School-based health care support toolkit: Case studies on school-based health care efforts in Ohio

OFFICE OF THE GOVERNOR
STATE OF OHIO

Ohio | Governor's Office of Health Transformation

Case study 1

Alexander Local Statistics

Enrollment: 1493 across 2 schools (elementary and high school)
County: Athens – Designated Health Professional Shortage Area for both mental and dental health

Model description

- Primary care provided in dedicated clinic built adjoining school and mental health services provided in retrofitted school space
- Outside provider staff – NP, nurse, phlebotomists; 5 counselors; children's services professionals; outreach personnel
- School health staff – 1 RN, 1 ODE educational aide, 3 counselors and 1 school psychologist

How have you created a partnership with care providers?

- Met early with local providers and let them know we wanted to bring them a steady source of new patients – note: look for provider that takes various payment forms
- Began with one mental health professional and grew from there
- Original primary care provider relationship served students off-campus – more difficult model to coordinate
- Did not bring on SBHC-dedicated additional staff (and still has not due to cost restraints)

How did you make SBHC financially sustainable?

- School side
  - District pledged funding for which they found matching support
  - Chief startup cost was building primary care facility; mental health center had no cost – school is the clinic
  - Ongoing they charge rent to the provider and have no costs (utilities and care provider staff salaries paid by provider)
- Provider side
  - School opened up to the community so provider could build necessary volume

What have been the results?

- Decreased rate of disciplinary referrals, reduced absenteeism, reduced number of students in restrictive classrooms, increased graduation rates

Any other advice?

- Embrace care providers and make them part of staff – assimilates them with school community and increases buy-in

Case study 2

Lima City Statistics

Enrollment: 3719 across 9 schools (8 elementary or middle and 1 high school – health center is in the high school)
County: Allen – Designated Health Professional Shortage Area for both mental and dental health

Model description

- Primary care and mental health services provided in retrofitted campus space
- Outside provider staff – 1 NP, 2 nurses, 1 mental health professional, 1 receptionist
- School health staff – 8 school counselors, 9 School Nurses, 2 school psychologists, 5 PT/OTs, 6 social workers in district
- Mobile dental van visits quarterly

How have you created a partnership with care providers?

- Immediately built MOU with provider to organize where different responsibilities lie
- Heavily publicized the center opening – made sure the community was very aware
- Offers primary care (much of which was to help students get sports physicals), mental health screenings and part-time dental – got rid of dental due to lack of volume
- School health providers roles enhanced - they can ensure more students get needed support

How did you make SBHC financially sustainable?

- School side
  - School leases space to provider group free of charge
  - Required almost no upfront funding because space already existed
- Provider side
  - Retrofitted school space (~1200 sq ft) at manageable cost – added a few sinks
  - Treats students, teachers and student families – not open to general community (did not need the extra volume and concern about security)
  - Primary care sees ~7 people and mental health sees ~3 daily on average

What have been the results?

- Decreased rate of students screening positive for different health issues
- Improved teacher attendance

Any other advice?

- Make sure outside care providers show up at all school events – helps build family buy-in and makes it easier to gather formal consents

Case study 3

MANCHESTER LOCAL SCHOOLS

Manchester Local Statistics

Enrollment: 869 across 2 schools (1 elementary and 1 high school – health center is located in the middle of the two schools
County: Adams – Designated Health Professional Shortage Area for both mental and dental health

Model description

- Primary care and mental health services and vision (2 days monthly – that dropped from every day due to lack of volume)
- Standalone clinic with 3 rooms dedicated for primary care and 3 for dental care
- Outsider provider staff - NP, receptionist and nurse
- School health staff – 1 RN, 1 ODE educational aide, 1 part-time school psychologist, and 1 mental health counselor

How have you created a partnership with care providers?

- Worked from early on to advertise together to the broader community – “it’s not just for kids”
- Fostered relationship between outside medical staff and nurse, as the nurse has unique capability to identify the students that most need care
- Teamed to ensure any student could use health services – currently has 90% parental consent rate

How did you make SBHC financially sustainable?

School side

- Earned numerous grants, including HRSA and Appalachian grant to fund construction of standalone facility and ongoing activities
- School had almost all equipment donated when they began
- School district currently pays for utilities

Provider side

- Opened up to the general community to generate needed volume and serve high need area – “anyone can come at any time”

What have been the results?

- Improved student attendance
- Positive results in community acceptance surveys

Any other advice?

- Make sure every possible community stakeholder is brought to the table as you design your care delivery model