

**School-Based Health Centers  
A Program of the New York City  
Department of Health and Mental Hygiene (DOHMH)**

**PROGRAM REVIEW SUMMARY**

This overview of the New York City Department of Health and Mental Hygiene (DOHMH) CEO-funded school-based health centers (SBHC) is based on a program review conducted by Westat/Metis staff for the evaluation of the Center for Economic Opportunity (CEO) initiatives. The data were collected between January and July 2008 through interviews with relevant staff of the CEO, DOHMH, provider agencies of the SBHC sites, SBHCs, principals from the host schools, and the Mailman School of Public Health Center for Community Health and Education (CCHE)<sup>1</sup> at Columbia University and a review of program documents from SBHCs and program documents and monthly/quarterly data and management reports from DOHMH through June 2008.

**Sponsoring Agency:** New York City Department of Health and Mental Hygiene (DOHMH)

**Provider Agencies:** Montefiore Medical Center (provider for Evander Childs Campus and Lehman Campus); Morris Heights Health Center (provider for Health Opportunities Campus); Health and Hospital Corporation, North Brooklyn Network (provider for Acorn High School); Health and Hospital Corporation, Queens Hospital Center (provider for Springfield Gardens Campus)

<b>Start Dates:</b>	Evander Childs Campus	September 4, 2007
	Lehman Campus	March 10, 2008
	Health Opportunities Campus	May 27, 2008
	Springfield Gardens Campus	September 2, 2008
	Acorn High School	June 23, 2008

**CEO Budget:** FY08: \$1.3 million (program expenses); \$1 million (capital expenses)<sup>2</sup>

**Target Population:** The target population for this program is any high school student, regardless of insurance status, registered in target public school campuses in the Bronx, Brooklyn, and Queens that are serving economically disadvantaged youth. Across all campuses, the majority of students were eligible for free lunch and were Black or Hispanic/Latino.

**Statement of Need:** Teen pregnancy and birth continue to be serious health and poverty issues in New York City. In 2004, there were 8,415 births and 13,859 abortions to 15-19 year old females citywide. Teen pregnancy rates are highest among Black and Hispanic teenagers.<sup>3,4</sup> Teen mothers are also less likely to complete high school and earn an adequate living. As a result, young mothers are more likely to require public assistance to support themselves and their children.<sup>5</sup> In addition, increased school absenteeism has been documented in adolescents with chronic diseases including diabetes and asthma, subsequently leading to decreases in school performance.<sup>6</sup>

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<sup>1</sup> Provides technical assistance and training to DOHMH's SBHCs on the delivery of reproductive health care services.

<sup>2</sup> Information on funding levels for specific SBHCs was not available to the evaluators at the time of this writing.

<sup>3</sup> Data from DOHMH Bureau of Vital Statistics.2006

<sup>4</sup> Data from DOHMH Bureau of Vital Statistics. Analyses conducted by Bureau of Maternal, Infant & Reproductive Health, 2006.

<sup>5</sup> Sawsan, A.S., Gantt, A., and Rosenthal, M.S. (October 15, 2004). "Pregnancy Prevention in Adolescents." *American Family Physician*.

<sup>6</sup> Schwimmer, J.B., Burwinkle, T.M., & Varni, J.W. (2003). "Health-Related Quality of Life of Severely Obese Children and Adolescents." *Journal of the American Medical Association*, 289: 1813-1819.

**Goal and Services:** The main goal of SBHC is to reduce the incidence of teen pregnancy and birth by providing a full range of on-site confidential reproductive health care services, including risk reduction counseling, STI testing and treatment, HIV testing, family planning counseling, pregnancy testing, and dispensing of contraceptives, including emergency contraception. In addition, the program aims to improve the physical and mental health status of students enrolled in these schools by guaranteeing them access to primary and preventive care; improve student knowledge of preventive health practices in order to reduce risk-taking behaviors and encourage health-promoting behaviors; provide early detection of acute and chronic disorders; provide initial treatment of emergent conditions and make referrals when appropriate; and detect and provide counseling for emotional or psychosocial stress. Mental health services are being provided in four of the five SBHCs; mental health referrals will be made in all SBHCs.

**Eligibility Criteria:** Registration in the school for any program is the only eligibility requirement. In order to enroll and receive all services offered by the SBHC, students are required to submit an enrollment form signed by a parent.<sup>7</sup> If a student who is not enrolled needs primary care, depending on the seriousness of the condition, SBHCs usually contact a parent to obtain permission or request that the student submit a signed enrollment form. However, students do not need parental consent if they need emergency contraception or other reproductive health/confidential care based on state law. All students can receive first aid, regardless of enrollment status.

**Targets/Outcomes:** The target and actual numbers for the categories presented below, as well as the percentage of each target obtained, are as of June 31, 2008.

**Table 1. Enrollment and Utilization in SBHCs<sup>8</sup>**

Schools	Schools Enrollment Numbers	Target Enrollment Numbers <sup>9</sup>	SBHC Enrollment Numbers	Percent of Enrollment Target Met	Utilization #	Utilization Rate <sup>a</sup>
Evander	2,681	1,072	1,033	96%	304	29%
Lehman	4,691	1,876	836	45%	115	14%
Health Opportunities	982	393	153	39%	142	93%
Acom	644	258	30	12%	-	-
Springfield Gardens	N/A <sup>b</sup>	-	-	-	-	-

<sup>a</sup> Utilization rate = Utilization #/SBHC enrollment number.

<sup>b</sup> Springfield Gardens did not provide data.

Source: For Evander, Lehman, and Health Opportunities, data from the Q2 2008 Quarterly Reports from DOHMH to CEO are reported.

Acorn's figures are based on the monthly report from DOHMH to CEO dated July 9, 2008.

<sup>7</sup> Students ages 18 and over can sign up for SBHC services on their own.

<sup>8</sup> Information in this table is based on most recent Quarterly Reports in order to avoid duplicate counts.

<sup>9</sup> As noted earlier, during the first year of operation, the target numbers are based on 40% of the school enrollment.

## Selected Key Findings

**Fidelity to the Program Model.** For the two sites (Evander and Lehman) that were in operation for much or all of the 2007-08 school year, evidence suggests that the program maintains fidelity to its theoretical model. For the remaining three sites, it is too early to assess fidelity to the theoretical model, particularly with respect to the delivery of services.<sup>10</sup> However, we know from interviews that these sites were beginning to recruit and enroll students, building their staff, and meeting with principals and other school staff to coordinate support for the SBHCs.

**Characteristics of the Clients Served in Comparison to the Target Population.** According to the CEO data from April through June 2008, at Evander more than one third of enrolled users of the SBHC were Black (37%) or Hispanic (37%). Although half (50%) of those enrolled in the SBHC were male, a higher proportion of males (55%) used the SBHC compared to females (45%). At Evander, most users (44%) did not have health insurance; more than a third (37%) had Medicaid. At Lehman, the majority of users were Hispanic (61%), followed by Black (25%). The great majority of users were female (65%). The majority did not have health insurance (54%); more than a third (38%) had Medicaid.

**Service Delivery.** SBHCs are open during the school year during school hours as well as immediately after school. Typically, a student can walk into the Center and receive services or schedule an appointment through the office manager or medical assistant, depending on the seriousness of the problem. The medical provider conducts physical examinations, treats chronic and acute conditions, administers immunizations, and dispenses medication. The mental health/social worker provides individualized counseling and therapy as needed. A student may also be referred to the health educator, if needed. SBHCs are required by CEO to arrange with the provider agency for its enrollees to have 24-hour-a-day access to emergency care and access, as needed.

**Provider Capacity.** All four provider agencies are deeply rooted in their communities, have extensive experience in running SBHCs, and can provide a network of services to participants outside of the SBHC. Montefiore operates a total of 15 SBHCs: seven on high school campuses (representing over 20 schools), two in middle schools, and six in elementary schools. Morris Heights, which began as a community development initiative in 1979, supported its first SBHC in 1982 and currently operates seven additional SBHCs. With the new CEO-funded SBHC at Acorn High School, the North Brooklyn Health Network is now operating three SBHCs. Queens Hospital Center has operated an elementary school SBHC since 1997. However, the emphasis on reproductive health was a new element for the school-based programs and some of the Center staff. Although provider agencies have demonstrated the capacity to implement their programs, first-year experience indicates that providers are not able to easily manage the processing and reporting of data.

**Agency Management.** DOHMH is highly committed to building the capacity of SBHCs to deliver comprehensive health care services, including reproductive health and chronic illness management. DOHMH started funding SBHCs in 1993. In addition to the five CEO-funded SBHCs, the Department supports seven additional SBHCs. The availability of CEO funding allowed it to develop a process for including comprehensive reproductive health services in the SBHCs. In order to get the SBHCs up and running for the CEO program, the Director of Special Projects and the Manager of SBHCs in the Office of School Health were required to shepherd the preparation efforts for licensing. DOHMH provided ongoing support through site visits, frequent telephone calls, and careful and thorough review of monthly and quarterly data. Because of the variation in when programs started, there have not been meetings, other than the technical assistance provided on reproductive health, where agency staff shared experiences with the implementation of the SBHCs.

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<sup>10</sup> Health Opportunities did provide services, but did not open until the end of the school year.

**Early Outcomes.** Early implementation efforts showed many positive aspects of the initiative. A well-defined reproductive health protocol has been one of the strongest elements. Other strengths include the providers' clearly defined approaches to comprehensive health services, strong support from the principals, and an understanding of auxiliary efforts needed to engage school administrators, teachers, and other key stakeholders.

It takes considerable time and effort to build enrollment. The timing of recruitment events can affect a site's ability to enroll students, and most of the SBHCs started well into the school year or at the end of the school year. Most sites experienced delays in obtaining state certification. Other hindrances to enrollment included negotiating different requirements from multiple high schools co-located in the building; getting parents to sign enrollment forms (e.g., forms may not get to the parents, students already have a provider, parents have concerns about reproductive health services), and issues associated with having both middle school and high school populations on campus (e.g., two types of consent forms).

As a result of the efforts of DOHMH to prioritize CEO-funded Centers with both DOE and NYSDOH, three of the SBHCs were serving youth during the 2007-2008 school year. Table 2 provides an overview of some of the services provided.

**Table 2. SBHC Primary Health, Mental Health and Reproductive Health Care<sup>11</sup>**

Total # Enrolled	# Utilizing Center (female/male)	# Primary Health Patients (Female/Male)	# of Mental Health Visits	# of Repro. Health Visits
2022	1624 (899/733)	1454 (853/601)	866	846

Source: Quarterly Reports

**Conclusions and Recommendations.**

As implemented, the CEO-funded SBHCs are in alignment with the stated goals. Early implementation efforts showed positive aspects of the program.

- Well-defined reproductive health protocol, with ongoing support, has been one of the strongest elements of the program.
- CEO funding to the five SBHCs leveraged DOHMH's ability to increase the provision of reproductive health services to other city-funded SBHCs.<sup>14</sup>
- Clearly defined approaches to comprehensive health services are reflective of the providers' experience in this area (identification of assessments, forms, staffing needs).

<sup>11</sup> Numbers reflect totals for the quarters that schools were in operations. Data may duplicate students served in multiple quarters.

<sup>12</sup> Evander and Lehman reported only on enrolled users. Health Opportunities figure includes enrolled and non-enrolled users.

<sup>13</sup> Health Opportunities reported 41 enrolled users (34 female, seven male), and 101 non-enrolled users (95 female, five male).

<sup>14</sup> A grant has been recently awarded to CCHE to expand the reproductive health protocol to all 40 high school SBHCs throughout NYC over the next 3 years.

- The programs had support from the principals and an understanding of auxiliary efforts needed to engage school administrators, teachers, and other key stakeholders (Wellness/Advisory Councils, Center tours, participation in other school events and meetings).

The SBHCs had some difficulties. First, recruitment efforts proved more difficult than anticipated, primarily because recruitment was not synchronized with school opening in the fall and because recruitment cannot really begin until NYSDOH certification is received.

A number of recommendations were suggested or have resulted from the program review.

- DOHMH and/or providers may want to consider additional support/technical assistance on recruitment, fine-tuning recruitment strategies to better reach the target population (more outreach to males and grades above 9, and making enrollment packets available for students to pick up and take home anonymously).
- Determine which recruitment strategies have been most effective in getting students to enroll to date and step up efforts in these areas (for example, ask students when they enrolled how they found out about the program).
- Develop strategies to deal with any real (getting enrollment forms to parents) or perceived barriers (dispelling misconceptions about the contraceptives, the Centers themselves, and the youth's privacy rights) to seeking services in the Centers. One medical director commented on the need for additional patient information brochures (such as brochures that discuss what contraceptives work and patients rights) to circulate among youth.
- Develop a system to track students who have been seen for reproductive health issues.
- Track receipt of parents who received enrollment packet and have not yet enrolled; follow up with students and parents to urge enrollment.
- Establish better tracking of health education sessions, differentiating between individual and group sessions, and reporting what topics were covered.
- Establish better tracking of mental health services, reporting specifically what services are provided. Consider establishing targets for the provision of mental health services.
- Expand SBHC reporting requirements to include reporting of gender and race/ethnicity for users of mental health services, as is done for RH services.
- Conduct a formal assessment of the quality of service data submitted by providers. This assessment should establish that the data reported to the agency and CEO can be verified with clinic usage information that is collected by provider staff as visits occur and services are provided.
- Once programs are fully implemented, begin to examine outcomes such as changes in reproductive health knowledge, risk behaviors, school absences, and graduation rates.
- Offer technical assistance to increase the use of automation and uniformity of data collection processes.