



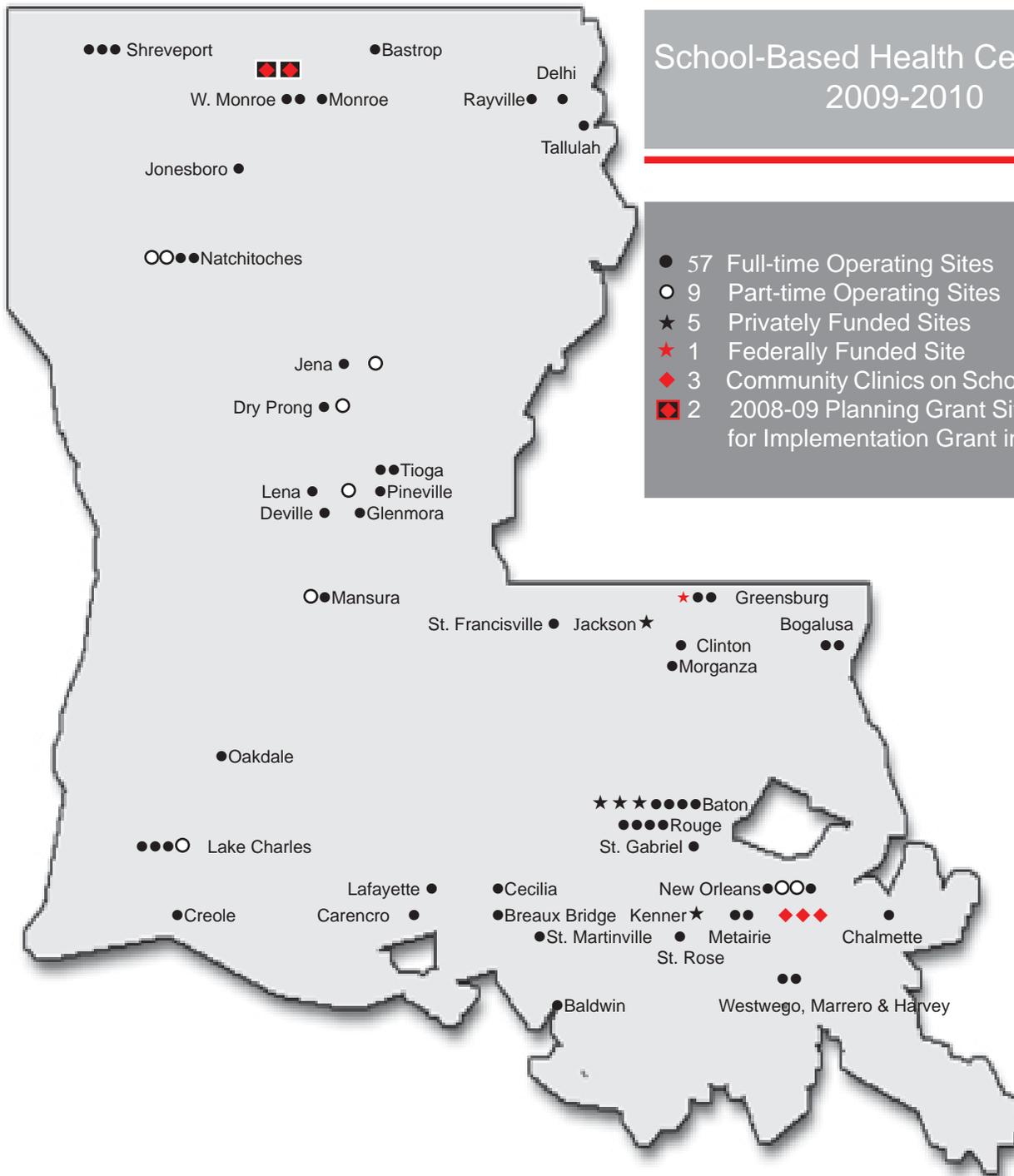
Section One

Program Highlights and Overview



School-Based Health Center Sites 2009-2010

- 57 Full-time Operating Sites
- 9 Part-time Operating Sites
- ★ 5 Privately Funded Sites
- ★ 1 Federally Funded Site
- ◆ 3 Community Clinics on School Campuses
- ◆ 2 2008-09 Planning Grant Sites Unfunded for Implementation Grant in 2009-10



Alphabetic Listing of SBHCs by Parish

Allen Parish **Oakdale**

Oakdale Middle

Avoyelles Parish **Mansura**

Mansura Middle
Avoyelles Charter

Caddo Parish **Shreveport**

Atkins Elementary
Linwood Middle
Woodlawn High

Calcasieu Parish **Lake Charles**

Combre-Fondel Elementary
Clifton Elementary
Molo Middle
Washington-Marion High

Cameron Parish **Creole**

South Cameron High

E. Baton Rouge Parish **Baton Rouge**

Capitol High
Glen Oaks High
Glen Oaks Middle
Istrouma High
Northeast Elementary
Northeast High
Prescott Middle
Westdale Middle
Broadmoor High (Privately Funded)
Glasgow Middle (Privately Funded)
Scotlandville Middle (Privately Funded)

E. Feliciana Parish **Clinton**

Clinton High

Grant Parish **Dry Prong**

Dry Prong Jr. High
Pollock Elementary

Iberville Parish **St. Gabriel**

East Iberville Elementary and High

Jackson

Jackson Complex (Privately Funded)

Jackson Parish **Jonesboro**

Jonesboro Jr. and Sr. High

Jefferson Parish **Harvey**

West Jefferson High

Kenner

Bonnabel High (Privately Funded)

Marrero

John Ehret High

Metairie

Riverdale High

Westwego

Butler Elementary

Lafayette Parish **Lafayette**

Northside High
Carencro Middle

LaSalle Parish **Jena**

Jena Jr. High
Jena Sr. High

Madison Parish **Tallulah**

Madison High

Morehouse Parish **Bastrop**

Morehouse Jr. High

Natchitoches Parish **Natchitoches**

Cloutierville Elementary
Marthaville Elementary
Lakeview Jr. and Sr. High
Natchitoches Central High

Orleans Parish **New Orleans**

O. Perry Walker High
McDonogh 35 High (Closed Mid Year- No Data)
McMain High
Science and Math High
(Community Clinics)
Douglass High (Privately Funded)
Behrman Elem. (Privately Funded)
Henderson Elem. (Privately Funded)

Ouachita Parish **Monroe**

Carroll Jr. High Magnet

W. Monroe

Riser Middle
West Monroe High

Point Coupee Parish **Morganza**

Pointe Coupee Central High

Rapides Parish **Deville**

Buckeye High

Glenmora

Glenmora Elementary and High

Lena

Northwood PreK-12

Pineville

Pineville Jr. High

Lessie Moore Elementary

Tioga

Tioga Jr. High

Tioga Sr. High

Richland Parish **Delhi**

Delhi Jr. and Sr. High

Rayville

Rayville High

St. Bernard Parish **Chalmette**

Chalmette High

St. Charles Parish **St. Rose**

Albert Cammon Middle
St. Rose Elementary

St. Helena Parish **Greensburg**

St. Helena Central Elementary
St. Helena Central Middle
St. Helena Central High (Federal Funding)

St. Martin Parish **Breaux Bridge**

Breaux Bridge Schools

Cecilia

Cecilia Schools

St. Martinville

St. Martinville Schools

St. Mary Parish **Baldwin**

West St. Mary High

Washington Parish **Bogalusa**

Bogalusa High

Bogalusa Jr. High

W. Feliciana Parish **St. Francisville**

Family Service Center

OPH Funded SBHCs

2009 - 2010
Academic Year

| Region Parish | SBHC Location | Grades Served | Number Schools Served | Total Student Enrollment | Total SBHC Registration | % SBHC Students Enrolled | Total Patients Served | |
|-------------------|---------------------------|--|-------------------------------------|--------------------------|-------------------------|--------------------------|-----------------------|-------|
| I | Jefferson | Butler Elementary | K-9 | 3 | 2,058 | 1,534 | 75% | 572 |
| | | Ehret High (New) | 9-12 | 1 | DNA | DNA | DNA | DNA |
| | | Riverdale High | 6-12 | 2 | 1,231 | 900 | 73% | 687 |
| | | West Jefferson High | 9-12 | 1 | 1,350 | 1,025 | 76% | 541 |
| | Orleans | McDonogh 35 High | (Closed Mid-year) | | DNA | DNA | DNA | DNA |
| | | O. Perry Walker High | 9-12 | 1 | 859 | 671 | 78% | 418 |
| | | Science & Math Charter * & McMain Secondary* | 7-12 | 2 | 1,086 | 1,086 | 100% | 1,028 |
| | St. Bernard | Chalmette High | 8-12 | 1 | 1,294 | 1,256 | 97% | 1,226 |
| II | Iberville E.B.R. | E. Iberville Elem & High | (Closed Mid-year) | | DNA | DNA | DNA | DNA |
| | | Istrouma High | 9-12 | 2 | 881 | 711 | 81% | 425 |
| | | Westdale Middle | 6-8 | 1 | 911 | 817 | 90% | 546 |
| | | Glen Oaks High | 9-12 | 1 | 746 | 601 | 81% | 394 |
| | | Glen Oaks Middle | 6-8 | 1 | 308 | 281 | 91% | 210 |
| | | Prescott Middle | 6-8 | 1 | 289 | 266 | 92% | 250 |
| | | Northeast Elementary | K-6 | 1 | 458 | 458 | 100% | 446 |
| | | Northeast High | 7-12 | 1 | 674 | 671 | 100% | 422 |
| | E. Felic. W. Felic. | Capitol High | 9-12 | 1 | 402 | 340 | 85% | 225 |
| | | Clinton High | 6-12 | 2 | 796 | 754 | 95% | 556 |
| | Pointe Coupee | Family Service Center | PreK-12 | 5 | 2,317 | 2,107 | 91% | 1,686 |
| | | Pointe Coupee High | PreK-12 | 2 | 935 | 833 | 89% | 470 |
| | III | St. Charles | Albert Cammon Mid (New) | PreK-8 | 2 | DNA | DNA | DNA |
| St. Mary | | West St. Mary High | 6-12 | 2 | 1,318 | 1,173 | 89% | 453 |
| IV | Lafayette | Northside High | 9-12 | 1 | 960 | 789 | 82% | 706 |
| | | Carencro Middle (New) | 6-8 | 1 | DNA | DNA | DNA | DNA |
| | St. Martin | Cecilia | PreK-12 | 4 | 2,643 | 2,391 | 90% | 1,002 |
| | | Breaux Bridge | PreK-12 | 6 | 3,154 | 2,854 | 90% | 770 |
| | St. Martinville | PreK-12 | 4 | 2,361 | 1,926 | 82% | 849 | |
| V | Allen Calcasieu | Oakdale Middle | 5-12 | 3 | 698 | 655 | 94% | 1,003 |
| | | Washington-Marion | 9-12 | 1 | 597 | 553 | 93% | 440 |
| | | Clifton Elementary | PreK-5 | 1 | 253 | 242 | 96% | 211 |
| | | Molo Middle | 6-8 | 1 | 597 | 553 | 93% | 342 |
| | | Combre-Fondel* | PreK-5 | 1 | 368 | 365 | 99% | 272 |
| | Cameron | South Cameron | PreK-12 | 1 | 320 | 315 | 98% | 267 |
| VI | Avoyelles | Avoyelles Charter* & Mansura Middle | K-12 | 2 | 1,439 | 1,315 | 91% | 1,146 |
| | | Grant | Dry Prong Jr. & Pollock Elementary* | PreK-8 | 3 | 1,054 | 1,014 | 96% |
| | LaSalle Rapides | Jena Jr. & Sr. High* | 7-12 | 2 | 617 | 602 | 98% | 505 |
| | | Buckeye High | 6-12 | 1 | 940 | 940 | 100% | 695 |
| | | Glenmora | PreK-12 | 2 | 608 | 608 | 100% | 465 |
| | | Northwood | PreK-12 | 1 | 788 | 788 | 100% | 644 |
| | | Pineville & Lessie Moore* | PreK-8 | 2 | 1,066 | 993 | 93% | 799 |
| | | Tioga Jr. High | 7-8 | 1 | 515 | 503 | 98% | 441 |
| | | Tioga Sr. High | 9-12 | 1 | 836 | 836 | 100% | 583 |
| | | VII | Caddo | Linwood Middle | 6-8 | 1 | 655 | 467 |
| Atkins Elementary | PreK-5 | | | 1 | 450 | 450 | 100% | 347 |
| Woodlawn High | 9-12 | | | 1 | 659 | 659 | 100% | 526 |
| Natchitoches | Lakeview Jr. & Sr. High | | 9-12 | 1 | 288 | 288 | 100% | 348 |
| | Natchitoches Central High | | 9-12 | 1 | 1,284 | 1,163 | 91% | 812 |
| | Marthaville Elementary* | | PreK-8 | 1 | 377 | 358 | 95% | 269 |
| | Cloutierville Elem & Jr.* | | PreK-8 | 1 | 407 | 368 | 90% | 302 |

| Region | SBHC Location | Number | | Total Student Enrollment | Total SBHC Registration | % SBHC Students Enrolled | Total Patients Served | |
|--------------|--------------------|--------------------------|----------------|--------------------------|-------------------------|--------------------------|-----------------------|-----|
| | | Grades Served | Schools Served | | | | | |
| VIII | Jackson | Jonesboro Middle & Sr. | 3-12 | 2 | 744 | 505 | 68% | 304 |
| | Madison | Madison High | PreK-12 | 3 | 1,458 | 897 | 62% | 587 |
| | Morehouse | Morehouse Jr. High (New) | 6-12 | 2 | 1,438 | 374 | 26% | 281 |
| | Ouachita | Riser Middle | PreK3-8 | 5 | 1,939 | 1,143 | 59% | 924 |
| | | West Monroe High | PreK4-12 | 3 | 2,305 | 1,623 | 70% | 992 |
| | | Carroll Jr. & Sr.High | 7-12 | 2 | 909 | 865 | 65% | 520 |
| | Richland | Delhi Jr. & Sr. High | PreK-12 | 4 | 1,283 | 1,123 | 88% | 612 |
| | | Rayville High | PreK-12 | 5 | 1,894 | 1,174 | 62% | 668 |
| IX | St. Helena | Central Elementary | PreK-4 | 1 | 534 | 475 | 89% | 374 |
| | | Central Middle | 5-8 | 1 | 375 | 368 | 98% | 306 |
| | Washington | Bogalusa High | 9-12 | 1 | 510 | 479 | 94% | 427 |
| | | Bogalusa Jr. High | 7-8 | 1 | 524 | 498 | 95% | 350 |
| TOTAL | 28 Parishes | 66 SBHCs | 107 | 58,091 | 47,404 | 82% | 32,078 | |

* *Part-time Satellite Clinics*
DNA *Data Not Available*

Louisiana SBHCs Funded by Other Sources

Jackson Complex SBHC

Jackson Complex SBHC opened in December 2005 through funding from Hurricane Katrina relief money from the W.K. Kellogg Foundation. The SBHC receives financial assistance from the Primary Care Providers for a Healthy Feliciana Community Clinic and grants from various foundations including one from the National Association of Coordinated Health Centers (NACHC).

St. Helena Central High SBHC

In 1999, the St. Helena Central High SBHC began serving students upon receiving funding from the Health Resources and Services Administration, Bureau of Primary Care.



Bonnabel High SBHC

Bonnabel High SBHC opened in March of 2009 and is operated by the Jefferson Parish School System. Medical services are provided by Ochsner Medical Foundation. Funding is from the Jefferson Parish School System, Ochsner Medical Foundation, and community donations. The school serves Ralph J. Bunche Academy as a feeder school with van transportation.

Scotlandville Elementary

Broadmoor High

Glasgow Middle

Scotlandville Elementary SBHC opened in January 2007 through funding from the W.K. Kellogg Foundation, as well as the East Baton Rouge Parish School System.

Broadmoor High and Glasgow Middle are also in East Baton Rouge Parish. Both SBHCs opened during the 2009-2010 school year and were established through collaborative efforts of Health Centers in Schools, the East Baton Rouge School System, and private funders.

| Region | Parish | SBHC Location | Grades Served | Number Schools Served | Total School Enrollment | Total SBHC Registration | % SBHC Students Enrolled | Total Patients Served |
|--------------|-------------------|---|-----------------------|-----------------------|-------------------------|-------------------------|--------------------------|-----------------------|
| I | Jefferson | Bonnabel High | 9-12 | 2 | 1400 | 800 | 57% | 516 |
| II | E. Feliciana | Jackson Complex | K-12 | 1 | 778 | 626 | 81% | 581 |
| II | E. Baton Rouge | Scotlandville Elem. Broadmoor High Glasgow Middle | PreK-5 9-12 6-8 | 1 1 1 | 448 1036 570 | 332 490 485 | 74% 47% 85% | 332 278 378 |
| IX | St. Helena | Central High | 9-12 | 1 | 319 | 245 | 77% | 235 |
| Total | 4 Parishes | 6 SBHCs | | 5 | 4,545 | 2,003 | 44% | 1,664 |

**Community Health Clinics
Located on School Campuses**

The Interim LSU Public Hospital received partial funding through a grant from the U. S. Department of Health and Human Services to operate three community health clinics, located

on school campuses throughout the city of New Orleans. These clinics are staffed by hospital employees. The clinics provide services to the students, as well as the surrounding communities.

Highlights

Initial Operating Grants

The ASHP awarded six planning grants in FY 08-09 and all six successfully completed the planning process. In FY 09-10, ASHP obtained budget approval for increased dollars to issue a call for proposals for implementation grants. Applications for implementation dollars are subject to the same rigorous competitive review process as are planning grant applications. Although sponsors for all six planned sites submitted excellent proposals, OPH/ASHP could only fund four based on the funding available. The following four sponsors were awarded initial operating grants.

Jefferson Parish School System (JPSS)

The JPSS opened its fourth SBHC at Ehret High School on the West Bank of Jefferson Parish. Ehret is the largest high school in the metropolitan New Orleans area with an enrollment of approximately 1800 students. JPSS partnered with Ochsner Health System as the medical provider for Ehret.

Lafayette Parish School System (LPSS)

The LPSS partnered with Opelousas General Health Services as the medical provider for a

new SBHC at Carencro Middle School. This is the second SBHC in Lafayette Parish and the first one sponsored by the school system.

Morehouse Community Medical Center (MCMC)

The MCMC, a Federally Qualified Health Center (FQHC), established a SBHC at Morehouse Junior High. The center will also serve Bastrop High School and the combined enrollment of the two schools is about 1400 students. This is the first SBHC to open in Morehouse Parish.

St. Charles Community Health Center (SCCHC)

The SCCHC opened the first SBHC in St. Charles Parish at Albert Cammon Middle School. The SBHC will also serve St. Rose Elementary School. This is only the second SBHC in all of Region 3, along with St. Mary Parish. SCCHC is a FQHC.

Certifying non-OPH SBHCs for Medicaid

The ASHP office, as part of its technical assistance and monitoring function, certifies non-OPH funded SBHCs as eligible to bill Medicaid as a SBHC provider type. To achieve this certification, a SBHC must meet all of ASHP's requirements, as detailed in the *Principles*,

Standards and Guidelines for SBHCs in Louisiana. This Medicaid certification authorizes the SBHC to receive a waiver to meet the requirement of needing a primary care physician referral for children age 10 or older, in order to be reimbursed for services provided in the SBHC. In 2009-2010, ASHP certified the following sites as eligible to apply as the SBHC provider type with Medicaid:

- Bonnabel High, sponsored by Jefferson Parish School System, Jefferson Parish
- Glasgow Middle and Broadmoor High, sponsored by Health Centers in Schools, East Baton Rouge Parish

Electronic Medical Record (EMR)

The SBHCs in the greater New Orleans area entered year three of a Robert Wood Johnson Foundation grant that enabled 10 SBHCs (both OPH and non-OPH funded) to adopt Electronic Medical Records (EMRs) and to receive technical assistance from the Louisiana Public Health Institute to ensure full usage and adaptation to the SBHC environment. Across the state, SBHCs are pursuing the adoption of EMRs and are being assisted through the efforts of the Louisiana Health Care Quality Forum and other initiatives dedicated to the use of EMRs as one tool in the pursuit of achieving better health outcomes.

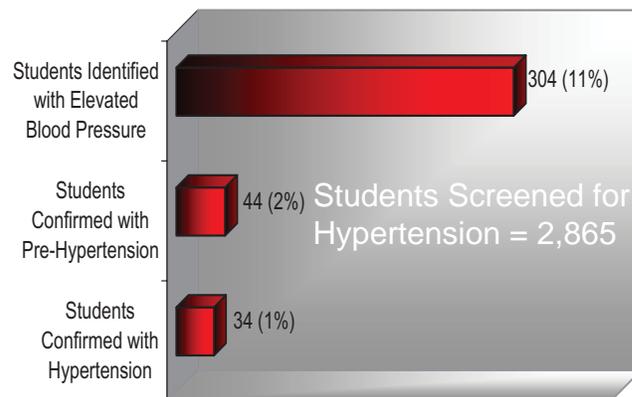
Collaboration with Office of Public Health's (OPH) STD and HIV Programs

The ASHP continued its collaboration with OPH's STD and HIV Programs through distribution of Starlims software and printers to newly opened SBHCs and providing SBHC staff with access to HIV training sessions. Starlims is a Web-based system used by OPH's laboratory and the STD program that allows clinics to use computers to generate requisitions for lab tests and to print barcode labels for specimens. Starlims also allows a clinic to look up test results online.

Hypertension Project

ASHP received a \$68,585 grant from Blue Cross/Blue Shield (BC/BS) Foundation of Louisiana to screen, diagnose, treat and manage hypertension in school age youth. The initial program focused on five pilot sites. The dollar amount of the grant is the projected amount that it costs to provide a

person with kidney dialysis for one year. Renal failure is just one possible side effect of untreated hypertension. As part of the project, ASHP staff and the SBHC field staff worked together to revise the *ASHP Hypertension Best Practice* to include the most current American Academy of Pediatrics (AAP) and Center for Disease Control and Prevention (CDC) guidelines; standardize coding and data collection across the five sites; develop protocols for lab work, follow up, and referral; and add a lifestyle counseling component as part of follow up procedures. The results of the pilot were impressive.



Following the pilot, BC/BS granted a rollover of remaining funds that allowed ASHP staff to train personnel in the remaining 60 SBHCs in project protocols so that SBHCs statewide could continue this important program into the 2010-2011 school year.

Obesity

2009-2010 is the third year that ASHP has provided the Louisiana Obesity Council with prevalence data on Body Mass Index (BMI) for students who visit Louisiana's SBHCs. The BMIs are calculated using the CDC formula which is specifically designed to determine BMI in children. ASHP Best Practice guidelines require that height and weight measures be taken at least once per year on any child that visits the SBHC. SBHCs collected height and weight data on 16,057 students, consisting of 7,607 boys and 8,450 girls. The combined total for boys and girls showed that 295 students (1.84%) were underweight, 9,048 (56.35%) were within the normal weight range, 2,383 (14.84%) were overweight, and 4,331 (26.97%) fell into the obese category. For all categories, the percentage of girls was higher than the percentage of boys.



The staff at the Allen Parish SBHC initiated a “Testimonial Campaign” as a type of “satisfaction survey” and advocacy effort for the SBHC. They received 225 testimonials from the students and over 20 from parents. The staff sent 156 of these testimonials to Governor Jindal and to various other officials within state government, especially administrators within the Department of Health and Hospitals. The idea caught on with other SBHCs around the state. Here are just a few of the “rave reviews” the SBHCs received.

From Students at the Allen Parish School-Based Health Center

“The reason why I like going to the School-Based Health Center is because everyone in there is sweet and very caring. I feel safe, warmth and loved when I go in there. Everyone in there knows what they are doing and also knows how to make you feel better. Also, they make you feel important and I know whenever I need something, I can count on them!”

“I like going to our School-Based Health Center because they are always friendly. Mrs. Phyllis Crawford is always there when you need her. Mrs. Sylvia Crawford always knows the right care each patient needs. The nurses always call in medicine for any treatment you may have. I know my family trusts them because they are always on top of things. The School-Based Health Center is the best place to go for any treatment.”

“I like going to our School-Based Health Center because if I’m sick, they give me the medicine required. I like going there for another reason: the kind nurses tell me what type of things I should and shouldn’t do and what I should and shouldn’t eat. When I go there, there’s no reason to be afraid because the nurses are nice and the treatments are quick.”

“I like going to our School-Based Health Center because it allows us to learn what we need if

we return to class. It allows us to get physicals in our school if we are going to participate in sports. The SBHC lets us learn about our bodies and what happens when we do drugs with their informative posters. When I have a problem they fix my problem and let me go back to class.”

From Parents and Students at St. Martin Parish School-Based Health Centers

“The School-Based Health Center was and has been wonderful to my son. They have helped him to cope and deal with problems and with school. It is also great to have the center to call or bring my child to, when I am not able to get a doctor’s appointment the day he is ill. In addition, some schools are able to have a bus come to school to pick-up students who don’t have transportation to the health center. That is very much needed for the parents who work and are not able to leave work or those parents on foot during the day.”

Catahoula Elementary Parent and School Employee

“The nurses are friendly and helpful. The counselor is very good at helping my child with his problem with test fear, anger and not wanting to stay in school.”

Catahoula Elementary Parent

“They give a lot of help to parents and kids. It is very good for the system.”

Catahoula Elementary Student

“I like that it is quiet and not too loud. Also everyone is very nice and caring, and also how they are very calm.”

St. Martinville High Student

“I think the SBHC is very nice. The students get to come to the health center while they are attending school. It is just a few minutes of school to be missed for any sickness. They get to be treated here or sent home if need be. The children are very well taken care of with a wonderful staff.”

St. Martinville Parent

From Students at the O. Perry Walker School-Based Health Center

“O. Perry Walker School-Based Health Clinic has an excellent staff that is always generous, kind, loving, and helpful. Every time I come in the clinic I feel like I am at home because the staff treats me like family.”

“The SBHC has helped me not miss days and stay in school. The treatment was nice and helped whenever I had a headache.”

“The SBHC has helped me stay in school and not miss days. The treatment was nice and now my bones feel 100% better since Dr. King helped me. Thanks for the help!”

“The SBHC has had a huge impact on my health by me not being able to see a doctor. I can always come to the clinic, return to class and get my lesson without missing school.”

“SBHC has had a pretty big impact on my life as far as confidence, acceptance and guidance. The team members are an absolute joy to hang around! They’re very serious about their work and they do it well. No child is left behind-ever! I enjoyed and cherished my times with them and will always keep their kind words and helpful advice at heart. I am utterly grateful for them.”

“The impact the SBHC has had on my health was and still is that they are always there when you need them. They would never not have what you need and plus they help you with other things other than what they’re paid to do. For example, they help you with problems to help you understand them better. Also they help to keep students in school by not turning their backs to them and most of all they always are able to answer any question that you throw at them. They just have loving and warming attitudes towards everyone at all times.”

“They are loving people. They care for the kids and they are positive role models. They are women who combine working for us with fun. They love their job and the kids. They care for us like their own.”

“The clinic is very helpful for our school because sometimes students will go home because they are not feeling good. Now all they have to do is go to the clinic. There are some students who do not have medical insurance so this is easy access for them when they are at school.”

“My comment on the social worker is that she is kind and sweet and always very supportive. The nurses and doctors took care of me very good. The nurses always have anything that I need. The doctors treated me with excellent care.”

SBHC Funding History

| Fiscal Year | Funding Source | Number of SBHCs |
|--------------------|--|---|
| 1987-88 1989-90 | Robert Wood Johnson (RWJ) Foundation grant Louisiana Legislature asks OPH to study SBHC expansion | 2 in Baton Rouge 1 in New Orleans |
| 1990-91 | Adolescent School Health Initiative Act passes, authorizing OPH to develop SBHCs | |
| 1992-93 | Maternal and Child Health (MCH) Block Grant | Affiliation established with 1 SBHC in W. Feliciana & the 3 RWJ SBHCs |

| | | |
|---------|---|---|
| 1993-94 | MCH Block Grant | 5 new SBHCs open in rural & inner city urban areas |
| 1994-95 | MCH Block Grant; \$1.6 million in one-time state funds; Child Care & Development Block Grant for day-care activities; RWJ Making the Grade Planning Grant | 1 new SBHC opens; 14 in planning stages; 10 supportive projects |
| 1995-96 | MCH Block Grant; \$2.5 million in state budget; RWJ Making the Grade Planning Grant | 5 new SBHCs open; 8 continue planning |
| 1996-97 | MCH Block Grant; \$1.6 million RWJ Foundation Implementation Grant; \$2.65 million state legislative appropriation | 23 operational SBHCs 8 planning for 1997-98 operation |
| 1997-98 | MCH Block Grant; continuation of RWJ Foundation grant; continuation of state legislative appropriation | 30 operational SBHCs 7 planning for 1998-99 operation |
| 1998-99 | Continuation of existing funding sources; additional \$600,000 in state legislative appropriation | 35 operational SBHCs |
| 1999-00 | Last year of RWJ Foundation Grant; continuation of MCH Block Grant & state legislative appropriation; additional \$1,018,176 in state legislative appropriation | 40 operational SBHCs |
| 2000-01 | Continuation of MCH Block Grant & state legislative appropriation; additional \$1,618,588 in state legislative appropriation | 47 operational SBHCs 6 planning SBHCs |
| 2001-02 | Continuation of MCH Block Grant & state legislative appropriation; additional \$820,000 in state legislative appropriation | 53 operational SBHCs |
| 2002-03 | Continuation of MCH Block Grant & state legislative appropriation. \$100,000 in Prevention Block Grant to implement the <i>Best Practices for Prevention in SBHCs</i> Initiative | 51 operational SBHCs |
| 2003-04 | Continuation of MCH Block Grant, Prevention Block Grant, & state legislative appropriation. additional \$264,800 in state legislative appropriation | 53 operational SBHCs |
| 2004-05 | Continuation of MCH Block Grant & state legislative appropriation. | 54 operational SBHCs |
| 2005-06 | Continuation of MCH Block Grant & state legislative appropriation. | 47 operational SBHCs |
| 2006-07 | Continuation of MCH Block Grant; additional \$1.6 million in state legislative appropriation | 52 operational SBHCs 9 planning grantees projected |
| 2007-08 | Continuation of MCH Block Grant; additional \$855,284 in state legislative appropriation. | 62 operational SBHCs |
| 2008-09 | Increase in MCH Block Grant; additional \$325,000 in state legislative appropriation; 2.5% mid-year across the board increase to SBHC contracts | 62 operational SBHCs, 6 planning grants projected |
| 2009-10 | 4% across the board cut to existing SBHC contracts due to decrease in MCH Block Grant funding and state legislative appropriation; additional allocation for implementation grants led to four out of six planning grantees becoming operational; two sites received one time legislative line item appropriation | 66 operational SBHCs |

Primary Goal

To provide convenient access to preventive and primary health services for students who might otherwise have limited or no access to health care.

To meet the physical and emotional health needs of adolescents at their school sites.

Community Participation

All health centers must originate as a community initiative. State funding is dependent upon evidence of broad community participation.

Sponsoring Agency

The sponsoring agency must be either a public or a private non-profit institution (i.e., health center, hospital, medical school, health department, youth serving agency, school or school system) locally suited and fiscally viable to administer and operate a health center serving the needs of school age youth.

School and School District

The host school should agree to work cooperatively with its health center, particularly in developing and implementing a full-scale coordinated school health program. School board approval is a prerequisite for a grant of state funds for planning or operation.

Services

SBHCs must offer comprehensive preventive and primary health services that address the physical, emotional, and educational needs of its student population. Services provided should include medical screenings; treatment for common illnesses and minor injuries; referral and follow-up for serious illnesses and emergencies; on-site care, consultation, referral and follow-up for pregnancy; chronic diseases and disorders; and emotional and mental/behavioral health problems; comprehensive physicals; immunizations; laboratory testing; and preventive services to reduce high-risk behaviors.

Parental Consent

A parent or guardian must sign a consent form, approved by school authorities, for a student to receive health center services. Parents may indicate which services they do not wish their

children to receive by submitting a written statement of exclusion.

Operating Policies

The hours of operation should ensure that students have easy access to the center's services. In general, SBHCs should have both before and after-school hours and should operate for some period of time during the summer.

Every School-Based Health Center is required to promote abstinence. Centers are prohibited by state law from distributing contraceptives or abortifacient drugs or devices, and from counseling or advocating abortion, or referring any student to an organization for counseling or advocating abortion.

Staffing

Services at the school health centers are provided by multi-disciplinary teams including physicians, nurse practitioners, registered nurses, and licensed behavioral health professionals. In addition, the SBHC is staffed with an office assistant and an administrator.

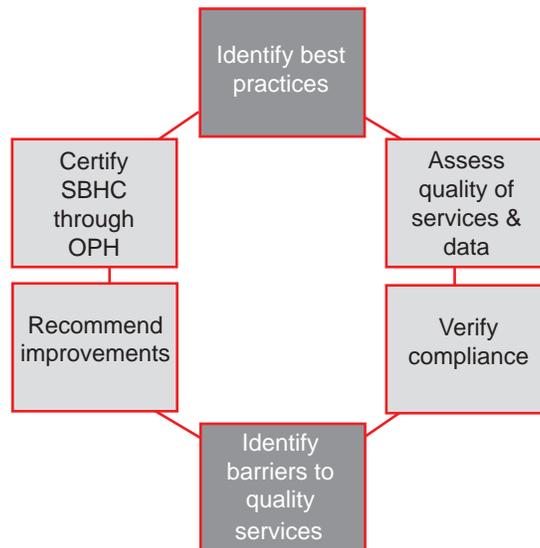
Selection Criteria

The ASHP seeks to provide services to young people with limited or no access to health care providers. Grants are made through a competitive call for proposals process with decisions based upon the socioeconomic and health needs of the student population to be served, the health services available in the communities, the level of community support, the likelihood of success in developing and operating SBHCs that will fulfill its service objectives, financial stability, sustainability and the working relationship between the schools and health care communities.

Continuum of Care

Centers must execute cooperative agreements with community health care providers to link students to support and specialty services not provided at the school site. Centers must arrange 24-hour coverage, ensuring that students have access to services during non-operating hours, including nights, weekends, holidays and summer vacation.

Purpose of CQI On-Site Reviews



Continuous Quality Improvement Tools

LAPERT I
focuses on verifying the SBHC's self-reported performance in 3 areas: administrative, medical, and behavioral health.

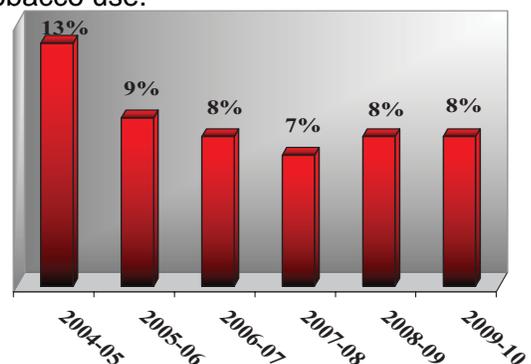


LAPERT II
focuses on core sentinel conditions and consists primarily of patient chart audits and data.

Results of Continuous Quality Improvement

ASHP uses the Louisiana Performance Effectiveness Review Tools I and II (LaPERT I & II) to conduct quality assurance reviews. LaPERT I was adapted from the New York quality assurance tool and LaPERT II was based on the National Assembly on School-Based Health Care's protocol. LaPERT I evaluates a SBHC's adherence to overall standards and LaPERT II focuses on sentinel conditions, such as comprehensive physical exams, immunization rates, asthma management, data management, academic achievement, and health insurance enrollment. Nine SBHCs were reviewed in 2009-10 as part of the rigorous continuous quality improvement program. Improvements continue to be measured.

- Overall immunization rates improved during the year. When randomly selected charts were audited, the number of students with up-to-date immunizations increased from 62% in the first quarter, to 87% in the fourth quarter.
- For students receiving a comprehensive exam, 100% of charts audited had documentation of a tobacco screening and, if necessary, counseling to address tobacco use.
- Of random charts audited during site visits, 100% had a yearly height, weight, blood pressure and body mass index documented. In addition, all random charts audited were up-to-date with immunizations.
- SBHC staff work closely with school personnel and have been able to document improved grades for students who were previously struggling.
- SBHCs continue to make an impact on keeping rates of uninsured students low (see chart at right).





The Adolescent School Health Program (ASHP) launched the Best Practices for Prevention in SBHCs Initiative in 2001-2002. The Best Practices are a set of clinical guidelines for SBHC preventive services based on national recommendations. SBHC staff participates in ongoing educational workshops where the guidelines are highlighted. As the SBHCs implement the Best Practices, they also measure success by collecting outcome data. The Best Practices have been incorporated into the ASHP Continuous Quality Improvement (CQI) Program and correspond to the core measures of quality that are evaluated on site visits.

To date the following Best Practices have been developed: Type 2 Diabetes Screening, Hypertension Screening, Immunization Administration, Cervical Cancer Screening, Sexually Transmitted Diseases (STD) Screening, Tobacco Cessation, and Resource Tool for Comprehensive Physical Exams.

Comprehensive Physical Exams Including Risky Behavior Assessment

Promoting positive, long term health outcomes through prevention and wellness programming is the cornerstone of the SBHC model of physical and behavioral health care. Adult health habits, both good and bad, are often established during adolescence. Some adolescents engage in risky behaviors that can jeopardize their current health and lead to poor health later in life. Therefore, it is important to identify these risky behaviors in youth and attempt to change these behaviors to more positive habits. As standard procedure, SBHCs administer an assessment of risky behaviors to all students who receive comprehensive physical exams. During the 2009-10 school year, students completed 8,383 risk assessments. Providers identified the following risky behaviors:

injury, educational circumstance, substance use/abuse, family circumstances, high-risk sexual behavior, behavioral and interpersonal problems, family disruption, dietary issues, bereavement, and other concerns. Once issues are identified, providers counsel students regarding specific risks and engage them in adopting alternate behaviors that prevent these risks from becoming bad health habits. This may be done in individual counseling sessions or through group sessions whereby students support one another to adopt healthy behaviors. By identifying risky behaviors early and providing health education counseling, SBHCs can prevent students from developing bad habits that contribute to poor health outcomes in adulthood.

Screening for Sexually Transmitted Disease (STD) and Human Immunodeficiency Virus (HIV)

STDs can cause serious illness, including chronic pain, infertility, infections in the unborn child, and potentially fatal ectopic pregnancies. Persons with STDs are more susceptible to contracting HIV/AIDS. National data indicate that HIV infection and AIDS remain a leading cause of mortality and morbidity in the United States. A large percentage of people are diagnosed with AIDS in early adulthood. This means that they contracted HIV as adolescents, or earlier. Survival decreased as age at diagnosis increased among persons at least 35 years old at diagnosis and in comparison with persons younger than 35. Early detection and treatment of STDs/HIV can prevent chronic disease and deaths, thus saving lives, improving a person's quality of life and productivity, and reducing health care costs.

ASHP has a Best Practice for both STD and HIV screening/prevention. Based on the Center for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP)

guidelines, ASHP's Best Practice recommends STD screening for any student who is sexually active or has symptoms that may indicate the existence of an STD. The CDC guideline for HIV is that all patients aged 13-64 be screened routinely for HIV infection, regardless of risk. Currently SBHCs are encouraged, but not required, to implement rapid HIV testing for students within the CDC recommended age range. In conjunction with the OPH STD/HIV Program, ASHP coordinates training for SBHC staff in STD/HIV screening, treatment, referral and counseling protocols and procedures.

In 2009-2010, SBHCs performed 751 STD screenings, a 9% increase over 2008-2009. There were 3,396 HIV screenings, representing a 46% increase over the previous year total. Students who test positive for STDs are either treated within the SBHCs, or referred out. Students who test positive for HIV are referred to appropriate resources. SBHCs provide health education and counseling for all students with concerns related to STDs and HIV, whether or not a student is found positive for these conditions. For information on STDs and HIV from CDC, click on the following links:

<http://www.cdc.gov/std/>

<http://www.cdc.gov/hiv/>

Screening for Hypertension & Type 2 Diabetes

Obesity is a major risk factor for the development of hypertension and type 2 diabetes in youth. SBHCs continue to identify at risk youth with hypertension and type 2 diabetes. During the 2009-2010 school year, 808 students at risk were screened for type 2 diabetes at SBHCs across the state. Twelve, or 1.5%, of the students screened tested positive for type 2 diabetes and were referred to their primary care physician for follow up. The SBHCs are available to assist in monitoring and management of the disease. Weight reduction, along with an exercise program, is an important step in the management of both hypertension and type 2 diabetes. The school setting provides an excellent opportunity for education on lifestyle changes and the implementation

of policies and programs that can address obesity. The ASHP preceived a grant from Blue Cross Blue Shield of Louisiana to further refine procedures and protocols related to screening for hypertension. The program will be piloted in five SBHCs in FY 2009-2010 and will include lifestyle counseling on nutrition and physical activity as a component.

Immunizations

As part of their mission to provide preventive services to school-aged children in Louisiana, SBHCs provided 42,306 immunizations for their students throughout the year. In response to the H1N1 pandemic of the 2009-2010 school year, many SBHCs were integral partners in immunization drives, as well as providing education on how to prevent the spread of the disease.

Another example is the pivotal role the three SBHCs in St. Martin Parish played in the efforts of the school district to assist the community with preventive measures against influenza. The medical staff of the SBHCs teamed up with the school nurses to provide presentations to each of the schools on proper hand washing, which included using a black light, a video, handouts, and posters to remind students and staff of the importance of proper hygiene. In December, the coordinator of the three SBHCs organized and coordinated a collaborative effort between the SBHCs, the school nurse program, the Louisiana Department of Education, and the Office of Public Health to bring H1N1 vaccinations to the students and communities in St. Martin Parish. Three separate vaccination clinics were held on Saturdays and 1209 vaccinations were given. SBHC staff, school nurse staff, and Office of Public Health staff assisted in various capacities, including: registering patients; administering the vaccines; and crowd control. The vaccination clinic held at Breaux Bridge Junior High School, the location of one of the St. Martin SBHCs, had the highest turnout for all of Region IV. The school district would not have been able to provide this service if not for the SBHC staff.