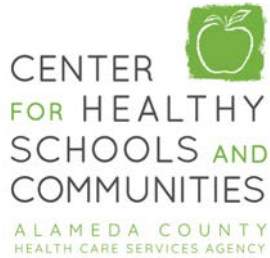


Health Clinic



Alameda County School Health Center Model

Bringing Health to Where Youth Are



Alameda County's school health centers have been dedicated to improving health and education outcomes for young people since 1989. Thank you to the many school health center staff, lead agencies, schools, districts, partners, and young people who engage in this critical work every day, and have contributed to the development of Alameda County's School Health Center Model and Spotlight Practices.

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School Health Center Model

School health centers are both health clinics and places for students to experience positive youth development opportunities. Successful school health centers go beyond co-locating services on a school site; they have trusting and collaborative relationships with youth, families, schools, health providers, and the community.

Since 1996, Alameda County has been innovating with school health centers, which have become a nationally recognized best practice for improving health care outcomes for young people. Today, our network of 28 school health centers offer a range of integrated and confidential health and wellness services to more than 13,000 students annually. And they are sustainable – we have never closed a school health center.

Our school health centers (SHC) are operated by licensed Federally Qualified Health Centers, contracted by the county and in partnership with the schools, districts, and other providers. Within the structure of our core model, the SHCs innovate and adopt best practices for health in schools. Our SHC are hopeful and optimistic places for all youth, where they experience authentic relationships with health providers and develop agency over their own health and lifestyle decisions.

The results? We see improved health and education outcomes among youth,

especially those most traditionally underserved. Research locally and across the country shows that SHCs help improve students' academic achievement by keeping students in school, addressing health and mental health needs that can make learning difficult, and building youth leadership. And we see integration between the educators and health providers that increases everyone's ability to support the success and wellness of students, their families, and staff.

While every school and community is unique, our model for a successful school health center includes five core program areas: medical, behavioral health, dental, health education, and youth development. These are supported by CHSC's foundational elements, which we believe are at the heart of any effective school health strategy. This model, and all of our tools, are publicly available on our School Health Works website at achealthy-schools.org/schoolhealthworks.



A Holistic Approach to Student Health and Wellness

Our network of 28 school health centers approach young people holistically, offering integrated health and wellness services. The Havenscourt Health Center conducts school-wide health screenings every year. They begin by bringing a reproductive health presentation to every science class for 8th through 12th graders. Then each student has a one-on-one medical and dental screening in the SHC. The screening also includes questions about risk behaviors and behavioral health. UCSF faculty, nursing students, and dental hygienists helped design and implement the screenings and classroom presentations. The school administration feels this approach has helped prevent or address issues before they interfere with students' learning. Last year the SHC screened over 350 students and provided necessary follow up services.

Core Program Areas

Medical Care

Medical care in a school health center is grounded in a collaborative relationship between a health provider and a student. Together they work to prevent, diagnose, and treat medical issues. By providing medical care in a youth-friendly, easily accessible way, SHCs greatly improve physical health outcomes for youth, especially among those historically underserved by traditional hospitals and clinics. Specific services include age-appropriate health screenings and psycho-social assessments, diagnosis and treatment of acute conditions, immunizations, sports physicals, first aid, family planning services and screening for sexually transmitted infections, obesity intervention, management of chronic health conditions, medical case management, and follow-up and referrals to a primary care provider or home clinic.

Behavioral Health Care

Social-emotional health is the foundation of a young person's success, in school and in life. Over one-third of visits to our school health centers are for behavioral health issues, and many students who come to SHCs with physical symptoms actually have underlying emotional issues, such as anxiety or stress.



Our SHCs provide an integrated model of behavioral health care, meaning that when SHC providers meet with a young person, they look at all the factors that influence well-being, including individual, family, school climate, and community issues. If a student needs social-emotional support, SHCs can link students to a full continuum of behavioral health supports, working closely with school staff and other behavioral health providers to coordinate care and ensure a warm hand-off. Inside a SHC, services mostly focus on crisis and brief interventions, and connecting to other providers for long-term care. Services can include individual and group counseling, alcohol, tobacco and other drug counseling, and psychiatric medication management.

Dental Care

Regular dental care and good dental hygiene is a healthy habit with a life-long payoff, and having access to a dental home is an important part of universal access to care. Recognizing that students with toothaches have lower GPAs and miss more school, we have expanded dental care among our SHC network. All SHCs provide school-wide dental screenings and referrals for urgent care, with some providing sealants and dental health education school-wide. SHCs with a dental operatory provide full dental care, including cleanings, x-rays, and fillings.



Integrating Efforts to Meet Student and School Needs

In one instance, we opened a new school health center on an educational complex serving two preschools, an elementary school, and two high schools. Recognizing that elementary school students wouldn't access the clinic in the same way the older students did, the SHC staff worked with the elementary school to identify the needs of their younger population. The school was struggling with classroom behavior related to ADHD and exposure to trauma that affected the children's ability to learn. Together with school leadership, the SHC developed an integrated approach to supporting both students and school staff. The SHC pediatrician and behavioral health clinician developed ADHD protocols, and provided training for teachers and school staff on ADHD and classroom behavioral support strategies. They also provided similar information for families. The clinician screened all fifth grade students using a tool called Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Follow-up included intervention sessions with all students who screened positive for trauma exposure, and ongoing consultation with teachers and staff as needed. As a result, the school administration and teachers gained access to more services for their students, and also increased their own capacity to address the social-emotional and behavioral needs of their students. The students who were struggling in the classroom received much needed support from all the adults in their lives – teachers, clinicians, and family.

Health Education

Health education and promotion encompasses clinical health education, health promotion, and school climate activities. Clinical health education services include one-on-one and group support around specific health issues, e.g., family planning or nutrition.

Health promotion activities are school-wide in focus, and involve health campaigns, peer health education, health fairs, or classroom presentations. Health education topics cover a broad range, for example: unintentional injury prevention (a leading cause

of death among young adolescents); drug and alcohol prevention; sexual health; violence and dating violence prevention; nutrition and fitness; decision-making; and other personal skills contributing to overall health and wellness. SHCs also participate in positive school climate initiatives and promote positive social-emotional development.

Youth Development

In order to thrive, young people need positive supports and opportunities that promote their healing, capacity, and action. School health centers play a vital role in supporting students'

healthy development by providing a safe environment with caring adults, and opportunities for participation in authentic leadership and skill-building experiences. SHCs are very intentional about incorporating the ideas and experiences of youth themselves in shaping programs and services to meet their needs. SHCs help youth develop critical thinking skills and enhance their capacity to advocate for their own health and the health of their schools and communities through programs such as youth leadership and advocacy programs, Youth Advisory Boards, peer health education, and mentorships and internships.

Foundational Elements

Our school health center model includes a set of foundational elements that are essential for the growth, impact, and long-term stability of any school health initiative.

Transformative Leadership

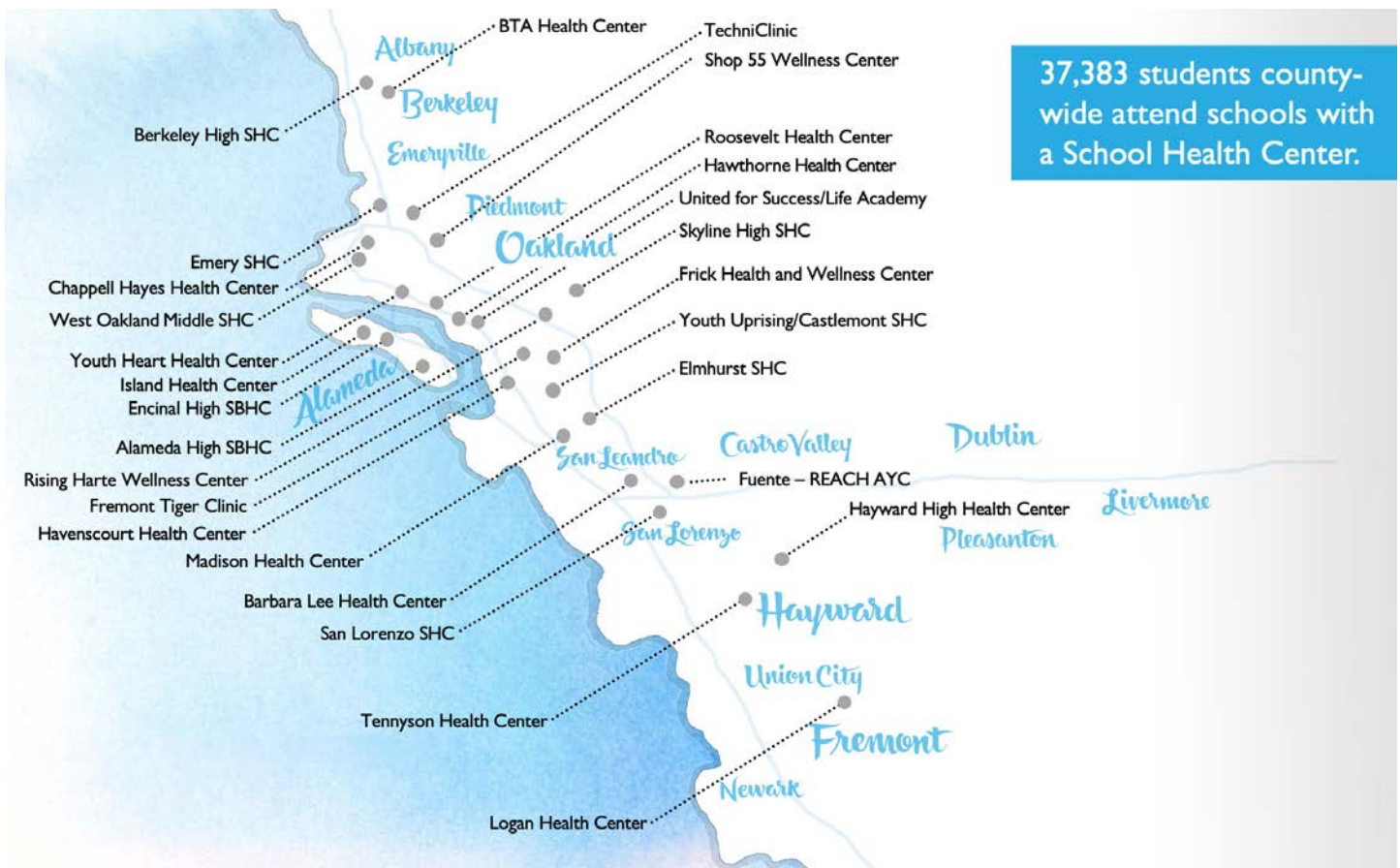
Thinking and Acting Beyond Boundaries

School health centers are embedded within a complex health care system. They must question some of the assumptions and the status quo of traditional primary care and work creatively with educational leadership to solve problems and build

opportunities for young people to succeed. SHCs promote transformative leadership by:

- Proactively engaging diverse stakeholders on the school campus – specifically, site administration, other public and non-profit providers, youth, and families – to plan and implement successful SHC programs and services.
- Seeking out and incorporating the perspectives, experiences, ideas, and actions of youth through advisory boards, peer health educators, student research teams, etc.

Figure 1. Alameda County School Health Centers 2019



Capacity Building

Strong Organizations, Strong People

Investing in the capacity of individuals and organizations strengthens their ability to manage change and support young people's healthy development. School health centers combine the expertise of the health and education fields to build the capacity of all stakeholders in a school community by:

- Providing trainings and professional development for school staff, administrators, service providers, and parents on a range of school health topics, from child development to understanding the needs of specific underserved populations.
- Participating in teams, committees, and learning communities focused on improving services for students, school climate, data sharing, common protocols, etc.
- Implementing a comprehensive model that goes beyond traditional primary care.
- Sharing best practices, lessons learned, and wisdom.

Dynamic Partnerships

Deep Collaboration Creates Deeper Impact

When health providers partner with schools around a shared vision of student success and wellness, their collective impact is greater than the individual organizations acting alone. School health centers promote alignment by adopting partnership practices such as:

- Integrating seamlessly into the school environment and engaging the school as health and wellness partner, e.g., participating in collaborative structures, joint goal-setting, developing formal letters of agreement, and supporting school-wide health promotion and staff wellness.
- Working closely with other providers on campus and in the community to ensure smooth, comprehensive supports for students that are responsive to their needs, especially health, behavioral health, and afterschool providers.

Equity Lens

Each and Every Child Gets What They Need to Thrive

SHCs address complex issues of race, class, and poverty by increasing access to health care and improving educational outcomes in the highest need communities; identifying and examining disparities in a community; embracing cultural humility; and engaging groups whose voices are not traditionally heard. School health centers promote equity by:

- Using data to identify and reach out to the most underserved youth who are at highest risk for school failure, such as boys and men of color, LGBTQI youth, and immigrant youth.
- Ensuring that each child's needs are met through comprehensive school-wide screening and assessments.
- Partnering with community organizations that serve target populations traditionally underserved by the health care system to strengthen their connection to the health and education systems.



All Our Sons and Brothers: The Latino Men and Boys Program

In Alameda County and nationwide, Latino youth face significant barriers to accessing health care. One of our responses to this issue has been to support equity-focused projects to increase the number of young men of color that utilize the SHCs. Four SHCs host the Unity Council's Latino Men and Boys (LMB) program, which provides academic support, mentorship, health and wellness programs, career development, and culturally-based activities for young Latinos. By working with programs such as LMB, SHCs connect young men of color to the education and health care systems at a critical point in their development and for the rest of their lives. LMB connects over 200 young men with health information and resources annually, including a visit to their SHC. Evaluation has shown that LMB significantly improves participants' resilience, attendance, grades, self-esteem, and future orientation.

Infrastructure and Integration

Integrating Wellness as a Condition for Student Success

SHCs help districts ensure that all students get what they need to succeed. They are part of the infrastructure that aligns siloed health and wellness efforts and integrates them into the academic program. CHSC and the SHCs contribute to building the infrastructure through:

- District and site-level agreements that identify services, staffing, referral processes, partnership communication, use of facilities and school health priorities.
- SHC participation in coordination of services teams (COST).
- Partnering with district/school site leadership to identify and implement policies and practices.

Focus on Impact

The Destination Defines the Journey

The SHC is nationally recognized model demonstrating increased access to care, improved health and education outcomes, and high levels of satisfaction. Successful SHCs define and track progress toward clear results; make mid-course adjustments; and focus on impact by:

- Following a comprehensive evaluation plan that includes clear targets and outcomes, data collection systems for qualitative and quantitative data, a centralized database, and quality improvement goals.
- Using data reports for patient outcomes, sustainability, and to inform program improvement.

Smart Financing

Sustainability Starts on Day One

School health centers need ongoing, reliable sources of funding and an adequate infrastructure. Developing reliable cost and revenue estimates for SHC sustainability is challenging given the patchwork of Federal, state, local, and private funding sources, each with their own set of requirements that support the centers. SHC smart financing requires:

- Investing public dollars to provide a base allocation for core operations and to ensure universal access to services
- Blending funds across public, non-profit, private, and philanthropic sources to maximize resources
- Being financially sophisticated and developing the related billing infrastructure, especially around Medicaid policies and reimbursement/revenue structures.

Stakeholder Engagement

All Stakeholders Have a Voice

All stakeholders are recognized as valuable members of the school community. This means that staff, students, caregivers, partners, and district leaders are informed and given the opportunity to engage in planning and implementation of school health efforts, i.e., providing input and feedback, serving on planning and advisory committees, and leading implementation.



Evaluation: An Essential Element for SHC Growth

Since 2003, CHSC has contracted the University of California, San Francisco, to create a county-wide SHC evaluation. This allowed the different agencies leading the SHCs to measure their efforts and outcomes in a standard way and enabled us to show the collective results of the work. The evaluation created alignment among all partners and helped define the current SHC model. Over time, the evaluation results have garnered significant support for SHCs locally and nationally, helped secure dedicated funding, and brought in new partners. As the SHCs and evaluation have grown, the county-wide evaluation continues to drive improvement and a shared vision.

Operations

School health centers bridge two worlds, and therefore have the added complexity of working within both the health and education systems. There are many nuances to the operations of our SHCs that ensure they are welcoming and effective, while navigating the rules and regulations of both schools and health clinics.

Access

Any student can walk into a school health center for available services and not be turned away, regardless of their insurance status. School or partner staff and parents can also refer students for services. SHCs work with their school administration to decide on hours of operation and to create policies and protocols for how and when students go to the SHC. For example, some sites offer first aid daily during school hours and some SHCs deliver hall passes for appointments to teacher mailboxes. The details of these arrangements must be worked out on a site-by-site basis.

Facilities

School health center facilities include the components of a complete health clinic, with a waiting room, exam rooms, and lab space; however, the facility must comply with school building codes as well as clinic building codes. The design of a SHC must also be welcoming to teens and maintain their confidentiality.



Staffing

School health center services are provided by staff from a combination of the lead agency, various community partners, city and county departments, and the school. Staffing may include a SHC coordinator, front desk clerk or administrative assistant, enrollment/eligibility worker, school nurse, health educator, nurse practitioner, physician, mental health counselor, and substance abuse counselor. SHC staff may be employed by various partners but it is important that they are collaborative and passionate about working with youth.



Lead Agencies

In Alameda County, SHCs are operated by a lead agency, usually a Federally Qualified Health Center, under contract with the Center for Healthy Schools and Communities. SHC lead agency responsibilities include:

- Providing an on-site coordinator and overseeing the operations of the SHC;
- Participating in school service coordination meetings (e.g., SST, COST, etc.) with all on-site service providers (e.g., health, mental health, after-school, family engagement) to support the development of a service delivery system that goes beyond the co-location of services to a fully integrated system of care;
- Developing and maintaining an ongoing mechanism for engaging youth, families, school, and community input;
- Providing at least a one-to-one match to county core funding through other funding sources, including school, city, state, Federal, private, and third-party reimbursement;
- Participating in county-wide planning, coordination, and evaluation to strengthen SHC as a model for increasing universal access to health and wellness for children and youth;
- Maintaining all required licenses and special permits issued by Federal, state, and local agencies related to the services it provides.

Impact

We have partnered with an external evaluator to conduct county-wide school health center evaluations since 1998. Since that time, our SHCs have dramatically increased access to health and wellness supports and shown positive impacts for the youth they serve. For the SHC evaluation, we collect standardized data from all the SHCs in order to document and share results.

Serving Students and Community Members

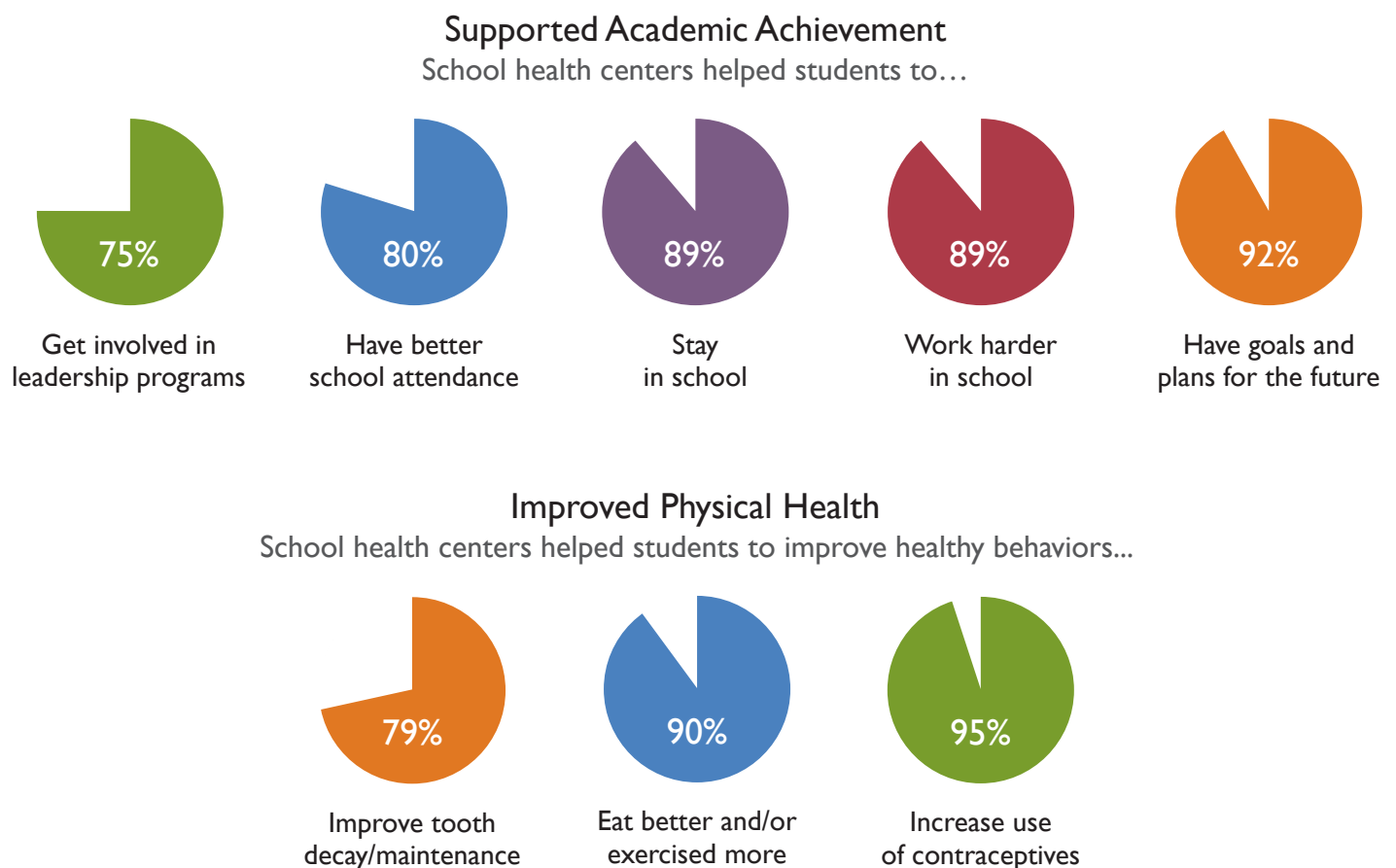
Over the past ten years, as the number of SHCs has grown from 12 (in 2008-09) to 28 (in 2018-19), annual clinic visits have increased by 69% (from 39,754 to 56,762); and the number of clients has increased by 99% (from 7,410 to 14,500). Overall, 60% of the clients are female; over half Latino (52%), 21% African American and 13% Asian/Pacific Islander. While the majority (61%) are 15-19 years old, clients of all ages are served. Over one-third (38%) of clients are from the broader community, including graduates, family and community members,

and out-of-school youth. In the main schools served by the SHCs, 24% of the combined school population are registered clients.

Achieving High Client Satisfaction

Most clients (62%) return for multiple visits, demonstrating the value of integrated services. Nearly all clients agree that the SHC staff treat them with respect (100%), listen carefully to what they have to say (99%), and keep their information private (99%). Moreover, 96% report that the SHC helps them feel they have an adult to turn to if they need help.

Figure 2. Results and Impact





Providing Needed Care

Nearly all clients report that the SHC is easy to get help from when they need it (98%), is a safe place to go if they have a problem (99%), and helps them miss less school or class time, as opposed to having to go somewhere else for help (91%).

Reaching Beyond Walls

SHCs reach beyond clinic walls to provide public health services to the entire student population, including over 20,000 first-aid contacts, 9,000 reproductive health ed contacts, 4,500 dental screenings, and 3,000 nutrition health education contacts.

Improving Student Health Outcomes

Nearly all clients report the SHC helped them learn to take better care of their health (98%); to use protection (like condoms, birth control) more often (96%); to deal with stress/anxiety better (93%); and to stop using or use less tobacco, alcohol, or drugs (81%).

At the 12 sites with full dental care, 84% of clients were found to have some dental decay at baseline. Demonstrating the effectiveness of these services, the decay improved or did not worsen over time in 85% of the clients.

Improving Student Success

Without health services on or nearby campus, students might have missed a portion of the school day to have their health needs addressed. After their SHC visits, nearly all clients (98%) were sent back to class rather than sent home or to an outside provider during the school day. Moreover, most of the clients re-reported that the SHC helps them have goals and plans for the future (89%) and get better grades (81%).

About Us

The profound and persistent health and educational inequities in this country require innovative and collaborative solutions. Far too many communities suffer from poor outcomes due to an absence of supports and resources, or “opportunity structures,” that enable children and families to thrive, such as quality schools, accessible health care, and economic opportunity. It is the leadership charge of the public sector to address these inequities by carefully targeting resources and supporting the voices of young people and their families. The Center for Healthy Schools and Communities is part of Alameda County Health Care Services Agency’s answer to that charge – working across sectors to build School Health Initiatives that ensure all youth graduate from high school healthy and ready for college and careers.



School Health Works

CHSC’s School Health Works website offers resources and tools for health and education leaders to build school health initiatives that transform public systems and support all children to thrive.

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