



A Landscape of School-Based Health Centers in Delaware

OVERVIEW

A school-based health center (SBHC), also referred to as a student wellness center, is a method of health-care delivery that provides school-aged youth with comprehensive physical, mental, and preventive health services delivered by qualified medical and behavioral providers in a school setting.¹ These health centers are designed to mitigate the barriers to health-care services that students may face, such as lack of transportation, health-care providers, and insurance coverage.² It has been well documented that school-based health centers can effectively address such barriers and reduce emergency room visits in school-aged children and adolescents. These wellness centers are cost-beneficial and have the potential to close health disparity gaps between racial groups.³ In Delaware, every public high school has opened a school-based health center and key stakeholders are advocating for the expansion of school-based wellness programs to provide care in elementary schools. The following brief will examine the history and role of school-based health centers on a national and a statewide level, the differences between high school health centers and elementary school health centers, the existing model of high school-based health centers in Delaware, and the pilot public elementary school-based health centers, the first of which opened in April 2018.

A LOOK AT SCHOOL-BASED HEALTH CENTERS NATIONALLY

The first comprehensive school-based health centers (SBHCs) in the country were founded in Dallas, Texas, and St. Paul, Minnesota, in the early 1970s.⁴ From that time to the mid-1980s, school wellness centers gained modest popularity, with 40 operational centers across the country by 1985. The number of SBHCs continued to grow in the mid-1980s and early 1990s. This growth can in part be attributed to *Making the Grade: State and Local Partnerships to Establish School-Based Health Centers*, a national program from the Robert Wood Johnson Foundation that supported state and local partnerships designed to expand comprehensive health centers for adolescents and children.⁵

The National School-Based Health Alliance (NSBHA) determined in a 2016–2017 national survey that there were 2,584 school-based health centers serving more than 6.3 million students from 10,629 public schools across 48 of the 50 states, Puerto Rico, and the District of Columbia. This represents the 1.6 million students who have SBHCs in their schools, as well as the 4.7 million students who have access to centers. More than double the number of centers exist today than in 1998.⁶ According to the NSBHA summary report of their 2016–2017 survey,

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four out of five of these centers (approximately 81%) serve a population of adolescents, which are defined by NSBHA to be students in grade six or above.⁷ This exemplifies that the specific needs of adolescents remain a priority in school-based health at a national level. Note that the population served by these centers may also include younger children due to the unique grade combinations that exist in schools. In fact, 40 percent of the SBHCs were reported to have served only elementary schools (defined as grades Pre-Kindergarten or Kindergarten through grades five or six, which accounts for the high percentage of adolescents served even within elementary schools), while 13 percent serve only middle schools, and 17 percent serve only high schools. It was found that 30 percent serve unique grade combinations, such as Kindergarten through grade 12.⁸ The high proportion of SBHCs serving elementary schools may show a shifting concern toward early intervention and providing school-based health resources to younger children.

School-based health centers seek to improve access to key health services for adolescents and children by providing these services in an environment that is inherently convenient for students: their schools. This is not to be confused with the role of school nurses, who provide critical support when it comes to acute medical diagnoses and long-term case management of chronic health issues, individualized student health, and emergency plans.⁹ School-based

health centers contribute through the use of a multi-disciplinary team that provides primary care and performs related functions such as laboratory services and diagnoses, prescription services, comprehensive health assessments, and mental health services.¹⁰ Ideally, SBHCs and school nurses work in conjunction with one another to provide both emergency and preventive care to students as necessary.¹¹ SBHCs also are able to integrate improved access to primary care in the community, likely contributing to the observed reduction in health disparities and improvement of outcomes, both in health and school, for underserved student populations.¹² Perhaps one of the most important areas addressed by these centers is mental health.

It is estimated that between 10 percent and 25 percent of children and adolescents are affected by mental health problems, yet their mental health care is often neglected.¹³ In the United States, anxiety disorders are the most common condition (of affected children, 31.9% experience anxiety disorders), followed by behavior and mood disorders (19.1% and 14.3% respectively).^{1,14} For young people, these mental health disorders are a leading cause of health-related

¹ Here, "anxiety disorders" refers to disorders that share features of excessive fear and anxiety, as well as any associated behavioral disturbances. Behavior disorders in children involve a pattern of disruptive behaviors lasting for a minimum of six months and causing problems at home, school, and in other social situations. These may include hyperactivity, inattention, and impulsivity. Mood disorders are psychiatric conditions characterized by a severe disturbance in mood. These include mania, depression, and bipolar disorder, as well as related sub-types.

burden. The median age of onset for anxiety disorders is reported to be 6 years old and the overall prevalence of disorders with severe impairment and/or distress was 22.2 percent.¹⁵ Approximately one in every four to five youth in the United States meet criteria for a mental disorder with severe impairment across their lifetime.¹⁶ This prevalence, and the likelihood that the most common mental disorders in adults first emerge in childhood, highlights the need for preventive care and early intervention.

With the exception of some differences in services provided due to age disparity between the populations, high school- and elementary school-based health centers are generally intended to serve the same purpose.¹⁷ This purpose, broadly stated, is to provide support and access for children and adolescents to mental and physical health care. The mental and physical health care needs in children and adolescents can be very similar, particularly within the same or comparable communities, and help to define the purpose of SBHCs across the state. Establishing SBHCs in schools for younger children would likely lead to the earlier introduction of benefits such as increased attendance and mental health awareness and management.

SBHCs are sensitive to the unique needs of children and youth, and particularly to the needs of vulnerable populations who are facing significant barriers to access.¹⁸ Despite the fact that there is insufficient high-quality research in the space of school-based wellness, a systematic review of available studies that examined the role of SBHCs in adolescent health found that SBHCs are popular among the populations they serve and provide important mental and reproductive health services. It was found that SBHCs have cost benefits, both in terms of adolescent health and to society as a whole due to the reduction in health disparities and improved attendance at schools in served communities.¹⁹ SBHC models have been shown to implement medical standards of care,¹¹ provide accountable sources of health care, and respond to community needs, despite facing a lack of stable funding that challenges sustainability.²⁰

THE CURRENT STATE OF SCHOOL-BASED HEALTH CENTERS IN DELAWARE

Delaware's first school-based health center was established in 1985 at Middletown High School in the Appoquinimink School District under Governor Mike Castle. This resulted from a conference in Washington, D.C., which discussed barriers to adolescents' access to health care and elevated rates of teen pregnancy.²¹ School-based health centers were the proposed policy solution. Following the conference, Delaware high school students were surveyed to determine where the greatest need existed. Public opinion (parents, community leaders) and community-specific needs were also assessed. Following the introduction of school-based wellness in Middletown High School, several other SBHCs opened over the next several years, including Sussex Tech, Dover, Christiana, and Lake Forest High Schools. Further expansion of a statewide SBHC program was supported by a line in the fiscal year 1994 state budget.

From their inception, Delaware's school-based health centers have been funded through a state grant given to the Department of Health and Social Services, Division of Public Health, with the Department of Education serving as an active partner. The Department of Health and Social Services, through the Maternal and Child Health Bureau, accepted the responsibility of creating and overseeing the wellness centers, establishing the program's standards and operational procedures with input from the Department of Education. The school-based health center program in Delaware was built on a foundation of coordination between education and health professionals at state, local, and school levels.²²

The Division of Public Health retained direct operational responsibility for the wellness center in Middletown High School until 2011, at which point ChristianaCare took over day-to-day operations of the center.²³ Today, the high-school-based health centers are operated by five third-party health organizations contracted by the Division of Public Health via a state request for proposals process.²⁴ Though Delaware's school-based health centers "may be funded by state, federal and/or third-party billing funds; through a community partnership; [or] through grant sources,"

II The medical standard of care expects practitioners of care to uphold the standard of care, in terms of attentiveness and skill level, expected of the average medical professional practicing the provider's specialty.

they must also be supported by the host school with “in-kind or actual dollars.”²⁵ With few exceptions, Delaware’s high school wellness centers have been supported by funding allocated by the state budget.²⁶

The Division of Public Health developed a position statement for school-based health centers in 1988, which defined eight fundamental principles to serve as the basis for the purpose and function of the emerging school-based wellness program in Delaware. This position statement has since been minimally expanded and amended and currently includes a list of nine principles to guide and define school-based health centers in the state.²⁷

In the intermittent period between the opening of the first school-based health centers, starting in 1985, and the expansion of the centers in 1994, the Division of Public Health also developed a list of eight goals for school-based health centers in Delaware. These goals also have been amended over the years and comprise 11 services provided by Delaware SBHCs to students as a means to primary prevention and early intervention. Some of these services provided by SBHCs in Delaware, as outlined by the Division of Public Health, include:

- Providing preventive care
- Detecting signs of emotional stress and psychosocial problems for counseling and/or referral
- Facilitating students’ use of health care systems by establishing links with primary health care providers
- Providing on-going comprehensive health care for students of all ages

In general, the goals of school-based health centers in the state have remained consistent with those of SBHCs nationally: to provide school-aged children with access to preventive and comprehensive care. The list of goals has been amended as deemed necessary and fit with the evolution of needs of the students served.

In 2012, House Bill 303 was signed into law, adding school-based health centers to Title 18 of the Delaware Code. The provisions stipulated in 18 Del. C. §§3365 and 3517G, School-based health centers, were implemented by regulations put forth by the Bureau

of Adolescent and Reproductive Health within the Department of Health and Social Services in the same year. These apply to the medical vendors that provide services in the state’s school-based health centers and the health insurance providers who are responsible to reimburse for these covered services. The regulations define the following:

- Services offered in school-based health centers
- Criteria for recognition as an SBHC
- Interactions with primary care providers
- Criteria for health promotion

A working group of stakeholders in school-based wellness is examining the legislation and regulations that apply to school-based health centers in the state of Delaware for efficacy in and applicability to SBHCs in elementary schools as school-based wellness is explored in this younger population.

HIGH SCHOOL-BASED WELLNESS MODEL

The existing high school-based health centers in the state are “operated by a multi-disciplinary team of health professionals who use a holistic approach to address a broad range of health...needs of students.”²⁸ Every public, non-charter high school in Delaware now has a wellness center. The most recent of these opened at Appoquinimink High School in the fall of 2018 after receiving an allocation of \$228,900 in state funding (plus \$5,000 for start-up costs).²⁹ The Delaware school-based health centers contracted by the state are operated by health care professionals under a grant from the Delaware Department of Health and Social Services’ Division of Public Health. This is a part of a program that partners school districts with the Division of Public Health and third-party health care providers to offer health care services to adolescents in a school setting.³⁰ These services are meant to supplement the care of a student’s primary care provider.³¹ Services provided include physical examinations, health screenings, treatment for minor illnesses and injuries, women’s health care, crisis intervention, and more.³² The five medical providers that currently provide these services to Delaware’s public high schools are Bayhealth, Beebe, ChristianaCare, La Red Health Services, and

PRIMARY GOALS

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Nanticoke.³³ The role of health centers in Delaware high schools is reflective of the role of school-based health centers nationally, as described above. According to ChristianaCare, the state's high school wellness centers are in place to expand adolescent access to high quality health care and work with the individual student's health care provider (i.e., primary care physician), parents, and the school nurse to provide "comprehensive medical and mental-health care, treatment, and health education."³⁴ This is in line with the original purpose of school-based health centers in the state from the time when they opened in 1985, when the primary concern was teen access to health care.

ELEMENTARY SCHOOL-BASED HEALTH PROGRAMS

Delaware's first school-based health center for younger children opened in May 2013 at Kuumba Academy, a charter school in Wilmington, Delaware.³⁵ The first elementary school-based health center at a traditional public school was implemented at Eisenberg Elementary School (Colonial School District) in October 2016. According to the district's superintendent Dusty Blakey, the elementary school is located in a health desert, which contributes to frequent absences and decreased academic performance among students.³⁶ The wellness center offers health care not provided by the school nurse, such as diagnosis and treatment of acute medical conditions, immunizations, and behavioral and mental health services, to students who often lack a medical home or primary care physician of their own. Services are provided by the Life Health Center in conjunction with Nemours Alfred I. DuPont Hospital for Children. Two therapists, a licensed clinical social worker, and a bilingual medical assistant are present

at the center. The SBHC is free to students and assists families without insurance to either apply to Medicaid or "affordable health benefits."³⁷ According to the Life Health Center, the main reason for the wellness center is a need for access in the community. The Life Health Center has been providing limited services at the school for about three years now, but before they began providing mental health and social services, school staff were making over 1,000 behavioral referrals (i.e., write ups for disruptive behavior) per year. This figure has dropped significantly to only 100 per year since students began receiving mental health supports and learning how to better manage their emotions and stress or trauma.³⁸

Various stakeholders, including the contracted SBHC medical sponsors, the Life Health Center, the Department of Insurance and Delaware Health and Social Services, are in the process of working with major private insurers to ensure services provided at the center are reimbursable.³⁹ The remodeling of a classroom into a miniature clinic cost about \$500,000. Colonial School District contracts with Life Health Center for about \$85,000 a year; however, that does not fully cover the cost of the services provided.⁴⁰ Approximately 90 percent of the elementary school's student population have signed up for the school wellness center's services, which involves attaining parental permission and providing individuals' medical history. Colonial School District Superintendent Dusty Blakey says that the district ultimately opened Delaware's first public elementary school wellness center because "you have to...[get] kids invested in their own health and growth" early.⁴¹

In addition to the pilot program in Colonial School District, Red Clay Consolidated School District (RCCSD) has also begun to implement school-based wellness programs for their younger students,

opening SBHCs at two elementary schools in 2018. The district's first elementary school-based health center opened at Warner Elementary School in Wilmington in September 2018, and they now have two operational SBHCs in Warner and Shortlidge Elementary Schools. ChristianaCare worked with Red Clay to plan for and open these centers. ChristianaCare now provides the health services in these centers, including a physician present two days a week at each of the centers, a licensed clinical social worker at each center, and front desk support staff.⁴² Additionally, a community health worker from ChristianaCare's Office of Health Equity joined the RCCSD elementary school-based wellness program in October 2019.⁴³ To accommodate and support the services provided by ChristianaCare, RCCSD provides both the space for the centers as well as a registered nurse (RN).⁴⁴ The RN works with the physician and school nurse to provide consistent care to students. This model differs from the high school centers that ChristianaCare oversees.⁴⁵ Shortlidge Elementary School is also utilizing an evidence-based program which allows children to express their emotions without having to verbalize them.⁴⁶ The evaluative data gathered in 2018 to assess the outcomes of the Warner SBHC is not yet available.

FUTURE DIRECTIONS IN THE STATE

School-based health center programs are likely to continue to expand in elementary and other schools in Delaware. Interest in school-based wellness programs for young children has gained traction in recent months, with State Representative Kimberly Williams proposing legislation to provide funding to support the opening of SBHCs in high-needs elementary and charter schools. The positive results obtained by Eisenberg Elementary School's pilot program have also attracted attention. Currently, the Delaware School-Based Health Center Alliance meets regularly. This group includes Bayhealth, Beebe Physician Network, ChristianaCare, La Red, the Life Health Center, Nanticoke, Delaware State Education Association, Delaware Health Care Association, Nemours, representatives from Colonial and Red Clay Consolidated School Districts, the Department of Health and Social Services' Divisions of Public

Health and Medicaid and Medical Assistance, the Department of Insurance, the University of Delaware, and others. This group both discusses existing contracted high school wellness centers and advocates for elementary school-based health centers in the state, hoping to determine a sustainable and replicable model to achieve optimal support of young children's wellbeing at schools throughout the state. Ideally, this group of stakeholders would like to see all students in the state of Delaware, and particularly vulnerable populations of students, partaking in consistent access to comprehensive mental and physical health care throughout their schooling experience.

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