

Louisiana Adolescent School Health Initiative

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

2021 – 2022 School Year



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This report contains an overview of School-Based Health Center (SBHC) operations for programs affiliated with the Office of Public Health – Adolescent School Health Initiative. In Louisiana, there are approximately 120 health centers in schools throughout the state. During the 2021-2022 school year (SY22), 58 centers were affiliated with the Office of Public Health (OPH). This report is an overview of the services and data from SY22 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 high 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 evidence-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 subsidies through Louisiana Clinical Services.

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

School-based health centers (SBHCs) were founded in the 1980s 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. This holistic approach to care allows health disparities that adolescents and other age groups experience to be uniquely addressed.

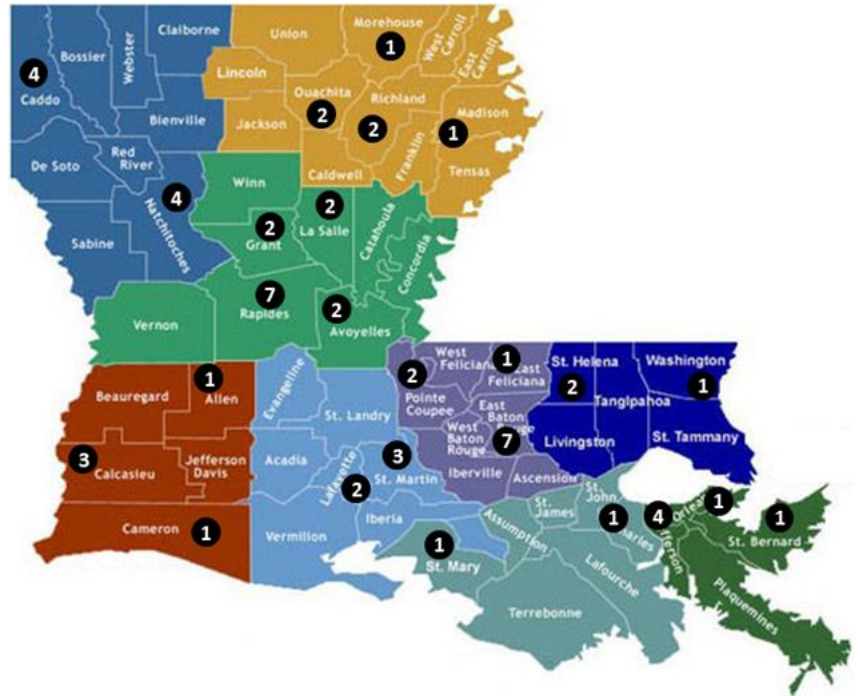
SBHC Services

SBHCs offer an assortment of wellness services to the students they serve. 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

In the 2021-22 school year (SY22) there were 58 OPH-affiliated 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 78 public and charter schools served across 25 of the 64 parishes in Louisiana. Fifty-four of the centers are open 5 days per week during school hours. The others operate 2-3 days a week during school hours. A more detailed breakdown of OPH-affiliated SBHC locations can be found in the Appendix.



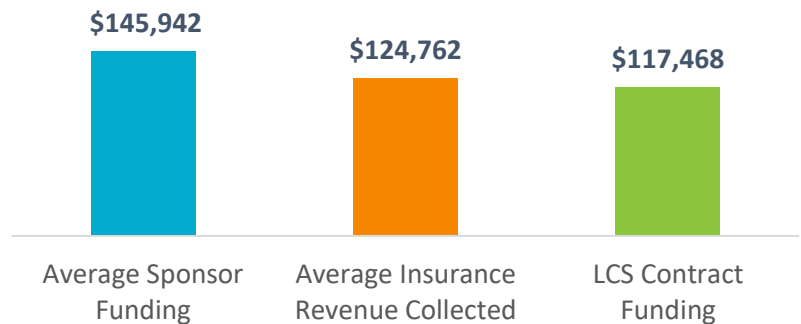
Funding and Sponsoring Agencies

In SY22, 20 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 - its 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 SY22 were as follows:



SBHC Funding Sources

SBHCs have three main funding sources: funding from a sponsoring agency, insurance revenue (from Medicaid and commercial insurance) generated from the services they provide, and funding through contracts with Louisiana Clinical Services (LCS). On average sponsors provided the majority of funding for the operation of SBHCs, during SY22.



Enrollment, Registration, and Utilization

In the 2021-22 school year (SY22), 49,501 students were enrolled at the 58 schools with a SBHC. Schools report these numbers to the Department of Education every year by October 1st to receive Title 1 funding. Overall school enrollment increased from SY21.

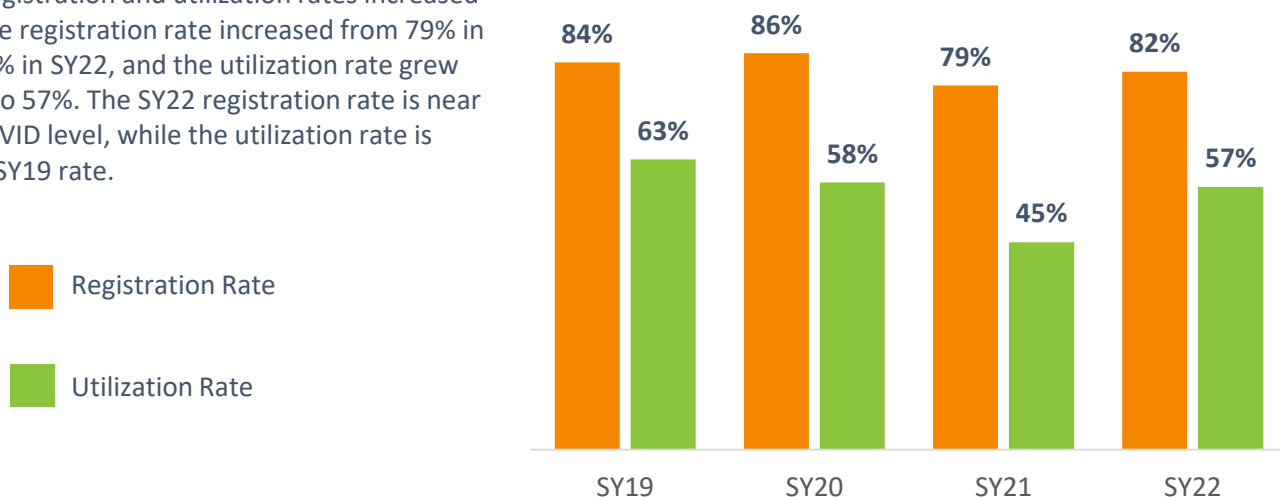


Registration and Utilization Rates

Prior to receiving services, a student must be registered at the SBHC. In SY22, 82% (40,572) of the students enrolled at the host school 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.

Of the total number of students who had access to a SBHC by being enrolled in the school, 57% (28,115) utilized the center (had at least one visit to the SBHC) during the 2021-2022 school year. This is the utilization rate.

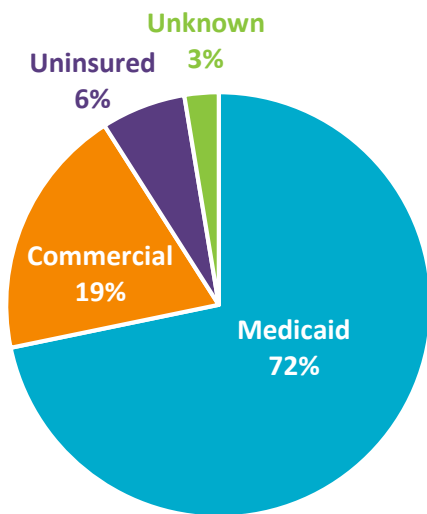
Both the registration and utilization rates increased in SY22. The registration rate increased from 79% in SY21 to 82% in SY22, and the utilization rate grew from 45% to 57%. The SY22 registration rate is near the pre-COVID level, while the utilization rate is below the SY19 rate.



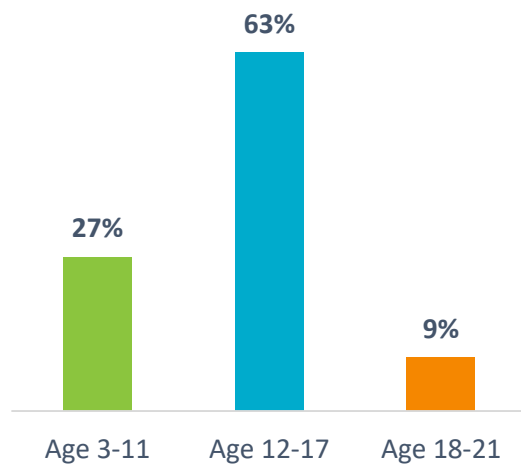
Patient Demographics

SBHCs provide services to students on elementary, middle, and high school campuses. The majority of students who visit a SBHC are between the ages of 12 and 17. SBHC staff must be able to bill Medicaid and commercial insurance, 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.

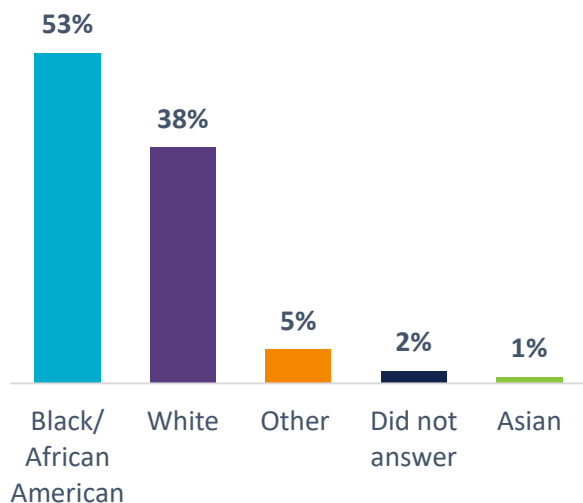
Most students who visited a SBHC in SY22 had insurance through Medicaid



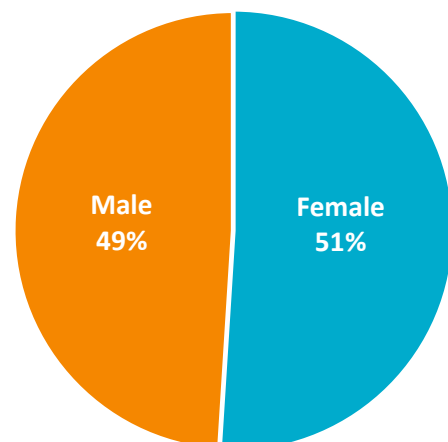
More than half of patients who visited a SBHC in SY22 were 12-17 years old



More than half of SBHC patients in SY22 were Black/African American



51% of SBHC patients were female and 49% were male in SY22



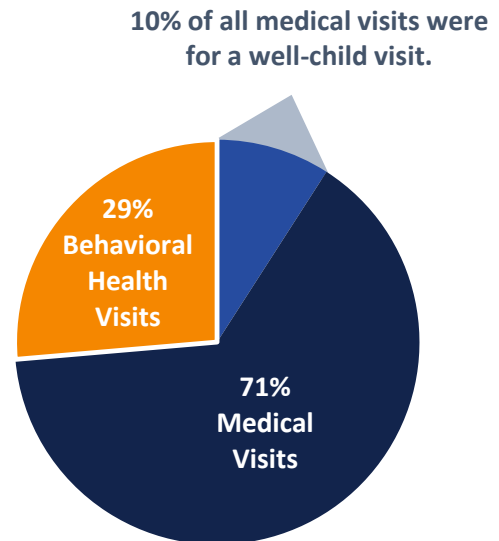
Types of Visits

Health services provided within SBHCs constitute an essential mechanism for improving access to and utilization of medical and mental health services. SBHCs are poised to facilitate access to care because they are convenient, youth-friendly, and eliminate structural barriers to service use, such as transportation and cost. Increased access can contribute to improved health outcomes, affecting student academic performance and graduation rates.

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 2021-22 school year (SY22). Under this contract, SBHCs must report on registration, utilization, total number of visits, and five standardized performance measures identified by the [National School Health Alliance](#): annual well-child visit, annual risk assessment, body mass index (BMI) screening and counseling, depression screening, and chlamydia screening.

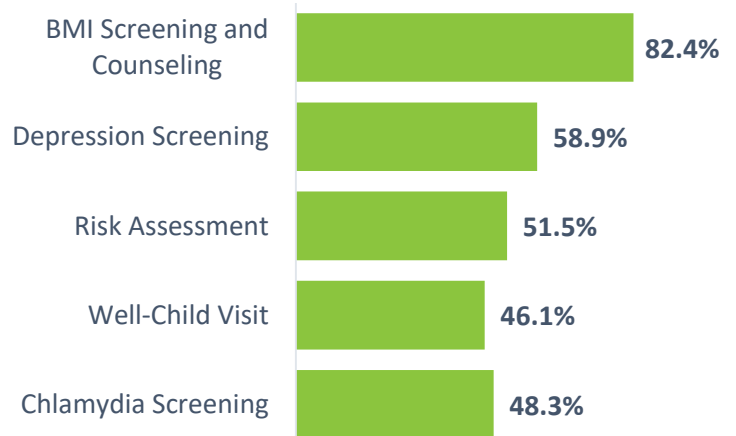
Reasons for SBHC Visits

In SY22, the SBHCs served 28,115 patients across the 58 sites, providing 126,915 visits overall. Of those visits, 89,611 were for medical visits and 37,304 were for behavioral health. The majority of students utilized SBHCs to address acute illness and injury needs. SBHCs also supported schools' return to in-person learning by providing COVID testing and COVID education for students, parents, and staff.



Standardized Performance Measures

SBHCs affiliated with the Office of Public Health are required to report on the five standardized performance measures. These measures are assessed for the SBHC based on students who have had at least one visit to the SBHC. Note, not all performance measures apply to students of all ages. See the appendix for additional information on standardized reporting measures.

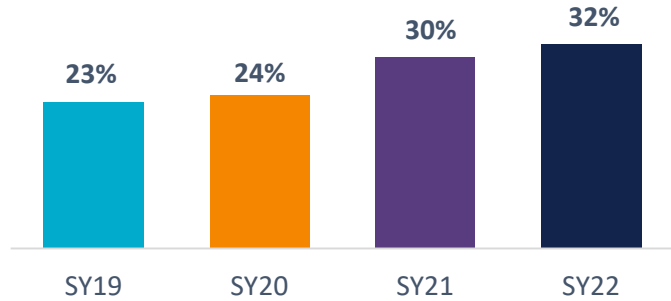


Performance Indicators

Well-Child Visit Rates

Well-child visits are routine doctor visits for comprehensive preventive health services that start during infancy and continue as annual visits until a child reaches age 21. Services include a physical exam, measurements, vision screening, hearing screening, risk screenings, and oral health risk assessments.

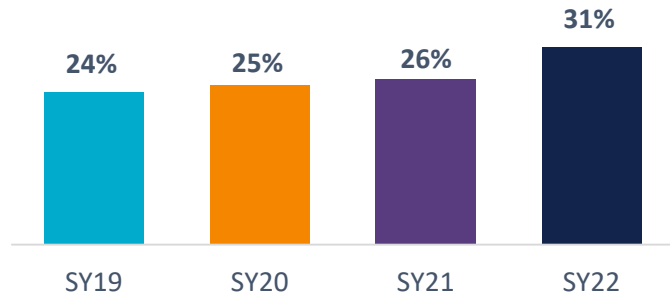
Of all students registered at a SBHC in SY22, 32% received a well-child visit. This is a 2 percentage point increase over the previous year.



Depression Screening Rates

Depression screening is designed to help children who feel they may be suffering from symptoms of depression. The depression screening process involves children responding to questions about their overall satisfaction with life, changes in their moods and behaviors, thoughts on their self-worth and the worth of others, and more.

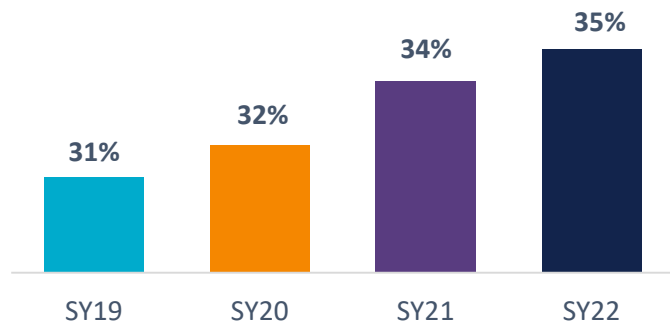
Of all students registered at a SBHC in SY22, 31% received a depression screening. This is a 5 percentage point increase over the previous year.



Risk Assessment Rates

A risk assessment is a tool that screens adolescents for risky behaviors. Adolescents complete a questionnaire that is reviewed by the provider. The screener allows the provider to discuss and provide counseling on those issues most affecting the adolescent. SBHC Sponsors select risk screening tools that are reliable and evidence-based for use in the SBHC.

Of all students registered at a SBHC in SY22, 35% received a risk assessment. This is a 1 percentage point increase over the previous year.



Identifying and Reducing Adolescent Risk Behaviors

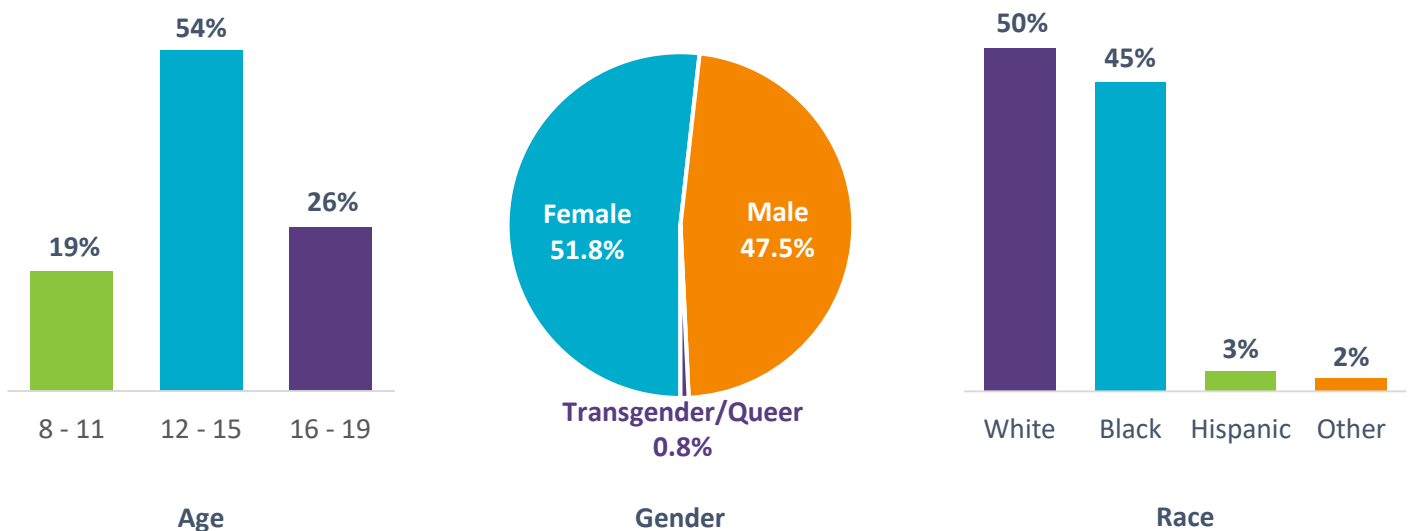
Adolescence is a critical and sensitive period of development. Experiences and behaviors during this time have a lifelong impact on health. OPH-affiliated SBHCs provide medical and behavioral health services. Each OPH-affiliated SBHC conducts risk screenings through the use of sponsor-selected risk screening tools. Students are screened for risk behaviors by a medical or behavioral health provider during well-child visits and referrals to the SBHC.

Rapid Adolescent Prevention Screening Tool (RAAPS)

Eight of the 58 OPH-affiliated SBHCs utilized the Rapid Adolescent Prevention Screening tool (RAAPS) in SY22 to screen for behaviors and experiences related to unintentional injury and violence, alcohol and drug use, sexual behaviors, addiction, and physical activity. The RAAPS is a validated risk screening tool. Use of the RAAPS allows programs to run a variety of reports that assist in the identification of top risk behaviors and allows for collaboration with partner agencies to reduce risk behaviors.

Who Completed the RAAPS?

In SY22, 1,315 students completed the RAAPS at 8 OPH-affiliated SBHCs.

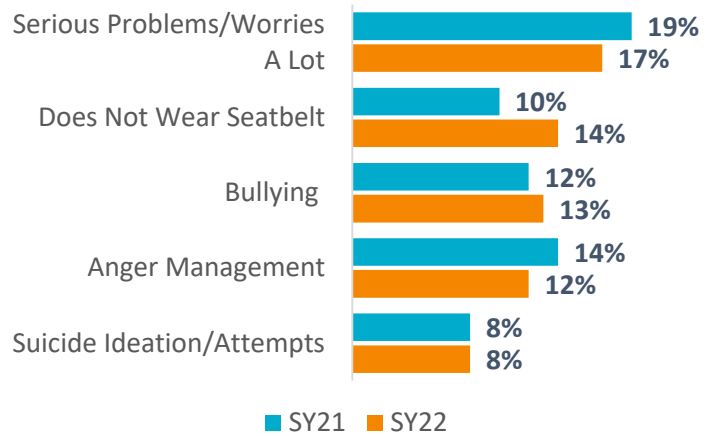


Summary of Risk Factors Identified by RAAPS

The RAAPS data that follows highlights risk behaviors that were seen in the 8 SBHCs that utilized the tool in SY22. Although the data below represents 14% of the SBHCs affiliated with OPH, the information indicates the need for risk screening and an indication of the high risk behaviors associated with Louisiana adolescents.

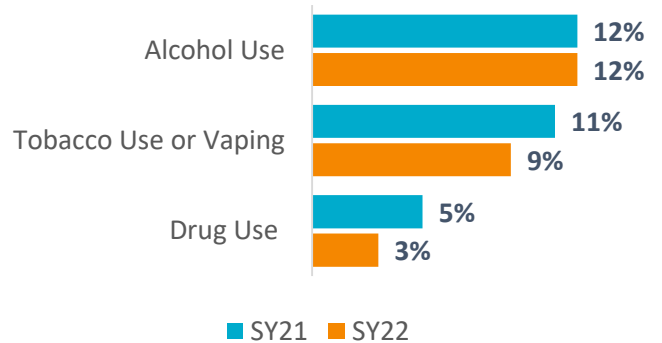
Unintended Injuries and Violence

The RAAPS asks 9 questions related to unintentional injury and violence. Overall, students who received a risk screening in SY22 indicated a reduction in risk behaviors for 7 of the 9 questions. Increases in risk behaviors were noted related to no seatbelt use, bullying, and carrying a weapon for protection. The percentage of students indicating suicidal ideations/ attempts remained the same for SY21 and SY22.



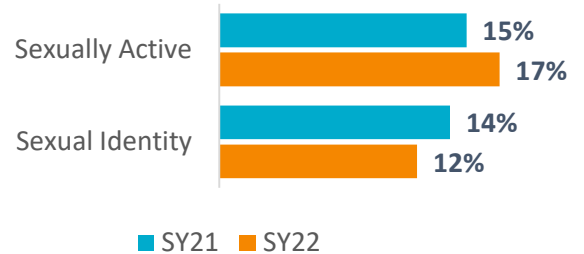
Alcohol and Other Drug Use

The RAAPS asks 3 questions related to alcohol, tobacco, and other drug use. Students reported decreases in drug, tobacco, and vaping use from SY21 to SY22. Alcohol use remained the same. Students are vaping more than using tobacco products.



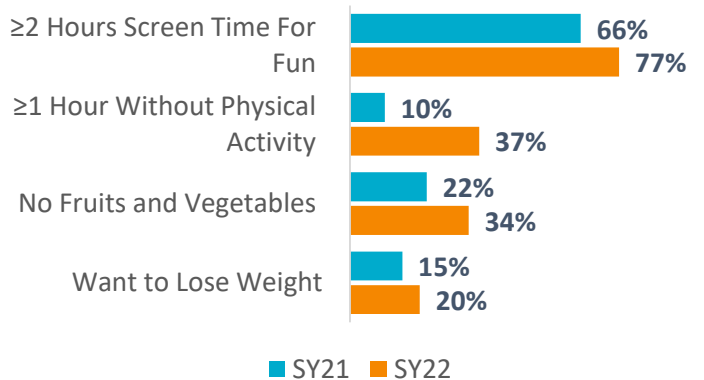
Sexual Behaviors

The RAAPS asks 2 questions related to sexual behaviors. In SY22, there was an increase in the sexually active risk behavior and a decrease in the number of students who reported their sexual identity.



Dietary and Physical Activities Behaviors

The RAAPS asks about daily screen time, physical activity, and vegetable intake. The largest increase in reported risk behaviors were related to physical activity and fruit and vegetable consumption.



Testimonials

“Many of our students would not be attending school if we didn’t have the SBHC.”

- School Administrator

“Everybody here really listens to what I have to say.”

- SBHC Student

“I feel it is a great resource for students who do not always get the needed medical attention they need outside of school.”

- Teacher

“It has an immediate impact on the health, well-being, and academic performance of our students. Fewer children experience neglect from issues because of their health because of our onsite Health Center. I am always grateful for its access.”

- Teacher

Appendix: Patient Demographics

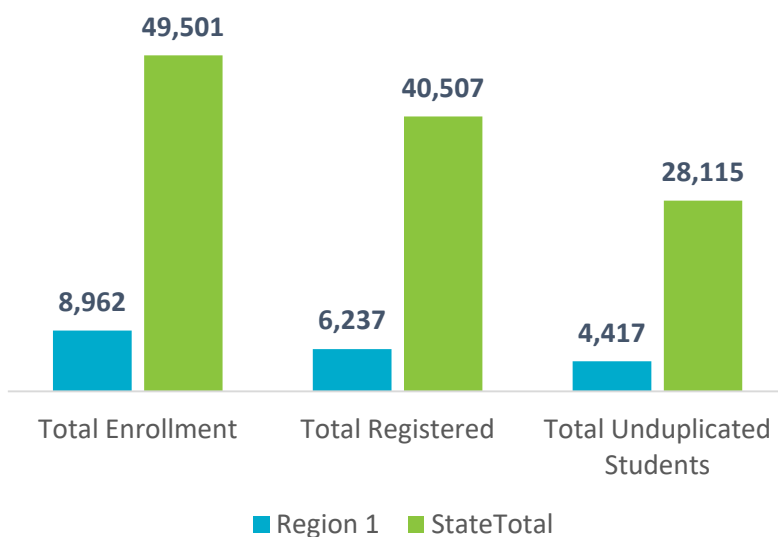
Region	1	2	3	4	5	6	7	8	9	State
Insurance Type										
Medicaid/ LaCHIP	67%	78%	81%	71%	71%	61%	79%	80%	81%	71%
Private Insurance	13%	14%	13%	17%	23%	33%	15%	17%	9%	20%
Uninsured	20%	3%	2%	1%	6%	5%	6%	3%	0	7%
Unknown	0%	5%	4%	11%	0%	1%	0%	0%	10%	3%
Sex										
Female	50%	52%	53%	50%	52%	50%	52%	51%	42%	51%
Male	50%	48%	47%	50%	48%	50%	48%	49	58%	49%
Age Group										
Age 3-11	2%	24%	20%	46%	37%	24%	43%	35%	52%	28%
Age 12-17	73%	69%	78%	48%	57%	70%	50%	57%	44%	63%
Age 18-21	25%	7%	2%	6%	10%	6%	7%	8%	5%	9%
Race										
Native American or Alaska Native	1%	0%	0%	0%	1%	1%	1%	0%	0%	0%
Asian	3%	0%	0%	1%	1%	1%	0%	0%	1%	1%
Black or African American	45%	72%	72%	53%	55%	22%	69%	61%	90%	53%
Native Hawaiian/ Other Pacific Islander	0%	1%	0%	0%	0%	6%	0%	0%	0%	0%
White	36%	21%	26%	45%	41%	65%	28%	37%	7%	39%
More than one race	6%	4%	2%	1%	2%	4%	1%	2%	1%	4%
Refused	9%	1%	0%	0%	1	1%	1%	0%	1%	2%
Visit Type %										
% Medical visits	70%	58%	71%	62%	78%	74%	73%	72%	71%	71%
% Med visits that were annual well visit	18%	28%	12%	50%	6%	8%	10%	12%	12%	10%
% Behavioral Health visits	30%	42%	29%	38%	22%	26%	27%	28%	29%	29%

Appendix: Region 1

PARISH	SCHOOL-BASED HEALTH CENTER
Jefferson	Bonnabel High School, John Ehret High School, Riverdale High School, West Jefferson High School
Orleans	New Orleans Charter Science & Math
St. Bernard	Chalmette High School SBHC



Contract Reporting Measures in Region 1 – SY22

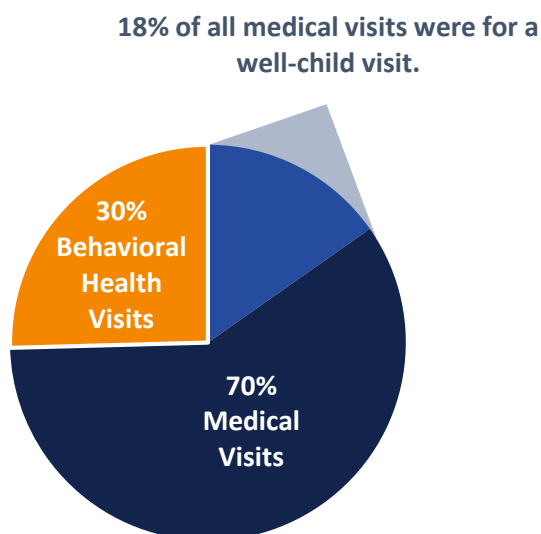


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

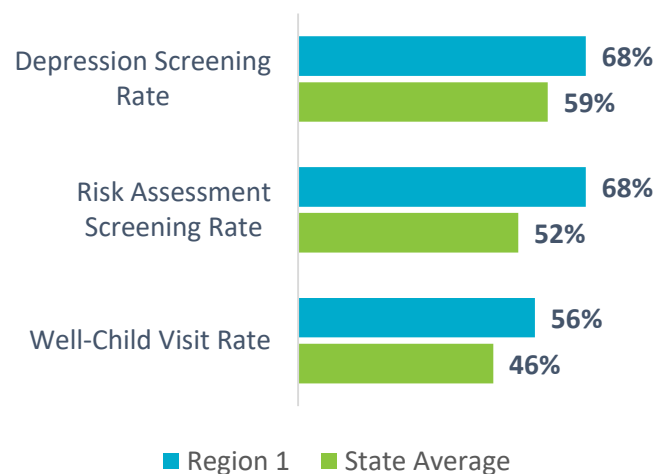
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 1 – SY22



Standardized Performance Measures in Region 1 – SY22

(Averages for unduplicated students)

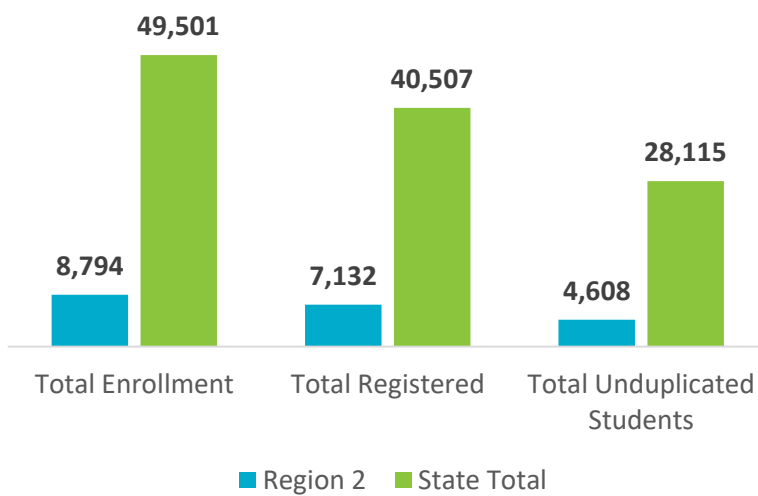


Appendix: Region 2

PARISH	SCHOOL-BASED HEALTH CENTER
East Baton Rouge	Broadmoor Senior High School, Glasgow Middle School, Glen Oaks High School, Istrouma High School, Northeast High School, Scotlandville Middle School, Westdale Middle School
East Feliciana	Clinton Middle Health Center
Pointe Coupee	STEM Academy of Pointe Coupee, Livonia High School



Contract Reporting Measures in Region 2 – SY22

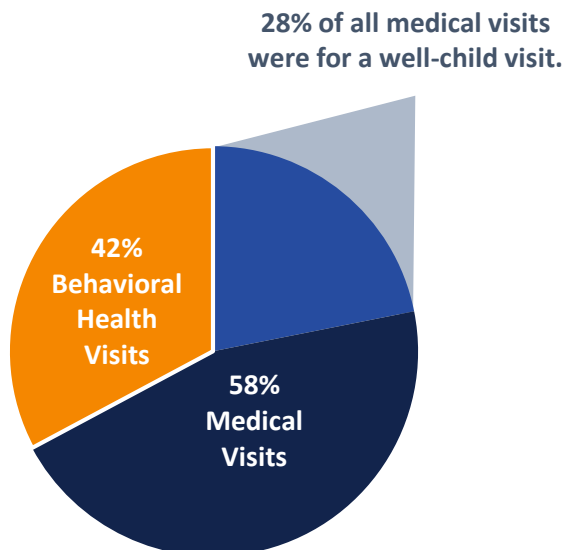


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

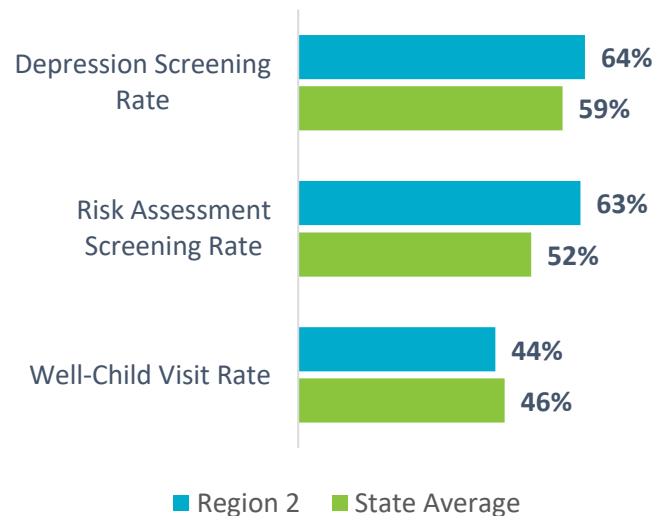
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 2 – SY22



Standardized Performance Measures in Region 2 – SY22

(Averages for unduplicated students)

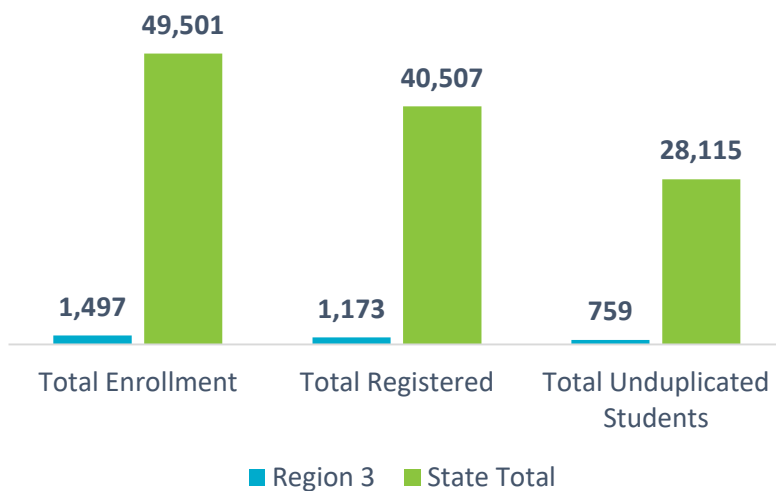


Appendix: Region 3

PARISH	SCHOOL-BASED HEALTH CENTER
Saint Charles	Albert Cammon Wellness Center-St. Rose
Saint Mary	West St. Mary High School



Contract Reporting Measures in Region 3 – SY22

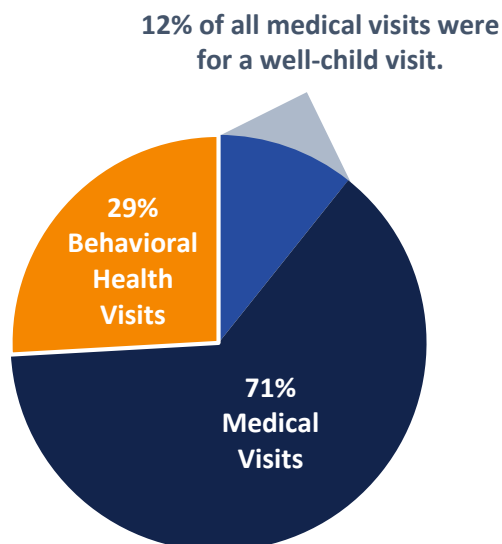


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

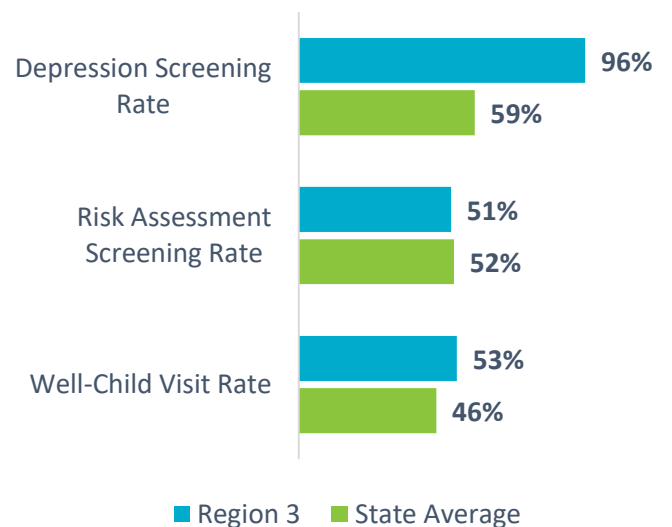
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 3 – SY22



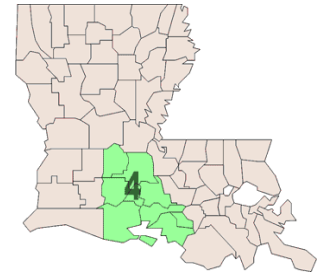
Standardized Performance Measures in Region 3 – SY22

(Averages for unduplicated students)

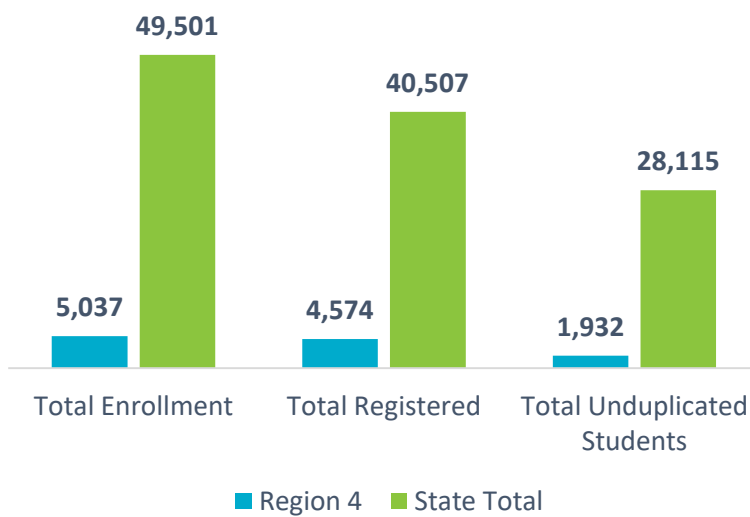


Appendix: Region 4

PARISH	SCHOOL-BASED HEALTH CENTER
Lafayette	Northside High School Health Center
St. Martin	Breaux Bridge SBHC, Cecilia SBHC, St. Martinville SBHC



Contract Reporting Measures in Region 4 – SY22

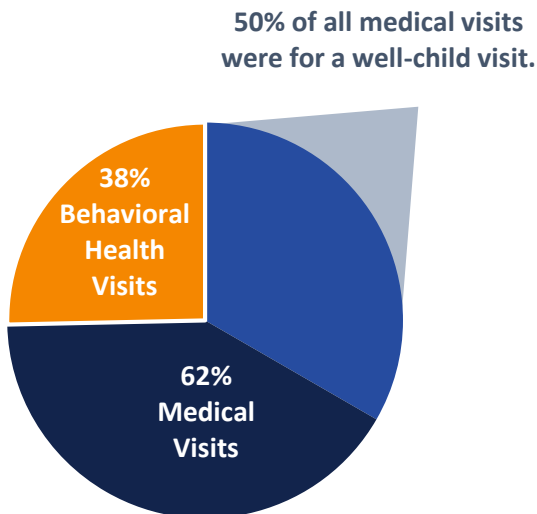


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

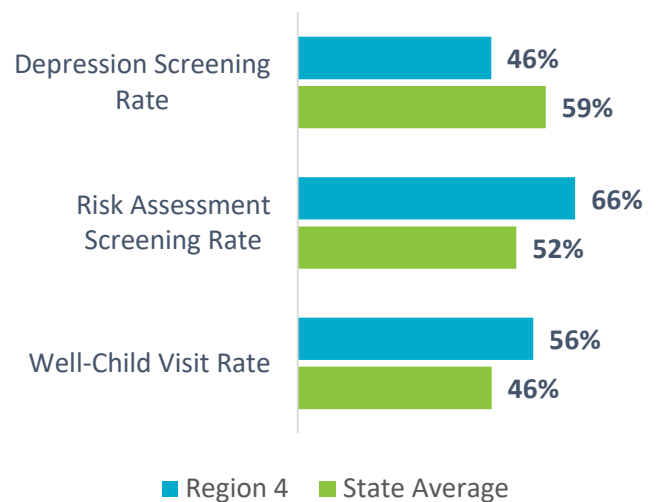
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 4 – SY22



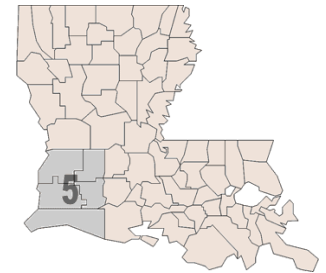
Standardized Performance Measures in Region 4 – SY22

(Averages for unduplicated students)

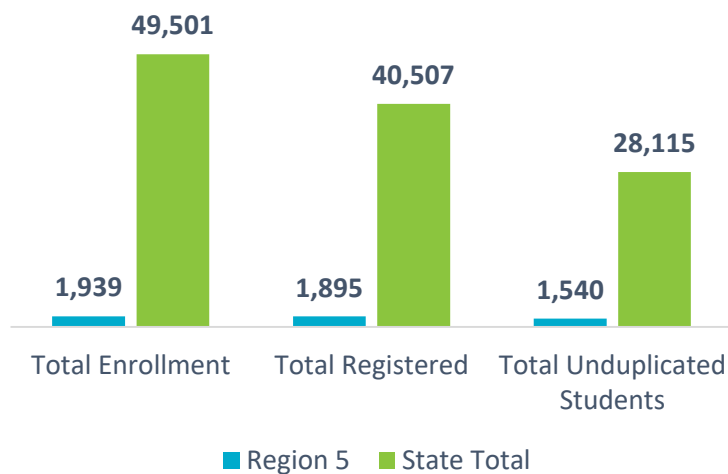


Appendix: Region 5

PARISH	SCHOOL-BASED HEALTH CENTER
Allen	Oakdale SBHC
Calcasieu	Combre-Fondel Elementary SBHC, Ray D. Molo Middle SBHC, Washington-Marion Magnet High SBHC
Cameron	South Cameron High SBHC



Contract Reporting Measures in Region 5 – SY22

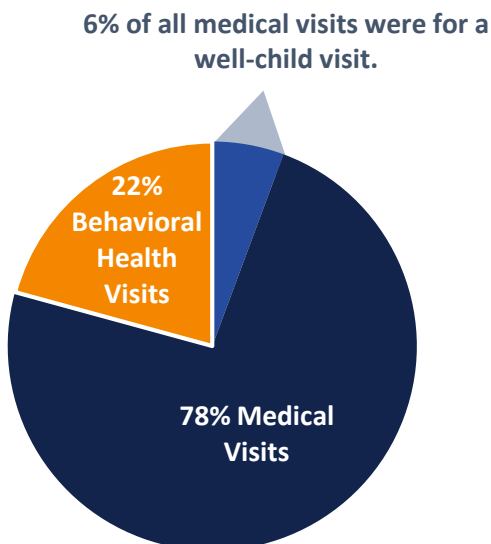


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

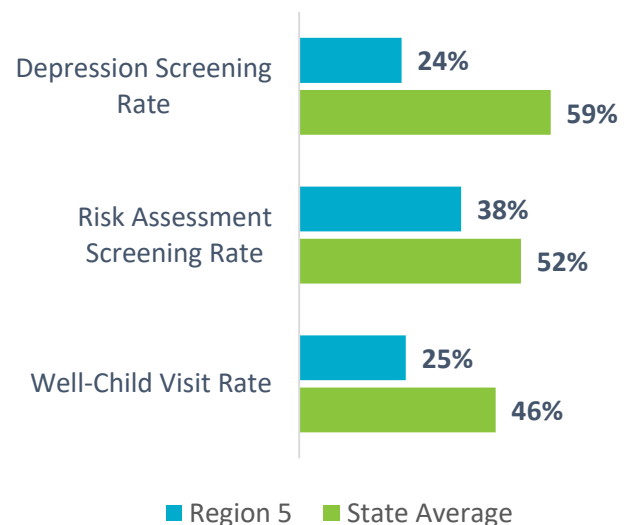
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 5 – SY22



Standardized Performance Measures in Region 5 – SY22

(Averages for unduplicated students)

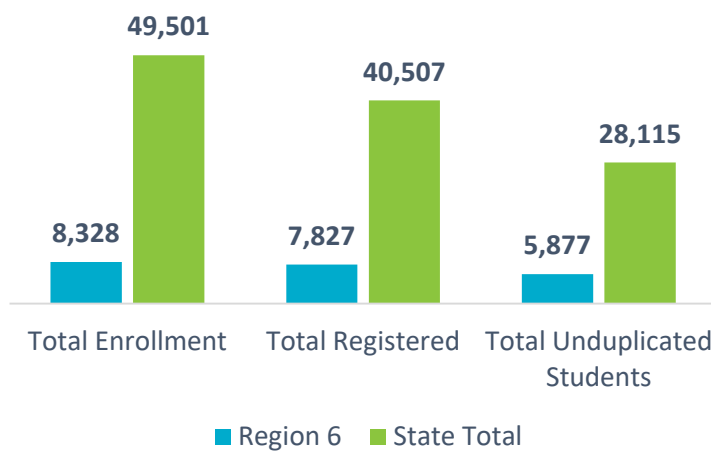


Appendix: Region 6

PARISH	SCHOOL-BASED HEALTH CENTER
Avoyelles	Avoyelles Public Charter SBHC, Avoyelles Senior High SBHC
Grant	Grant Jr High SBHC, Pollock SBHC
LaSalle	Jena Jr. High SBHC, Jena Senior High SBHC
Rapides	Buckeye SBHC, Glenmora SBHC, Lessie Moore SBHC, Northwood SBHC, Pineville Jr High SBHC, Tioga Jr High SBHC, Tioga High School SBHC



Contract Reporting Measures in Region 6 – SY22

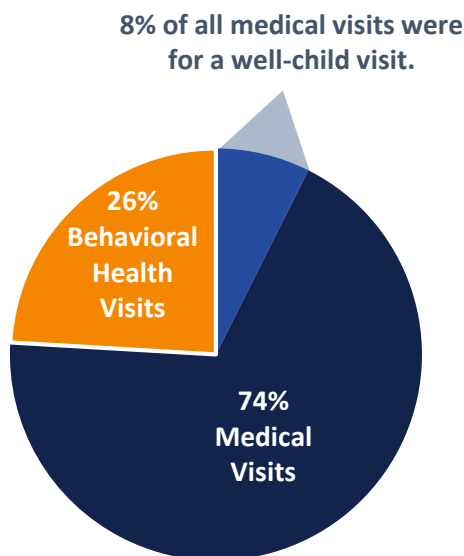


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

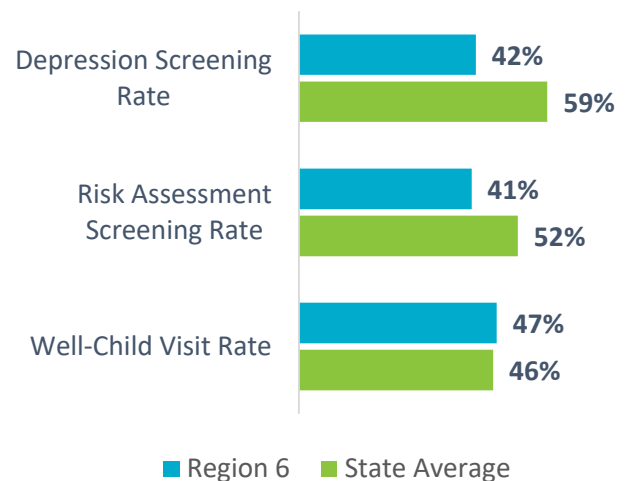
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 6 – SY22



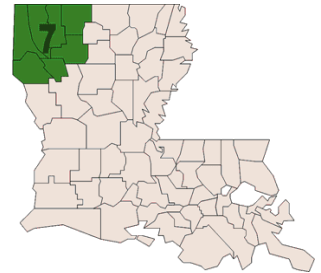
Standardized Performance Measures in Region 6 – SY22

(Averages for unduplicated students)

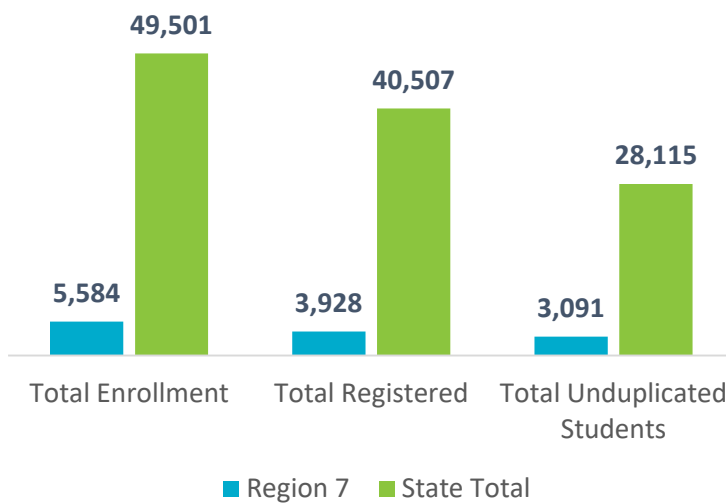


Appendix: Region 7

PARISH	SCHOOL-BASED HEALTH CENTER
Caddo	Atkins Elementary SBHC, JS Clark Elementary SBHC, Linwood Public Charter SBHC, Woodlawn SBHC
Natchitoches	Lakeview SBHC, Natchitoches Central SBHC, Marthaville SBHC, Provencal SBHC



Contract Reporting Measures in Region 7 – SY22

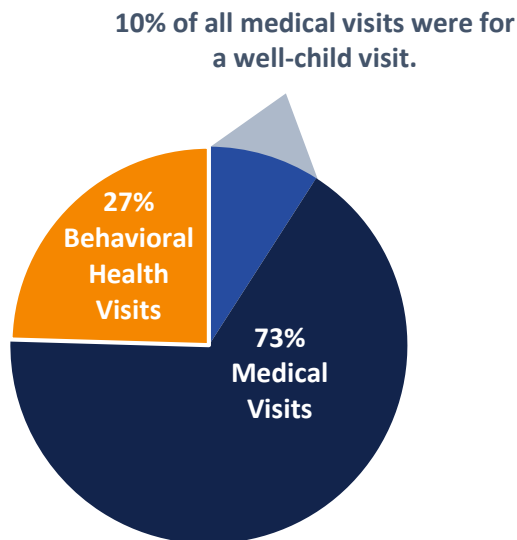


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

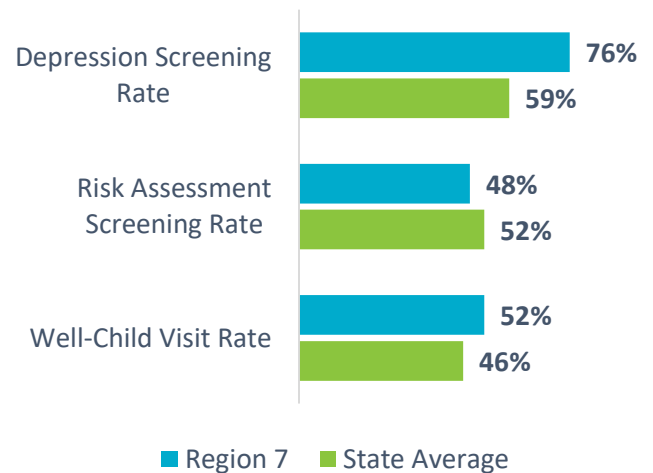
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 7 – SY22



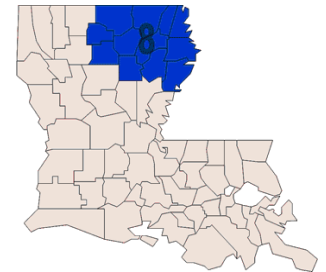
Standardized Performance Measures in Region 7 – SY22

(Averages for unduplicated students)

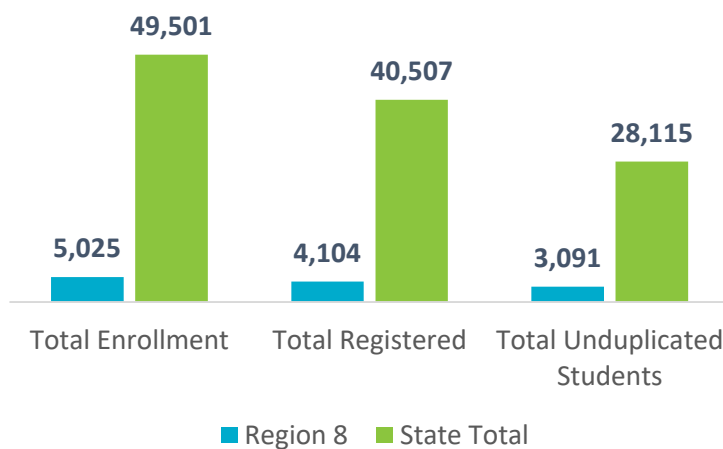


Appendix: Region 8

PARISH	SCHOOL-BASED HEALTH CENTER
Madison	Madison High SBHC
Morehouse	Morehouse Jr. High
Ouachita	Riser Middle SBHC, West Monroe High SBHC
Richland	Delhi Community Health Center, Richardson Medical Center



Contract Reporting Measures in Region 8 – SY22

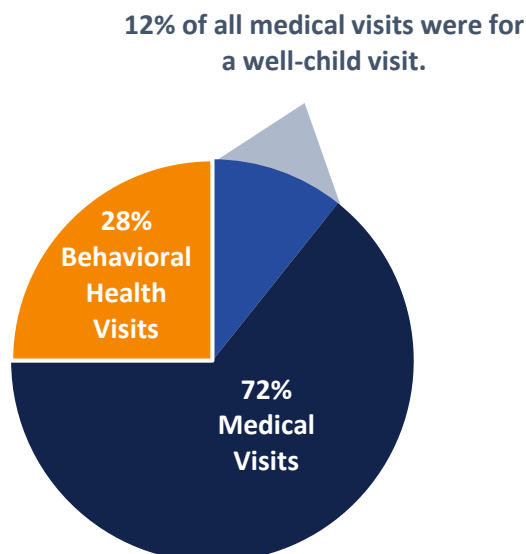


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

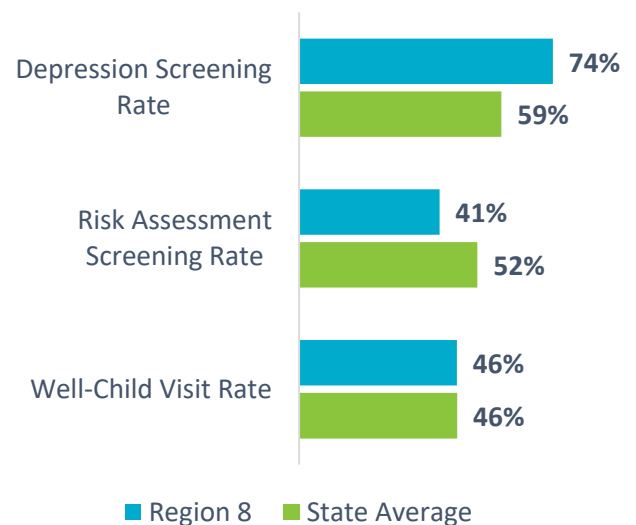
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 8 – SY22



Standardized Performance Measures in Region 8 – SY22

(Averages for unduplicated students)

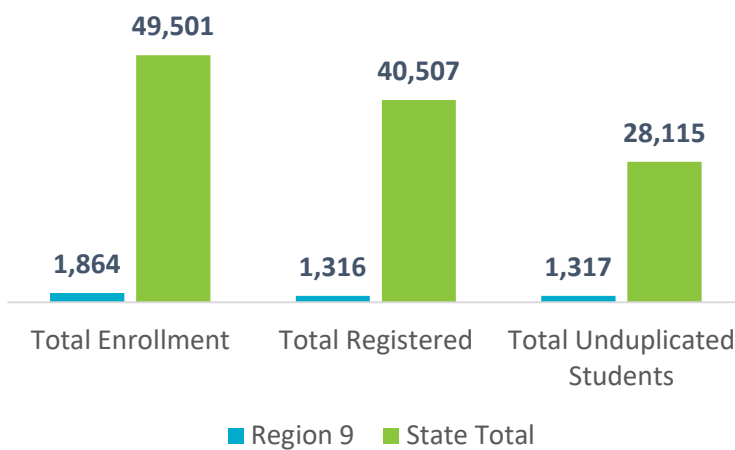


Appendix: Region 9

PARISH	SCHOOL-BASED HEALTH CENTER
Saint Helena	Southeast Community Health Center-St. Helena Arts and Technology Academy, Southeast Community Health Center- St. Helena College and Career Academy
Washington	Bogalusa High School SBHC



Contract Reporting Measures in Region 9 – SY22

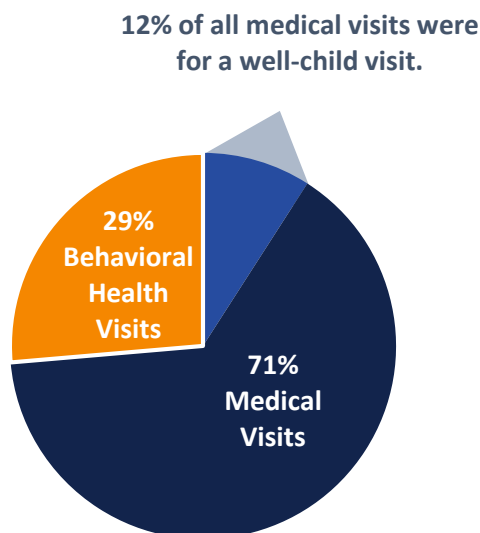


Enrollment = number of students attending the host school and feeder schools.

Registered = has a signed consent form to receive services.

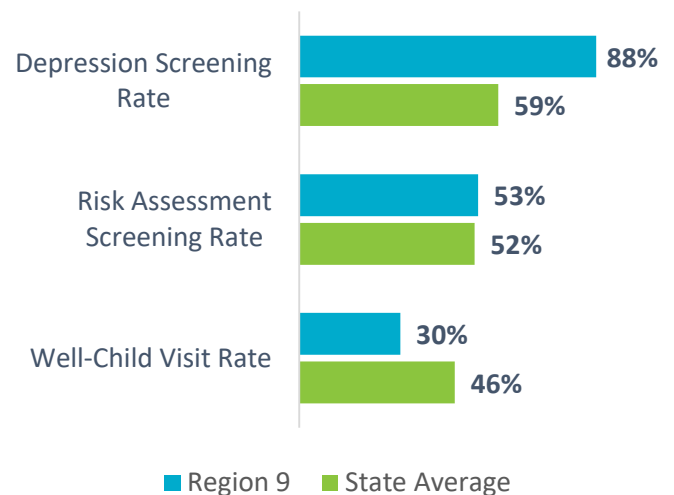
Unduplicated = student has visited the SBHC at least once during the school year.

Reasons for SBHC Visits in Region 9 – SY22



Standardized Performance Measures in Region 9 – SY22

(Averages for unduplicated students)



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 aged 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 aged 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 aged 3-17 **with BMI ≥ 85th percentile** 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.

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).

For more information about the program, please contact AdolescentHealth@la.gov.