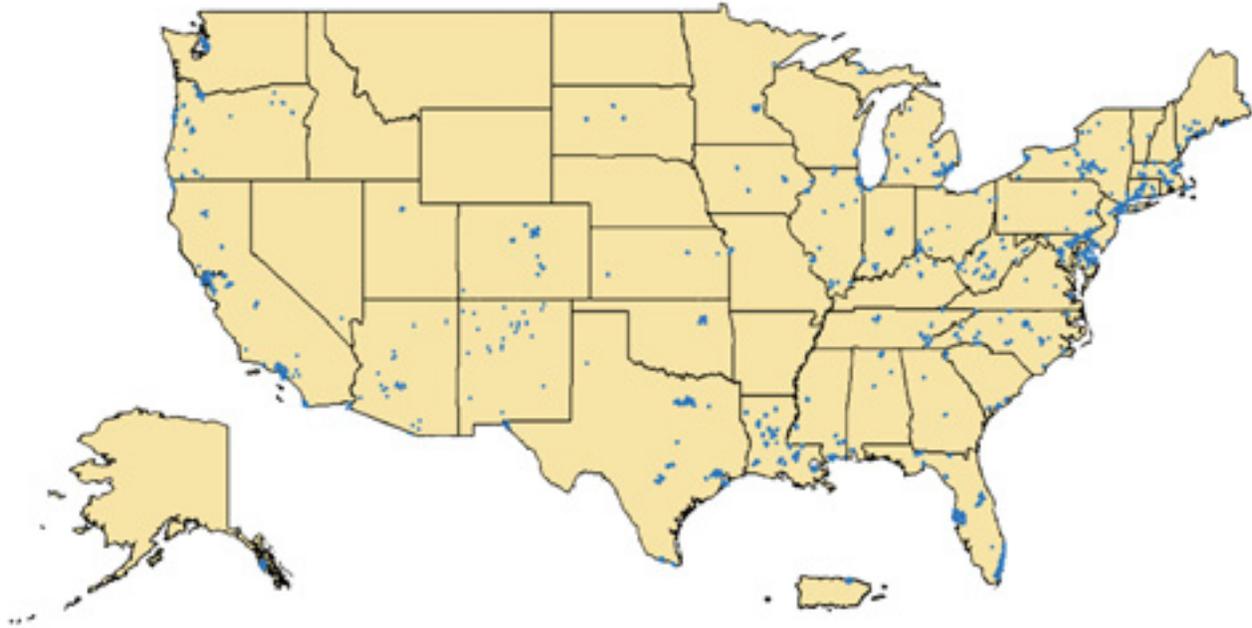


## PARENT ENGAGEMENT

Parent involvement in SBHCs most often occurs during enrollment when parental consent is required before the child receives the full range of services offered by the program. Some SBHCs allow parents to restrict their child's access to specific services. A minority of health centers engage parents directly in center governance, operations, and activities.

### Parent Engagement in SBHCs





Alabama	9	Iowa	15	New Hampshire	1	South Dakota	4
Alaska	2	Kansas	3	New Jersey	82	Tennessee	19
Arizona	91	Kentucky	15	New Mexico	42	Texas	72
California	140	Louisiana	56	New York	195	Utah	4
Colorado	36	Maine	27	North Carolina	51	Vermont	5
Connecticut	73	Maryland	64	Ohio	26	Virginia	18
Delaware	26	Massachusetts	57	Oklahoma	8	Washington	18
District of Columbia	5	Michigan	69	Oregon	45	West Virginia	41
Florida	123	Minnesota	21	Pennsylvania	23	Wisconsin	16
Georgia	3	Mississippi	36	Puerto Rico	2		
Illinois	53	Missouri	3	Rhode Island	7	<b>TOTAL</b>	<b>1708</b>
Indiana	88	Nevada	3	South Carolina	11		

For a complete view of the census results, view our Web site at [www.nasbhc.org](http://www.nasbhc.org)

## OUR MISSION

NASBHC represents those who support, receive, and provide health care to approximately 1700 schools and school-connected programs across America. We advocate for national and state policies, programs, and funding that sustain, grow, and integrate school-based health care into our nation's health care and education systems to promote greater academic success. We provide leadership, resources, and technical assistance to enable school-based health centers to deliver high quality services, become financially stable, and play an active role in public policy.

*The national census is conducted by the National Assembly on School-Based Health Care. This report was prepared by Linda Juszczak, John Schlitt, and Aisha Moore, May 2007. We gratefully acknowledge the support of the census advisors Leslie Mandel, Mona Mansour, Jan Marquard, Bob Nystrom, and Mayris Webber as well as the school-based health center professionals who generously provided data for their programs. This report honors the work they do each day. Funding for the 2004-05 census was provided by the Health Resources and Services Administration's Maternal and Child Health Bureau, Office of Adolescent Health and Bureau of Primary Health Care, Office of Special Populations, and the WK Kellogg Foundation.*

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