

Benefits of School-Based Health Centers

School-Based Health Centers (SBHCs) place critically needed health-related services directly in schools to reduce access to barriers for children, families, and school personnel.¹

SBHC

Offers primary care services through a staffed primary care provider (e.g., nurse practitioner or physician assistant)²

Comprehensive SBHC

Offers primary care, behavioral health and other expanded services, including health education, dental, and vision services³

SBHCs can quickly become self-sustaining when start-up funds are available. Currently,

17 of 49

states, and the District of Columbia, have allocated state-run funds for administering SBHS grants.

SBHCs have grown from two to 52 since 2013.⁴ During the 2020 legislative session, the General Assembly allocated funding to support the development of another SBHC in Irwin County.⁵

THE NEED FOR SCHOOL-BASED HEALTH CENTERS



197,000

children in Georgia are currently uninsured⁷



41%

of children 3-17 struggle to, or are not able to, access needed mental health treatment and counseling⁸



47th

Georgia's rank in access to mental health care, resources, and insurance. Access is generally worse for rural communities¹⁰



28%

of counties don't have a licensed social worker or psychologist⁶



146,000

children in Georgia stay home sick more than 6 days a year²



38th

Georgia's current rank in overall child well-being¹¹

THE BENEFITS OF SCHOOL-BASED HEALTH CENTERS



Health¹²

Increased:

- Access to primary, oral, and behavioral health care
- Use of mental health and substance abuse services
- Access to the flu vaccination

Decreased:

- Emergency room use and hospitalization for children with asthma
- Prescription drug use



Education^{13,14}

Increased:

- Attendance and GPA for students utilizing mental health services

Decreased:

- Drop out rates and school discipline referrals
- Faculty and staff absences due to illness



Cost Savings¹⁵

Decreased:

- Emergency room use and hospitalizations
- Pharmacy and transportation costs
- Time away from work for parents
- Pediatric health care for Medicaid, PeachCare, and private insurers

Whitefoord SBHC

50% reduction in average cost per child to Medicaid for children with SBHC access

62% reduction in annual expense per Medicaid-covered child

Offers primary care, oral health, and behavioral health, and maintained available services throughout the community rezoning process

Turner SBHC

More than 200 patient visits a month, on average

First in the country to initiate Hallways to Health, a program to address childhood obesity, student emotional health, and school staff wellness

Received a state grant to:

- **Increase** study physical activity
- **Reduce barriers** to healthy lunches for teachers

Offers primary care, oral health, and behavioral health

Tiger Creek SBHC

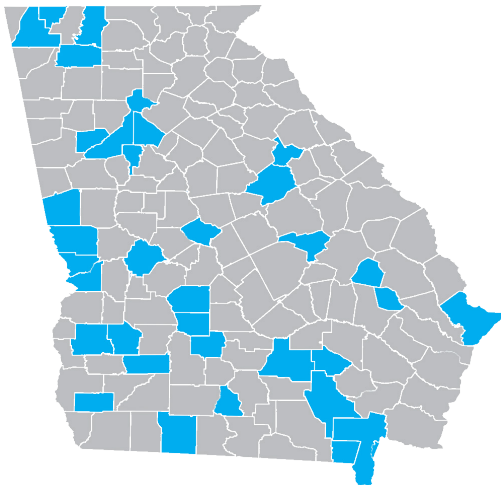
More than 300 patient visits a month, on average

Open to the **entire community**, including adults

Offers primary care and oral health

Screens and refers for mental health

More than 65,000 children, families, and school personnel currently benefit from services at **52** SBHCs in Georgia.¹⁷



Funding for SBHCs

17 states have an ongoing funding mechanism to support SBHCs.¹⁸

Philanthropic partners provide another funding opportunity for SBHCs.

Current SBHC grants in Georgia:¹⁹

- **NIH Grant** to study the impact and benefits of SBHCs in suburban and rural areas of Georgia
- **PARTNERS for Equity in Child and Adolescent Health:** allocates planning grants to communities in Georgia. 46 have been awarded since 2010.

RECOMMENDATIONS TO STRENGTHEN SBHCS

- Increase state funding to Federal Qualified Health Centers to support the development and expansion of school-based health services throughout the state, especially in high-need, rural areas.
- Strengthen coordination and collaboration among state agencies to increase comprehensive school-based mental health programs and reduce stigma.
- Support existing efforts to create a School-Based Health Technical Assistance Hub under the Rural Health Innovation Center to facilitate communication between healthcare and education entities and coordinate investments to improve outcomes in rural communities.

Sources for Benefits of School-Based Health Centers

- 1 School-Based Health Alliances, 2019. "About School Health Care." Accessed November 19, 2019, <https://www.sbh4all.org/school-health-care/aboutsbhcs/>
- 2 Veda Johnson, email message, September 24, 2020.
- 3 Ibid.
- 4 Ibid.
- 5 Georgia General Assembly, House Budget & Research Office, 2020. FY 2021 Bill Conference Committee (HB 793). Accessed November 27, 2020, <https://www.legis.ga.gov/house/budget-research-office>.
- 6 "Behavioral Health Services in Georgia," Centers for Disease Control and Prevention, 2019. Accessed November 29, 2019, <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/georgia/index.html#table>
- 7 Georgetown University Health Policy Institute, Center for Children and Families. "Children Uninsured Rates Rise by Largest Annual Jump in More than a Decade," 2020. Accessed November 10, 2020, https://ccf.georgetown.edu/wp-content/uploads/2020/10/ACS-Uninsured-Kids-2020_10-06-edit-3.pdf.
- 8 "Indicator 4.4a: How difficult was it to get the mental health treatment or counseling that this child needed?" 2018-2019 Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, 2018-2019 National Survey of Children's Health data, accessed October 5, 2020, <https://www.childhealthdata.org/browse/survey/results?q=7717&r=12>. National Outcome Measure 18.
- 9 "Indicator: 5.4 Missed School Days, ages 6-17 years." 2018-2019 Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, 2018-2019 National Survey of Children's Health data, accessed October 5, 2020, <https://www.childhealthdata.org/browse/survey/results?q=7840&r=12>.
- 10 Mental Health America. "Mental Health Illness in Georgia," 2020 Accessed November 20, 2020, <https://www.mhageorgia.org/>.
- 11 The Annie E. Casey Foundation. "Kids Count Data Book: State Trends in Child Well-Being," 2020. Accessed November 7, 2020, <https://www.aecf.org/m/resourcedoc/aecf-2020kidscountdatabook-2020.pdf>.
- 12 National Assembly on school-based health care. "School-Based Health Centers Improving Health Care Access and Student Success," 2011. Accessed November 10, 2019 http://ww2.nasbhc.org/RoadMap/PUBLIC/advocacy_factsheetAccess.pdf.
- 13 Walker, S. C., Kerns, S. E., Lyon, A. R., Bruns, E. J., & Cosgrove, T. J. Impact of school-based health center use on academic outcomes. *Journal of Adolescent Health*, 46, no. 3(2010), 251-257.
- 14 Kerns, S. E., Pullmann, M. D., Walker, S. C., Lyon, A. R., Cosgrove, T. J., & Bruns, E. J. Adolescent use of school-based health centers and high school dropout. *Archives of pediatrics & adolescent medicine*, 165, no. 7(2011) 617-623.
- 15 National Assembly on school-based health care. "Cost-Savings of School-Based Health Centers Medicaid Savings and Reduced ER & Hospitalization Utilization," 2011, http://ww2.nasbhc.org/RoadMap/PUBLIC/advocacy_factsheetcostsavings.pdf.
- 16 Veda Johnson, email message, September 24, 2020.
- 17 Ibid.
- 18 School-Based Health Alliance. "School-Based Health Care: State Policies and Funding, FY2017," 2017. Accessed October 28, 2020, <http://www.sbh4all.org/school-health-care/aboutsbhcs/school-based-health-care-state-policy-survey/#chart2>.
- 19 Veda Johnson, email message, September 24, 2020.