



# Alameda County School Health Center Model

Bringing Health to Where Youth Are



A publication of the Center for Healthy Schools and Communities  
Alameda County Health Care Services Agency

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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# CONTENTS



Bringing Health to  
Where Youth Are

## School Health Center Model

Core Program Areas.....	3
Medical Care .....	3
Behavioral Health Care.....	3
Dental Care .....	3
Health Education.....	4
Youth Development.....	4
Foundational Elements .....	5
Transformative Leadership.....	5
Capacity Building.....	5
Equity Lens.....	6
Dynamic Partnerships .....	6
Quality Practice .....	7
Results Focus .....	7
Smart Financing.....	7
Operations.....	8
Access .....	8
Facilities.....	8
Staffing .....	8
Lead Agencies.....	9
Results .....	10
School Health Centers Are Reaching More Clients .....	10
School Health Centers Fill a Gap in Access to Care.....	10
School Health Centers Help Students Engage in School....	11
School Health Centers Improve Health Outcomes.....	11
School Health Centers Improve Social-Emotional Wellness .....	11

# 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 29 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 [ahealthyschools.org/schoolhealthworks](http://ahealthyschools.org/schoolhealthworks).



## A Holistic Approach to Student Health and Wellness

Our network of 29 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 2012, 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 a bit with classroom behavior related to ADHD and exposure to trauma that affected the children's ability to learn. Together with school leadership, the school health center 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 of the adults in their lives – teachers, clinician, 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 imbedded 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.

# 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.

**Figure I. Alameda County School Health Centers 2015**



## Equity Lens

### Each and Every Child Gets What They Need to Thrive

School health centers address complex issues of race, class, and poverty by increasing access to health care and improving educational outcomes in the highest need communities. Advancing equity starts with identifying and examining the 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, LGBT youth, and immigrant youth.
- Ensuring that every child gets what they need 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.

## 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.

## Quality Practice

### Doing and Sharing What Works

School health centers successfully serve their community by innovating and adopting best practices for health care in the school environment. SHCs promote quality practice by:

- Following all federal and state regulations for health clinics, from clinical practice guidelines, to facilities, to data collection systems.
- Implementing a model that goes beyond traditional primary care, includes multiple types of service, and attends to educational outcomes.
- Sharing best practices, challenges, and wisdom with other SHCs.



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

In Alameda County and nation-wide, 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. Currently 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. In 2013-14, LMB connected nearly 100 young men with health information and resources, including a visit to their SHC. In the last two years, LMB has significantly improved participants' grades, attendance, engagement in school, and parent involvement.



## Results Focus

### The Destination Defines the Journey

School health centers are a nationally recognized model that has demonstrated increased access to care, improved health and education outcomes, and high levels of satisfaction. Successful SHCs define and track their progress towards clear results and make mid-course adjustments. SHCs incorporate a results focus by:

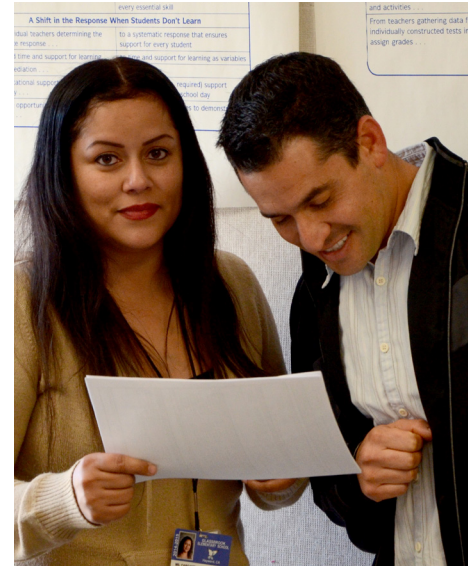
- Following a comprehensive evaluation plan, which includes clear targets and outcomes, data collection systems for qualitative and quantitative data, a centralized database, and quality improvement goals?
- Using data reports for patient outcomes, sustainability, and to inform program improvement.

## 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.



### Evaluation: An Essential Element for SHC Growth

Starting in 2003, the CHSC 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 garnered significant support for SHCs locally and nationally, helped secure dedicated funding and brought in new partners. And 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 School health centers 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.

# Results

We have partnered with an external evaluator to conduct a county-wide school health center evaluation since 1998. Across that time, our school health centers have dramatically increased access to health and wellness supports, and shown positive impacts for the youth they serve.

According to the California Healthy Kids Survey, nearly all SHC users (96%) liked having the SHC at their schools. The following is a selection of SHC outcomes; the full evaluation report is available at our School Health Works website.

## School Health Centers Are Reaching More Clients

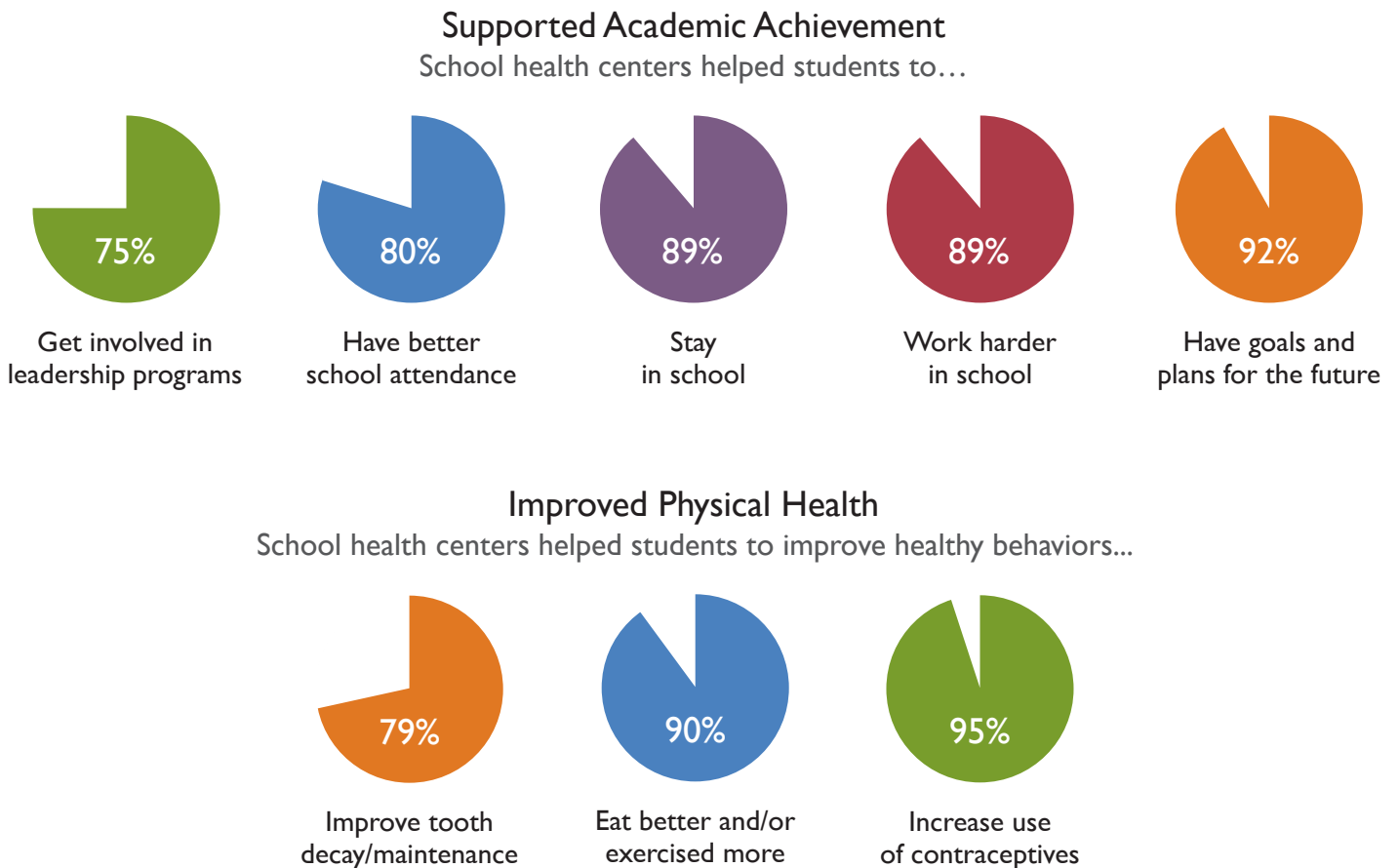
Over the past ten years as the number of SHCs has grown from 10 to 25, annual clinic visits have increased 182% (to 56,967) and number of clients increased by 133% (to 13,017) in 2013-14. Most of the student clients

were Latino (38%) or African American (27%). Almost half (40%) of the clients were males, who are traditionally less likely to access health services.

## School Health Centers Fill a Gap in Access to Care

Nearly one-third (28%) of students at schools with a SHC did not have a primary care doctor and 33% did not have a dental provider. One in four clients reported that they were uninsured, and on the California Healthy Kids Survey (CHKS), 93% of clients felt the SHC helped them get needed information and services.

**Figure 2. Results and Impacts**





### School Health Centers Help Students Engage in School

SHCs contribute to higher attendance by providing health services on campus so students do not have to miss class. At the end of most visits (78%), students were sent back to class. Moreover, according to the CHKS, most users (67%) felt that the SHC helped them do better in school. Students who used the SHC also reported higher levels of relationships with and high expectations from caring adults and meaningful opportunities for participation in school. On the SHC youth surveys, 89% of students reported that the SHC helped them work harder in school, and 92% reported the SHC helped them have goals and plans for the future.

### School Health Centers Improve Health Outcomes

Over the past ten years, contraceptive use improved significantly among females who visited the SHC. In 2013-14 at baseline, 46% of the female clients reported that they “always” used contraception, compared to 55% at follow-up. At the six sites with full dental care, almost half the visits required follow-up – 38% had suspicious areas of decay, and 10% had urgent needs. Demonstrating the effectiveness of these services, the decay improved or did not worsen over time in 79% of the clients.

### School Health Centers Improve Social-Emotional Wellness

Behavioral health services were provided during 28% of all SHC visits. Clients made significant improvements from baseline to follow-up in the areas of health/basic needs (improved by 21%), emotional and behavioral functioning (improved by 17%), and social relationships (improved by 22%).

# 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.