

Louisiana Adolescent School Health Initiative

Annual Report: School-Based Health Centers
Affiliated with the Office of Public Health
Adolescent School Health Initiative

2020 – 2021 School Year



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This report contains an overview of School-Based Health Center (SBHC) operation for those programs affiliated with the Office of Public Health – Adolescent School Health Initiative. In Louisiana, there are approximately 78 SBHCs operating in the state. During the 2021-2022 school year, 58 SBHCs were affiliated with the Office of Public Health. This report is an overview of the services and data from the 2020-2021 school year for those 58 School-Based Health Centers.

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Background

About the Adolescent School Health Initiative

The Adolescent School Health Initiative is authorized by R.S. 40:31.3 and is facilitated by the Louisiana Department of Health, Office of Public Health (OPH), Bureau of Family Health. This statute requires OPH to establish an adolescent school health initiative to facilitate and encourage development of comprehensive health centers in public middle and secondary schools in Louisiana. School-based health centers (SBHCs) provide preventive health services, counseling, acute health services, and appropriate referrals for acute health services. OPH carries out this charge through:

- Convening the Adolescent School Health Initiative Coordinating Council that advises on matters related to the implementation, oversight, and funding of SBHCs.
- Provision of evidenced-based guidelines related to medical and behavioral health services for children and adolescents.
- Collaboration with Medicaid, Louisiana Department of Education, and other system partners with an interest in health services in schools and school-based health centers.
- Provision of guidance, technical assistance, and support with quality improvement initiatives to the SBHC sponsors and centers that receive financial subsidy through Louisiana Clinical Services.

August 29, 2021 marked the 30th anniversary of the initiative. Since its inception thousands of students have received medical and behavioral health services in schools through a school-based health center.

About School-Based Health Centers (SBHCs)

School-Based Health Centers (SBHCs) were founded in the 1980's to provide convenient access to preventive, acute and behavioral health care to adolescents who might otherwise have limited or no access. The first SBHCs were established by the Robert Wood Johnson Foundation.

SBHCs support academic achievement by working with students in a safe and confidential manner to address physical and mental health barriers that hinder academic success. In addition to providing direct services, SBHCs empower students to embrace healthy lifestyle changes through health education and prevention programs.



SBHC Staff

SBHC staff may include primary care providers (MD, NP, PA), nurses (RN, LPN), behavioral health providers (LCSW, LPC, LMSW), a data coordinator, a medical director, and a center director. Centers link students to a multidisciplinary care team and collaborate with students' Primary Care Providers (PCP) to ensure they receive the best care possible. The holistic approach to care allows health disparities that adolescents and other age groups experience to be uniquely addressed.

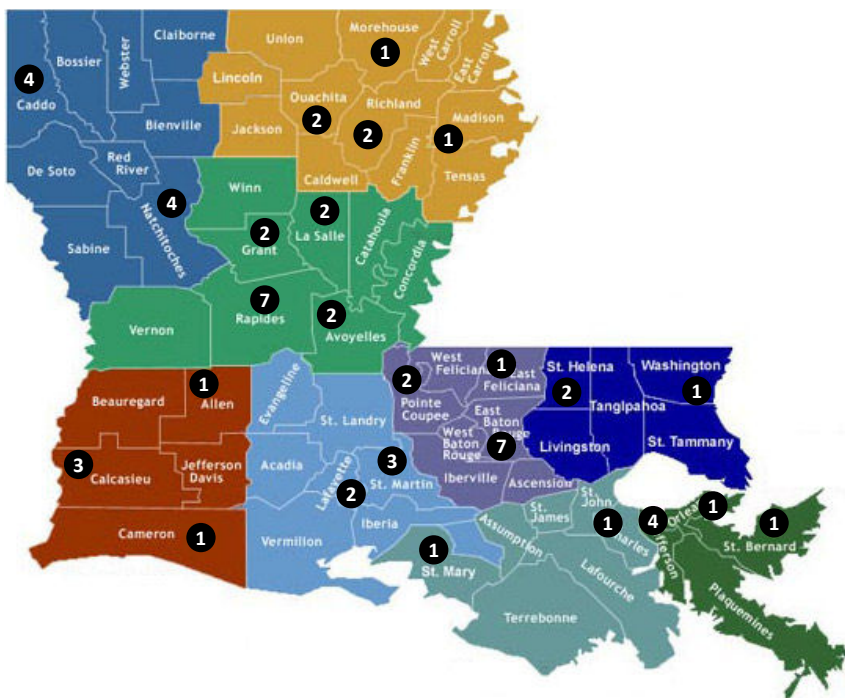
SBHC Services

SBHCs offer an assortment of wellness services to the students they serve. Availability of services varies center by center. Services include the following:

- Annual Well Child Visits
- Preventive Health Screenings
- Chronic Conditions Care
- Abstinence Counseling
- Behavioral Health Counseling
- Referrals to Outside Providers
- Immunizations
- STI/HIV Screening Laboratory Tests
- Illness and Injury Care
- Sports Physicals
- Health Education
- Risk Assessments

Location and Funding

As of March 2022 there are 58 School-Based Health Centers (SBHCs) across the state of Louisiana. The map to the right shows the number of SBHCs in each parish. The centers provide medical and behavioral health services to students at the school where the SBHC is located (host school), and may also provide services to students who attend schools located near the host school (feeder schools). In addition to the 58 host schools, there are 21 feeder schools for a total of 79 public and charter schools served across 25 of the 64 parishes in Louisiana. A more detailed breakdown of SBHC locations can be found in the Appendix.



Most of the centers (55) are open 5 days a week during school hours. The other 3 SBHCs operate 2-3 days a week during school hours.

Funding and Sponsoring Agencies

SBHCs have three main funding sources: revenue (from Medicaid and commercial insurance) generated from the services they provide, support from a sponsoring agency, and support through contracts with Louisiana Clinical Services (LCS). In the 2020-21 school year (SY21), 21 sponsoring agencies contracted with LCS to jointly fund and provide services to all 58 SBHCs. The Office of Public Health does not provide any financial support - their role is to facilitate and oversee functions. Sponsoring agencies include public and private healthcare providers, and public entities who are willing to assume a leadership role in the school/community partnership. The types of agencies in SY21 were as follows:

8 
 Federally
 Qualified Health
 Centers (FQHCs)

6 
 School Boards

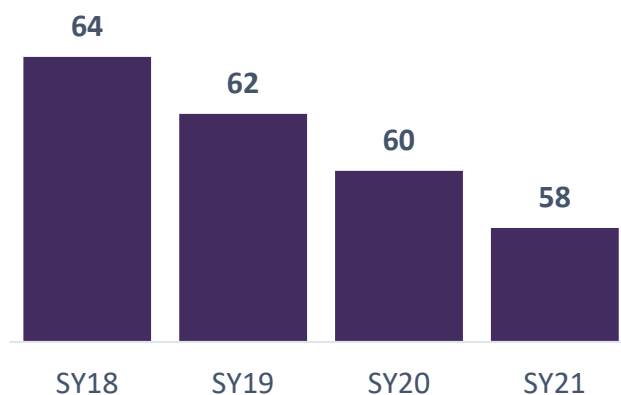
5 
 Hospitals

1 
 Foundation

1 
 Health
 Institution

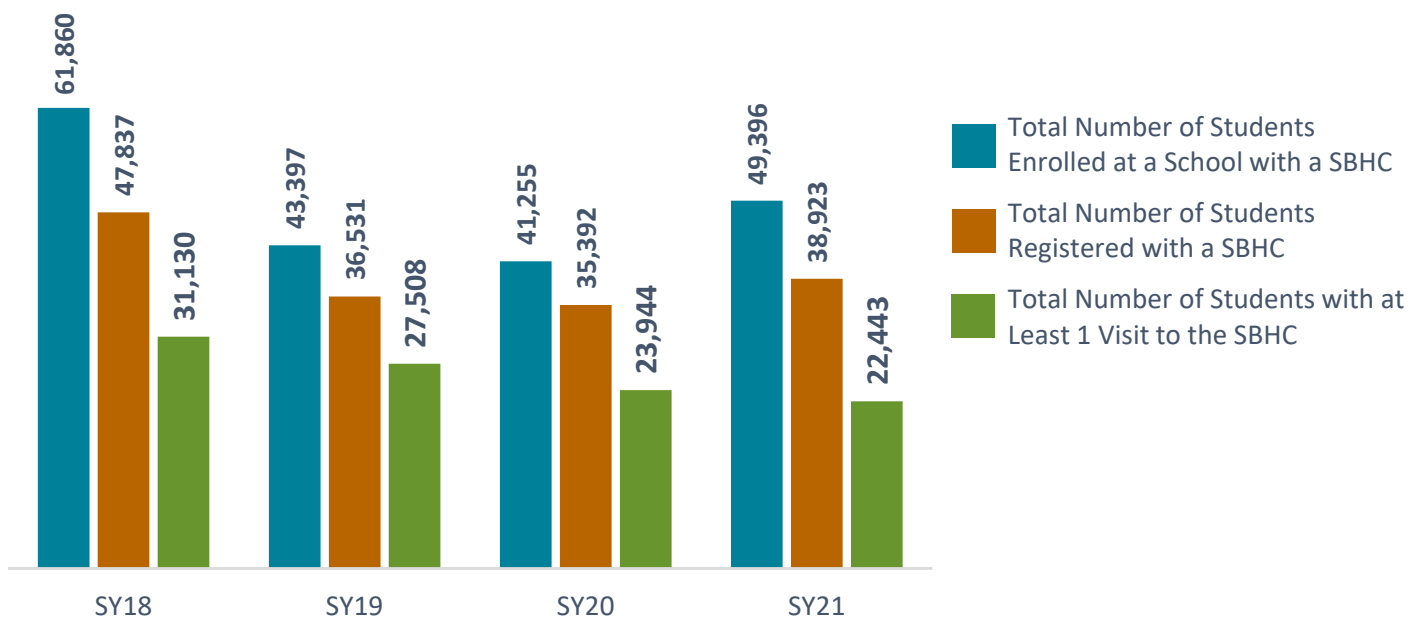
Number of SBHCs

Since 2018, 6 SBHCs have closed. Increases in operating cost and low utilization resulted in the closure of 5 of these SBHCs. Sponsoring agencies could not continue to bear the cost and decided to close the sites resulting in a discontinuation of services. An additional SBHC closed in November 2018 because the school system elected to discontinue their collaboration with the sponsoring agency.



Enrollment, Registration, and Utilization

In the 2021-21 school year (SY21), 49,396 students were enrolled at the 58 schools with a SBHC. Schools report these numbers to Department of Education every year by Oct 1st to receive Title 1 funding. Overall school enrollment increased from SY20.



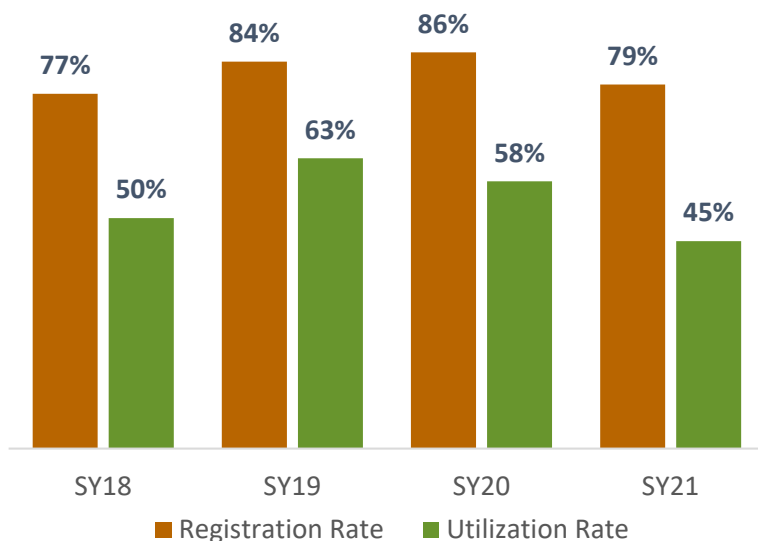
Registration and Utilization Rates

Prior to receiving services, a student must be registered at the SBHC. In SY21, 79% (38,923) of the students enrolled were registered with a SBHC. This is the registration rate. A student is considered registered when a parent/legal guardian signs a consent form giving permission for a student to receive services. Parents may withdraw consent at any time by providing written notification of their desire to discontinue services. The majority of consent forms are obtained at the beginning of the school year, however students may submit a signed consent form at any point throughout the school year. Despite the decreased number of students on campus due to a move to virtual learning because of the COVID-19 pandemic, there was still a relatively high number of students registered with a SBHC.

Of the total number of students who had access to a SBHC by being enrolled in the school, 45% (22,443) utilized (had at least one visit to the SBHC) the center during the school year. This is the utilization rate.

Both the registration and utilization rates decreased in SY21. The registration rate decreased from 86% in SY20 to 79% in SY21, and the utilization rate declined from 58% to 45%. SBHC Directors reported a decrease in utilization because there were fewer students on the campus due to the COVID-19 pandemic.

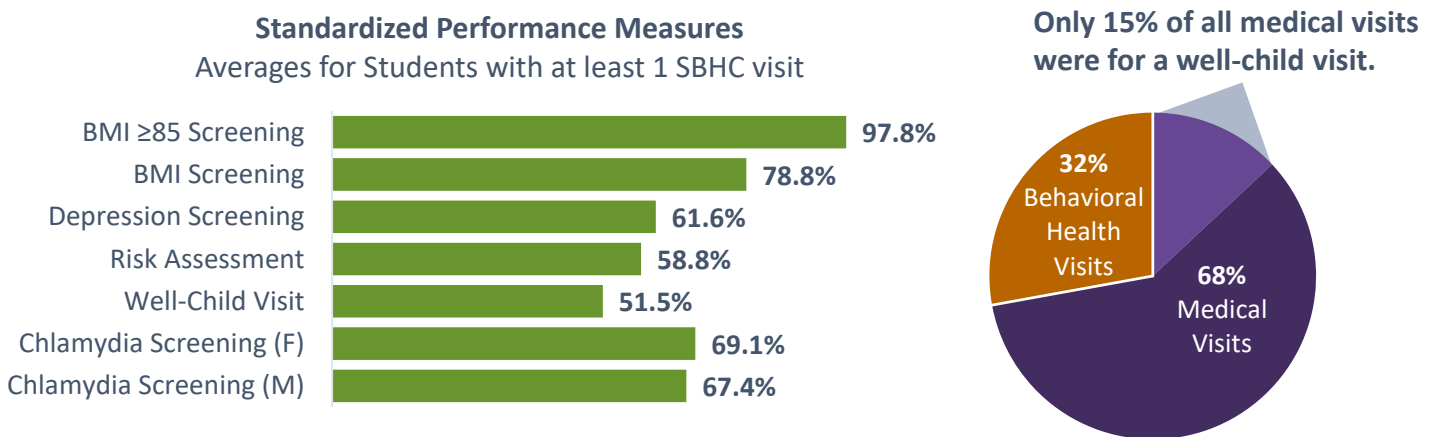
Overall, SY21 resulted in an increase in the number of students who registered to receive SBHC services. The increase in registration totals may be attributed to the increase need for health services during the pandemic, and the decrease in utilization rate may be due to a decrease in the number of students on campus, as many were participating in virtual learning.



Types of Visits

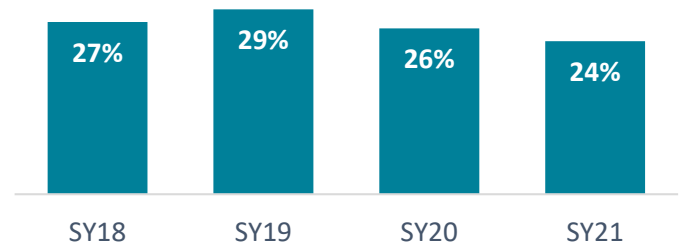
The utilization of an electronic medical record (EMR) is required to contract with Louisiana Clinical Services. Eleven different types of EMRs were utilized across the 58 SBHCs in the 2020-21 school year (SY21). Under this contract, SBHCs must report on registration, utilization, total number of visits, and data on the 5 standardized performance measures identified by the [National School Health Alliance](#): annual well-child visit, annual risk assessment, body mass index (BMI) screening and nutrition/physical activity counseling, depression screening, and chlamydia screening. More information on these reporting measures can be found in the Appendix.

While most SBHC visits were for medical reasons, almost one-third were for behavioral health. The majority of students utilized SBHCs to address acute illness and injury needs. The standardized performance measures below are for students who had at least one visit to the SBHC and are in the corresponding age group as defined by the national measures.



Well-Child Visit Rates

Of all students registered at a SBHC, 24% received a well-child visit. This is a decrease from previous years. Of the students who had at least one visit to the SBHC, more than half (51.5%) has a well-child visit.



COVID-19

The COVID-19 pandemic not only impacted the method of learning instruction for students in SY20 and SY21, but also impacted the role of SBHCs. CDC Guidelines, state mandates, and school system mandates resulted in some changes to the provision of SBHC services. School administration varied in their responses to the COVID pandemic. Some relied more heavily on their SBHC to serve as the health care expert, while others remained cautious of the impact of COVID on their school campus. Many SBHCs experimented with telehealth visits.

In response to COVID, SBHCs provided additional services such as:

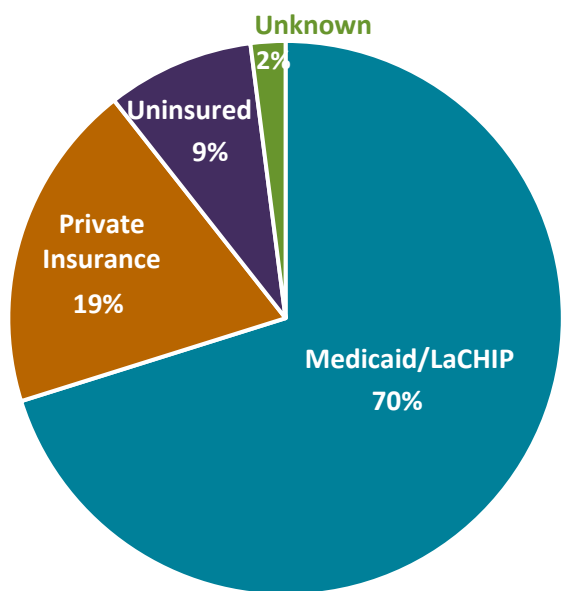
- COVID education for students, parents and staff
- COVID testing
- Drive-thru immunization clinics
- Drive-thru wellness clinics
- Mental health screenings required by school system
- Temperature checks
- Referrals for COVID services

Patient Demographics

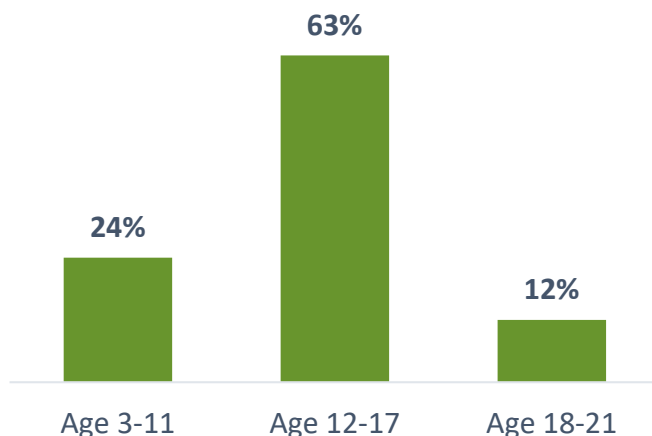
SBHCs are strategically placed in areas of greatest need in an attempt to address social determinants of health, including access to services, chronic disease, adverse childhood experiences, insurance status, socio-economic status, and various other demographic determinants that affect the health status of adolescents.

SBHCs provide services to students on elementary, middle and high school campuses. The majority of students who visit a SBHC attend middle and high schools as required by the adolescent health initiative. SBHCs must be able to bill Medicaid and private insurance companies, but services are provided with no out-of-pocket costs to parents or guardians. Students with and without insurance receive the same level of care at the SBHC.

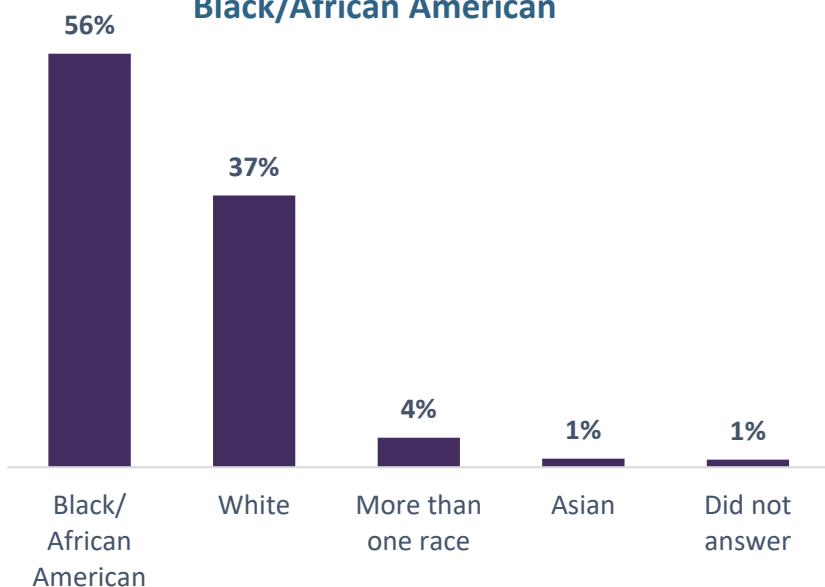
Most students who visited a SBHC had insurance through Medicaid



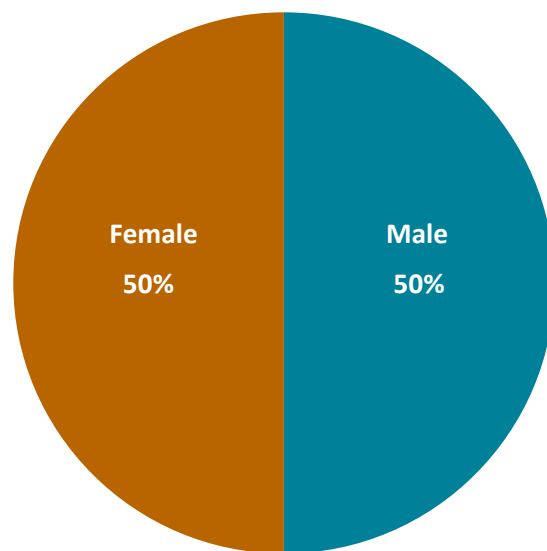
More than half of patients who visited a SBHC were 12-17 years old



More than half of SBHC patients were Black/African American



Half of SBHC patients were female and half were male



Testimonials

“A few months ago my doctors were very concerned because I had lost a lot of weight (after receiving care in the hospital). The SBHC nurses helped me by weighing me every week and giving me my daily meds. I have now reached the weight goal that my doctors wanted and although I do not have to visit the health center every day, I still enjoy stopping by just to say hello.”

- SBHC Student

“I don’t know what I would have done if SBHCs were not available.”

- SBHC Parent

“As a teacher, it gives me great relief that they are there to treat everything from the small to big problems that our students experience. I use them frequently for advice when issues come up that are affecting my students.”

- SBHC Teacher

“The health center is phenomenal, it’s one of the best things I’ve seen on campus, the staff is so warm, sweet, and caring and they take excellent care of our students!!”

- SBHC Teacher

Appendix: SBHC Locations by Region

REGION	PARISH	SCHOOL BASED HEALTH CENTER	# PER PARISH
Region 1	Jefferson	Bonnabel High John Ehret High Riverdale High West Jefferson High	4
	Orleans	New Orleans Charter Science & Math	1
	St. Bernard	Chalmette SBHC	1
Region 2	East Baton Rouge	Broadmoor Senior High Glasgow Middle Glen Oaks High Istrouma Northeast High Scotlandville Middle Westdale Middle	7
	East Feliciana	Clinton Middle Health Center	1
	Pointe Coupee	STEM Academy of Pointe Coupee Livonia High	2
Region 3	Saint Charles	Albert Cammon Wellness Center-St. Rose	1
	Saint Mary	West St. Mary	1
Region 4	Lafayette	Carencro Northside High	2
	St. Martin	Breaux Bridge Cecilia St. Martinville	3
Region 5	Allen	Oakdale	1
	Calcasieu	Combre-Fondel Elementary Ray D. Molo Middle Washington-Marion Magnet High	3
	Cameron	South Cameron High	1
Region 6	Avoyelles	Avoyelles Public Charter Avoyelles Sr. High	2
	Grant	Grant Jr High Pollock	2
	Lasalle	Jena Jr. High Jena Sr. High	2
	Rapides	Buckeye Glenmora Lessie Moore Northwood Pineville Jr High Tioga Jr High Tioga High School	7

SBHC Locations by Region (continued)

REGION	PARISH	SCHOOL BASED HEALTH CENTER	# PER PARISH
Region 7	Caddo	Atkins Elementary JS Clark Elementary Linwood Public Charter Woodlawn	4
	Natchitoches	Lakeview Natchitoches Central Marthaville Provencal	4
Region 8	Madison	Madison High	1
	Morehouse	Morehouse Jr. High	1
	Ouachita	Riser Middle	2
		West Monroe High	
Richland	Delhi Community Health Center Richardson Medical Center	2	
Region 9	Saint Helena	Southeast Community Health Center-St. Helena Arts and Technology Academy Southeast Community Health Center- St. Helena College and Career Academy	2
	Washington	Bogalusa	1
9	25	58	58

Appendix: Regional Data 2020-21

Region	1	2	3	4	5	6	7	8	9
Reporting Measures									
Number of SBHCs	6	10	2	5	5	13	8	6	3
Total Enrollment	8819	9011	1512	7615	2003	3590	9902	5038	1906
Total Registration	5731	6937	1113	6463	1897	3304	8311	3765	1402
Registration Rate	68%	82%	70%	82%	95%	93%	86%	76%	74%
Total Unduplicated Students	3453	2487	731	2856	1240	2339	5697	2306	1334
Utilization Rate	44%	33%	51%	38%	62%	69%	63%	49%	70%
Well-Child Visit Rate	66%	48%	53%	58%	16%	40%	56%	58%	38%
Risk Assessment Screening Rate	74%	67%	43%	64%	31%	40%	56%	53%	97%
BMI Screening Rate	70%	90%	67%	74%	63%	81%	81%	86%	73%
BMI ≥85 Percentile Screening Rate	97%	100%	100%	94%	89%	100%	98%	99%	91%
Depression Screening Rate	66%	58%	89%	53%	28%	34%	69%	81%	82%
Chlamydia Screening Rate (F)	79%	35%	58%	85%	32%	0%	17%	59%	71%
Chlamydia Screening Rate (M)	82%	50%	27%	86%	15%	0%	18%	57%	74%
Demographics									
Insurance Type									
Medicaid/LaCHIP	70%	67%	79%	68%	71%	69%	68%	79%	72%
Private Insurance	21%	23%	13%	24%	17%	16%	18%	16%	19%
Uninsured	8%	7%	8%	8%	11%	14%	10%	2%	7%
Unknown	1%	2%	0%	0%	1%	1%	4%	2%	2%
Sex									
Female	50%	49%	49%	51%	49%	50%	48%	50%	57%
Male	50%	51%	51%	49%	51%	50%	52%	50%	43%
Age Group									
Age 3-11	44%	23%	15%	24%	31%	1%	32%	36%	13%
Age 12-17	50%	62%	79%	58%	56%	64%	60%	60%	84%
Age 18-21	7%	15%	6%	18%	13%	34%	8%	5%	3%
Race									
Native American or Alaska Native	0%	1%	0%	0%	1%	0%	0%	0%	1%
Asian	1%	0%	0%	0%	3%	1%	2%	1%	1%
Black or African American	35%	60%	71%	46%	55%	61%	51%	73%	63%
Native Hawaiian/Other Pacific Islander	0%	0%	0%	0%	0%	0%	0%	0%	0%
White	62%	35%	25%	53%	39%	29%	38%	23%	29%
More than one race	2%	3%	3%	0%	2%	7%	6%	2%	6%
Refused	0%	1%	1%	1%	0%	1%	2%	0%	0%
Visits									
% Medical visits	68%	58%	59%	66%	81%	74%	68%	69%	71%
% Med visits that were annual well visit	22%	25%	14%	16%	4%	8%	13%	20%	7%
% Behavioral Health visits	32%	42%	41%	34%	19%	26%	32%	31%	29%

Appendix: Reporting Measure Definitions

Registration: Percentage of students from the total school population (host *and* feeder schools) served that have a signed consent form to receive services at the SBHC.

Utilization: Percentage of students from the total school population served that had at least one visit to the SBHC during the school year.

Annual Well-Child Visit: Percentage of unduplicated students age 0-21 who had at least one comprehensive well-child exam documented during the school year, regardless of where the exam was provided.

Annual Risk Assessment: Percentage of unduplicated students with at least one age-appropriate annual risk assessment during the school year, including those done as part of a Well-Child visit.

BMI Screening and Counseling: Percentage of unduplicated students age 3-17 with documentation of **all three** of the following at least once during the school year, including those done as part of a Well-Child visit: BMI percentile, counseling for nutrition, AND counseling for physical activity.

BMI ≥85% Screening and Counseling: Percentage of unduplicated students age 3-17 **with BMI ≥ 85th percentile** with documentation of **all three** the following at least once during the school year, including those done as part of a Well-Child visit: BMI percentile, counseling for nutrition, AND counseling for physical activity.

Depression Screening: Percentage of unduplicated students age 12 and older with documentation of screening for clinical depression using an age appropriate standardized tool at least once during the school year.

Chlamydia Screening (Male and Female): Percentage of unduplicated students identified (self-identification or clinical observation) as sexually active who had at least one chlamydia screening test documented during the school year (calculated for each biological sex).