

Issue Brief

**SCHOOL-BASED HEALTH CENTERS  
 IN RHODE ISLAND**

School-based health centers (SBHCs) offer comprehensive physical and mental health services in schools, where students spend a third of their day. SBHCs put the health care where the children are and make expert pediatric and adolescent care readily available to children and youth while linking them to their primary care physician and health resources in the community. Services are provided without regard to ability to pay and with minimal disruption to the school day or the parents' work day.<sup>1,2</sup> Children with chronic conditions are especially likely to benefit from accessible school-based services that reduce absences related to medical appointments or lack of regular health care. Many SBHCs also provide dental services and promote general health education, focusing on risk-reducing behaviors, nutrition and mature decision-making.

Rhode Island currently has seven school-based health centers in four cities and towns, serving primarily low-income children. During the 2000-2001 school year these centers provided over 11,000 services to Rhode Island youth.<sup>3</sup> Nearly 5,000 children and teens are enrolled in school-based health centers statewide.

**SBHC Enrollment and Services, Rhode Island,  
 2000-2001 School Year**

School	School Enrollment	Center Enrollment	Services Provided
Central High School	1,518	612 (40%)	1,106
Woonsocket High School	1,804	793 (44%)	2,548
Woonsocket Middle School	1,560	1,142 (73%)	1,912
Coleman Elementary School	725	448 (62%)	1,286
Shea High School	1,020	630 (62%)	500
Central Falls High School	850	568 (67%)	1,825
Slater/Cunningham Schools	1,200	736 (61%)	485
<b>Total</b>	<b>8,677</b>	<b>4,929(57%)</b>	<b>9,662</b>

Source: Rhode Island Department of Health



## THE NEED FOR COMPREHENSIVE AND ACCESSIBLE HEALTH CARE FOR CHILDREN AND ADOLESCENTS

*We tend to think of adolescence as the healthiest time of life, but the shocking fact is in my professional lifetime the health of every age group of American society has improved except for teenagers. When I was Surgeon General, many of the public health issues I dealt with – smoking, AIDS, alcohol, pregnancy, depression – had an alarming adolescent dimension... We need to start thinking of health and education as interlocking spheres. After all, isn't school the best place for a primary health care facility – available, convenient, confidential, and responsive not only to the adolescent, but to the family?*

—C. Everett Koop, M.D.  
Former U.S. Surgeon General<sup>4</sup>



### TEENS HAVE LOW RATES OF HEALTH CARE UTILIZATION

*Even teens who do have health insurance may find access to a doctor difficult.*<sup>5</sup> In Rhode Island, the rate of uninsured children is lower than the rest of the nation due to the state's RItE Care health insurance program. All children participating in RItE Care have a medical home with a regular primary care provider. However, health insurance does not guarantee access to and use of health services. Only half (53%) of the children between the ages of 12 and 21 who participated in the Neighborhood Health Plan of Rhode Island managed care plan received a well-child visit during 2001.<sup>6</sup> This rate of service to adolescents is higher than the national average (44%), indicating how poorly adolescents are served nationwide.

School-based health centers provide important access to health care for children and youth whose needs would otherwise go unmet.

*The physical, mental and emotional health care needs of children and youth today are more complex than ever before and are exacerbated by poverty, environment and family stress.*

- Emotional and behavior problems in U.S. children more than doubled between 1979 and 1996.<sup>7</sup> Studies show that at least one in five children and adolescents has a mental health problem and more than six million children and adolescents in the United States have serious emotional disturbances which often go untreated.<sup>8</sup>
- Tobacco, alcohol and drug use by high school students is on the rise.<sup>9</sup> The leading killers of school-age children are behavior choices.<sup>10</sup>
- Children of all ages engage in less physical activity resulting in high rates of obesity.<sup>11</sup>

*Providing health care to adolescents is particularly challenging.* Youth between the ages of 10 and 19 are the least likely of all age groups to use health care.<sup>12</sup> One of five adolescents nationally feel they should get health care but do not.<sup>13</sup> Adolescents are often concerned about confidentiality and uncomfortable in both the adult and pediatric health care systems.<sup>14</sup> Adolescents who forego health care are of particular concern because they appear to be the very ones who are likely to engage in risky behaviors and have health problems.<sup>15</sup> Youth in low-income communities with high rates of teen pregnancy, sexually transmitted disease, substance abuse and intentional and unintentional injuries are particularly vulnerable and in need of services. They are also the least likely to have a “medical home” with a primary care physician.<sup>16</sup>



## SCHOOL-BASED HEALTH CENTERS MEET THE NEEDS OF YOUTH

School-based health centers have unique strengths which make them particularly capable of meeting the health care needs of children and which account for their increasing support among students, parents, educators and policymakers.

- School-based health centers allow students to seek care with minimal disruption to the school day. Children with chronic conditions such as asthma or diabetes are especially likely to benefit from fewer absences and greater likelihood of obtaining medical attention quickly and as often as necessary.<sup>17</sup>
- Working parents are not required to take time off from work to accompany children to medical appointments. This is particularly important for single parents and low-income parents whose jobs may not offer sick leave or flexibility.<sup>18</sup>
- Annual checkups and athletic examinations can occur on-site and during the school day.<sup>19</sup>
- Minor accidental injuries can be treated immediately and on-site without transporting the child to a medical facility or disrupting the parent's work day.<sup>20</sup>
- School-based health centers offer crisis intervention and mental health services which are often not available or accessible in the community. Accessible mental health services can address or prevent violence, suicide, depression, and school failure or dropping out. Such services are provided in a youth-friendly and confidential setting which encourages utilization by children and teens who would not otherwise seek services.<sup>21</sup>
- School-based health centers provide an opportunity to identify and address learning disabilities and behavioral disorders.<sup>22</sup>
- Health education programs offered by SBHCs can reduce risky and unhealthy behaviors such as drug, alcohol and tobacco use, early and irresponsible sexual activity, poor nutrition, and lack of exercise.<sup>23</sup>
- Those SBHCs that provide dental services make it much more likely that children will obtain regular dental care. Dental services are often very difficult to access even for insured children. Access to providers can be limited, especially for residents of low-income neighborhoods and those who rely on public health insurance.<sup>24</sup>
- School-based health care is important for children in low-income families for whom transportation barriers may otherwise make health care and mental health services difficult to access.<sup>25</sup>

*The fact that 40 percent of children in this nation do not receive preventive health care services is indicative of so much that is wrong with our health care system. We are missing so many opportunities to improve the nation's health. It can be such a simple thing. We need to begin interventions before families start to break down. We need to actively reach out to kids and teach them that they can help themselves. We need to offer culturally appropriate services that build on the strengths of children and their families. If implemented appropriately, school-based health centers offer a logical place to undertake these activities.*

—T. Berry Brazelton, M.D.  
Pediatrician and Author<sup>26</sup>



## DOCUMENTED SUCCESSES OF SCHOOL-BASED HEALTH CENTERS NATIONALLY

SBHCs are located in 45 states plus the District of Columbia. Elementary, middle and high schools have all experienced growth in the number of SBHCs over the past decade. While over a third of the SBHCs nationally are located in high schools, since 1998 the largest growth in SBHCs has been in elementary schools. Growth has occurred in both historically liberal and conservative states as well as in rural, urban and suburban communities. Since 1998, the largest increases have been in suburban communities. SBHCs offer youth-friendly services that are accessible and comprehensive. During the 1999-2000 school year, school-based health centers provided health services to approximately 1.1 million children throughout the United States.<sup>27</sup>

A wide range of studies nationally indicate that school-based health centers can have significant positive outcomes for participating children as well as their families.

### **Improved School Performance**

Health center users were absent fewer days from school compared to students who did not use the center. They were more likely to progress in school and graduate. African-American male students who registered for the center were three times as likely to stay in school as those who did not.<sup>28</sup>

### **Improved Access to Medical Home**

Health center users were more likely to have a medical home (an ongoing primary care provider) than other urban youth nationally.<sup>29</sup>

### **Improved Physical Health Services**

Elementary school students with access to a school-based health center were more likely to have had a physician's visit during the school year than students without access to a center. Uninsured students with access to an SBHC have an easier time obtaining

physical health services than uninsured students without access to an SBHC.<sup>30,31,32</sup>

### **Improved Oral Health Services**

Elementary school students with access to a school-based health center were more likely to have had a dental examination during the school year than students without access to a center. Uninsured students with access to an SBHC have an easier time obtaining dental health services than uninsured students without access to an SBHC.<sup>33,34,35</sup>

### **Improved Mental Health Access and Outcomes**

Adolescents with access to an SBHC were 10 times more likely to make a mental health or substance abuse visit.<sup>36</sup>

Students who received mental health services at an SBHC showed significant declines in depression and improvements in self-image. Fewer students attending SBHC schools reported considering suicide than in national trends.<sup>37,38</sup>

### **Reduced Pregnancy Rates and Risky Sexual Behaviors**

Students in SBHC schools were more likely to postpone sexual activity, to use contraception and to experience fewer pregnancies. In one school, pregnancies declined by over 40% over a three-year period.<sup>39,40,41,42</sup>

### **Reduced Medicaid Costs and Emergency Room Utilization**

Medicaid-enrolled children attending a school with an SBHC had lower total Medicaid expenditures than a comparable group of children without such access. They also had lower emergency department expenditures.<sup>43</sup>

# SCHOOL-BASED HEALTH CENTERS IN RHODE ISLAND<sup>44</sup>

## HOW SCHOOL-BASED HEALTH CENTERS OPERATE AND HOW THEY INVOLVE PARENTS AND THE COMMUNITY

School-based health centers in Rhode Island are operated by state-licensed medical facilities, either community health centers or hospitals. The sponsoring facility provides coverage during the after-school hours. Each Center is subject to the regular evaluations and quality control measures of the sponsoring medical facility. The Centers are staffed by licensed behavioral health providers, nurse practitioners, physicians and other medical staff and administrative support. Services are free of charge for students without health insurance.

School-based health centers work closely and collaboratively with the School Nurse-Teachers. According to the *Rhode Island Guidelines for School-Based Health Centers*, the Centers are required to coordinate the student's health care with the student's Primary Care Provider (PCP). In many cases, the student's PCP is at the sponsoring medical

facility. In cases when the student's PCP is in the community, care is coordinated by sending reports directly to the PCP's office.

SBHCs work with parents and communities to tailor services to community needs and standards. For instance, the decision whether to distribute contraceptives at Centers is made by each community. Currently no Rhode Island communities with SBHCs include this option within the range of Center services.

Parental consent is required for students to enroll in and utilize the health center's resources. The SBHCs welcome parents to participate by visiting the SBHC with their child and speaking with the staff regarding the child's health care. Parents are encouraged to be actively involved in the health care of their children. With the exception of a few services required by law to be provided on a confidential basis (behavioral health, substance abuse and reproductive health services), all information regarding the health care delivered to a student at the SBHC is available to the parent upon request.

### School-Based Health Centers in Rhode Island

#### Elementary School

Kevin K. Coleman Elementary School  
Cunningham Elementary School  
(Based at Slater Junior High School)

#### Location

Woonsocket  
Pawtucket

#### Middle Schools

Samuel Slater Junior High School  
Woonsocket Middle School

#### Location

Pawtucket  
Woonsocket

#### High Schools

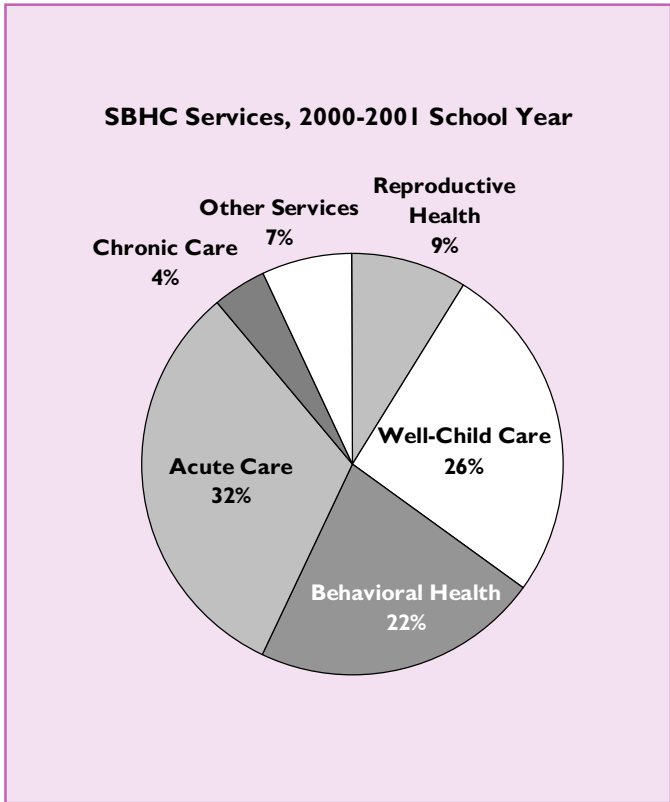
Mount Pleasant High School  
Central Falls High School  
Charles E. Shea High School  
Woonsocket High School

#### Location

Providence  
Central Falls  
Pawtucket  
Woonsocket

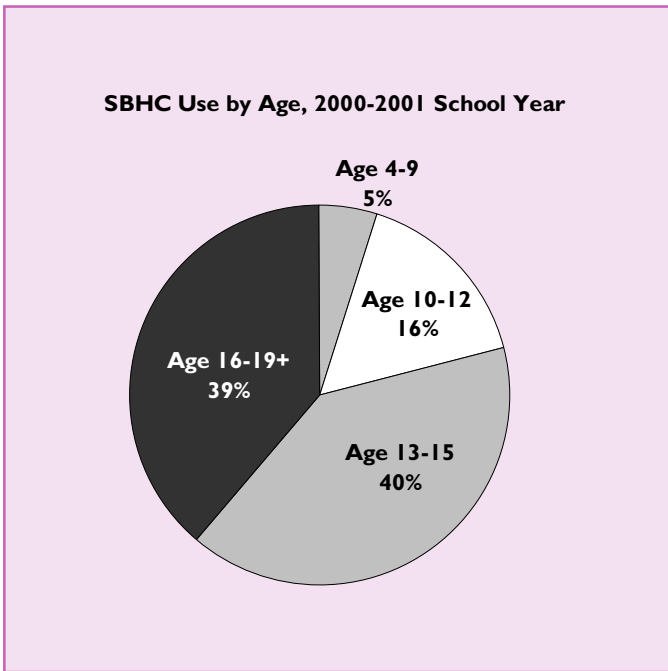
## SCHOOL-BASED HEALTH CENTER SERVICES AND USAGE <sup>45</sup>

During the 2000-2001 school year, the seven school-based health centers in Rhode Island provided 9,662 services to children and youth. Nearly 5,000 elementary, middle, and high school students are enrolled in school-based health centers statewide. Acute care (such as the treatment of infections and colds) and well-child visits (including immunizations) constituted 58% of services provided. SBHCs also provided behavioral health services, reproductive services, chronic care (for conditions such as asthma or diabetes), and other services (such as treatment of injuries, nutrition services, and dental services). Teens ages 13 years and older accounted for over 79% of visits. Females accounted for 61% of all visits.



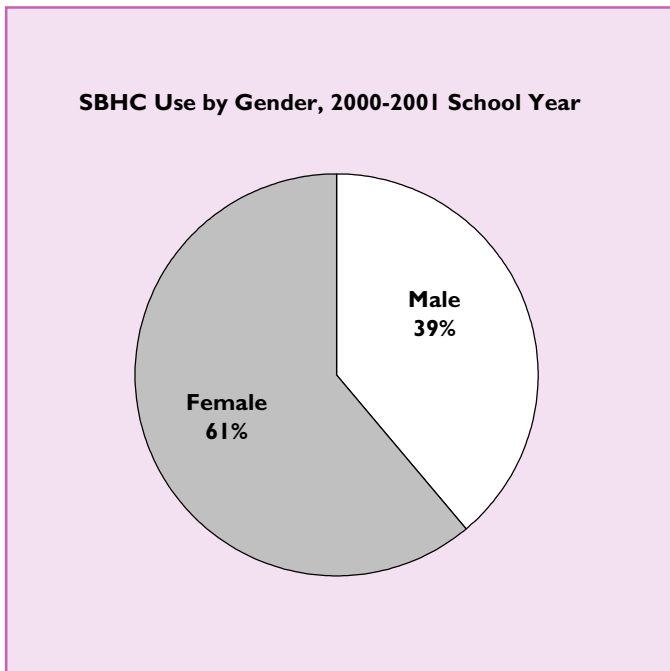
*n* = 9,662

*(This number represents the total of services provided. The number of services exceeds the number of visits because each visit can include more than one type of service.)*



*n* = 8,821

*(This number represents the total number of visits at SBHCs.)*



*n* = 8,821

*(This number represents the total number of visits at SBHCs.)*



## CHALLENGES TO INSURANCE REIMBURSEMENT COLLECTION FOR SBHCs: THE NATIONAL EXPERIENCE

- The success of school-based health centers in winning the trust of youth is due to comprehensive services, outreach efforts, and friendly and immediate services. SBHCs may forego insurance reimbursement because their mission of providing accessible services does not easily enable gate-keeping, pre-authorization and other managed care requirements which place limits on or delay visits.<sup>46</sup>
- Many of the counseling, health education, preventative and case management services which are precisely what makes SBHCs comprehensive and effective are not reimbursable.<sup>47</sup> In Rhode Island, the Senate Commission to Study School-Based Health Centers explicitly recommended that “*school-based health center services should be determined based on best practices rather than what is reimbursable.*”<sup>48</sup>
- SBHCs operate with such limited resources and minimal staff that significant efforts to maximize billing can detract from the primary purpose of providing health care.<sup>49</sup>
- Managed care monthly capitation rates to providers are based on utilization rates, which are usually low for adolescents. SBHCs are effective in increasing adolescent utilization rates and are thus underpaid for their services.<sup>50</sup>
- School-based health centers frequently find that students who have private health insurance may have a deductible which exceeds the cost of care.<sup>51</sup>
- Students who are eligible for public health insurance may not be enrolled. Students may lack essential information about their health coverage and parents may be hard to reach. Student enrollment in health insurance is an important function of SBHCs but one which may require significant administrative resources.<sup>52</sup>

## REIMBURSABLE AND NON-REIMBURSABLE SERVICES IN RHODE ISLAND<sup>53</sup>

### *Reimbursable:*

annual physical (well-child)  
acute care  
injuries  
chronic care  
reproductive care  
immunizations  
lab tests/cultures (some)

### *Non-Reimbursable:*

case management  
insurance enrollment/outreach  
referral and follow-up  
teacher consultation  
classroom observation  
pre-diagnostic mental health services  
individual and group counseling  
prevention and substance abuse counseling  
classroom-based health promotion  
parent education  
engagement activities  
nutrition counseling/weight management  
individual health education

*Note: This list focuses on RIte Care reimbursement practices. Some of these services may be reimbursable under particular circumstances (e.g., some mental health services are reimbursable if provided by a licensed therapist with an appropriate degree). Billing systems and practices also vary from provider to provider.*

Source: School-based health center staff and the Rhode Island Department of Health.

## FINANCING SCHOOL-BASED HEALTH CENTERS: AN URGENT CHALLENGE IN RHODE ISLAND

### CURRENT SOURCES OF FUNDING<sup>54</sup>

The primary sources of funding in Rhode Island for SBHCs have been time-limited grants from the Robert Wood Johnson Foundation and federal grants (Title V—Maternal and Child Health Block Grant and Healthy Schools/Healthy Communities).

State funds have also been appropriated for the SBHC at Central High School since 1987 and for the SBHC at Central Falls High School beginning in FY 2000. Both are included in the Department of Health’s budget for FY 2002.

In addition, Medicaid/RIte Care fee-for-service billing and commercial insurance billing provide a small contribution to the overall budget of SBHCs. During the 1999-2000 school year, SBHCs collected \$54,610 in reimbursements.

Finally, school districts and sponsoring health care organizations have provided significant in-kind contributions including staff, space, and equipment.

### THE PHASE-OUT OF START-UP FUNDING<sup>55</sup>

*The continued survival of Rhode Island’s school-based health centers depends on the establishment of a long-term, steady funding source for core services.*

During the 2000-2001 school year, funding for SBHCs from the Robert Wood Johnson Foundation was \$371,293. That funding ended in June of 2001.

In 2001, Rhode Island appropriated \$75,000 per SBHC site, for a total of \$525,000 for the 2001-2002 school year.

State funding for the 2002-2003 school year has not yet been approved.

*Without continued state funding, at least five school-based health centers in Rhode Island will not be able to provide services during the 2002-2003 school year. The result will be not only a reduction in services and health access for children and youth but also a significant loss of investment in health care infrastructure.*

### Rhode Island SBHC Funding, School Years 1999-2000, 2000-2001 and 2001-2002<sup>56</sup>

Source	1999-2000	2000-2001	2001-2002
State General Funds	\$72,500	\$197,500	\$525,000
Maternal and Child Health Block Grant (Title V)	\$123,093	\$ 75,000	\$0
Federal Office of Rural Health Policy Grant	\$0	\$0	\$194,000
Robert Wood Johnson Foundation*	\$353,853	\$371,293	\$0
Healthy Schools/Healthy Communities* (Federal)	\$221,239	\$141,911	\$118,239
School Contributions	\$0	\$0	\$70,000
<b>Total</b>	<b>\$770,685</b>	<b>\$785,704</b>	<b>\$907,239</b>

\*Time-limited grants



## PRIMARY SOURCES OF SBHC FUNDING NATIONALLY

On the national level, by far the single greatest source of funding for SBHCs has been state funding. Federal Title V funds have been the second largest source of funding although the purpose of those funds is not long-term program sustainability. In contrast, Rhode Island has relied much more heavily on foundation (RJW) and federal grants than on state dollars.

## Aggregate National Funding Sources for School-Based Health Centers, 1999<sup>57</sup>

Source	Dollars	Percentage of Total Revenues
State General Funds	\$29,000,000	60.8%
Maternal and Child Health Block Grant (Title V)	\$9,270,000	19.5%
Medicaid Fee for Service Reimbursement	\$8,200,000	17.2%*
Medicaid Managed Care Reimbursement	\$700,000	1.5%
Private Insurance Reimbursement	\$500,000	1.0%
<b>Total</b>	<b>\$47,670,000**</b>	<b>100.0%</b>

\*Almost this entire amount is collected in New York which, unlike most states, still has a Medicaid fee-for-service system. SBHC reimbursement is easier to access in a fee-for-service system as compared to a Medicaid managed care system.

\*\*Total does not reflect miscellaneous additional sources of revenue, such as foundation grants, dollar and in-kind contributions from sponsoring organizations such as hospitals, or local school or health department funds.

## SPECIAL SENATE COMMISSION TO STUDY SCHOOL-BASED HEALTH CENTERS

Commission Recommendation: *“State funding must be identified as the cornerstone of the school-based health center initiative in order to ensure on-going operations of school-based health centers.”*

### Prototype FY 2002 Budget for Each Health Center<sup>58</sup>

Source	Dollars	Percentage of Total Revenues
State Funds	\$125,000	60%
Insurance and other Fee For Service	\$14,600	7%
School Department (Cash and/or In-Kind)	\$46,900	22%
Medical Provider (Cash and/or In-Kind)	\$22,500	11%
<b>Total</b>	<b>\$209,000</b>	<b>100%</b>

- This proposed core budget would support about 2,900 visits at each center using both a full-time nurse practitioner and a full-time behavioral health counselor. It assumes salaries for ten-months a year and services during normal school hours only.
- A state funding commitment of \$125,000 for each center would bring Rhode Island into line with state efforts nationally. Approximately 61% of aggregate SBHC funding nationwide comes from state appropriations.<sup>59</sup> As of 2000, the state share of SBHC dollars nationwide is even greater (over 70%) since a number of states have chosen to use tobacco tax and/or tobacco settlement moneys for SBHCs.<sup>60</sup>

## RESOURCES

**Special Senate Commission to Study School-Based Health Centers**, *Senator Mary A. Parella, Chairperson, 401-729-6293.*

**The Rhode Island Assembly for School-Based Health Care**, *Carol Frisina, Coordinator, 401-274-1771.*

**Rhode Island Department of Health, Division of Family Health**, *Rosemary Reilly Chammat, Program Manager, 401-222-5922.*

**Rhode Island Department of Education**, *Virginia da Mota, Director, Office of Integrated Social Services, 401-222-4600 x-2373.*

**Rhode Island Department of Human Services**, *John Young, Medicaid Director, 401-462-3575.*

**Rhode Island Health Center Association**, *Kerrie Jones Clark, Executive Director, 401-274-1771.*

**The Poverty Institute at RI College School of Social Work**, *Linda Katz, Policy Director, 401-456-4634.*

**Neighborhood Health Plan of Rhode Island**, *Christopher F. Koller, Chief Executive Officer, 401-459-6000.*

**Covering Kids Rhode Island**, *Dorothy Stamper, Project Director, 401-351-9400.*

**National Assembly of School-Based Health Care**  
[www.nasbhc.org](http://www.nasbhc.org)

**The Center for Health and Health Care in Schools**  
[www.healthinschools.org](http://www.healthinschools.org)

## MAXIMIZING PRIVATE AND PUBLIC INSURANCE AS REVENUE SOURCES FOR SBHCS

Even with the most efficient and successful billing and collection system, school-based health centers in Rhode Island can expect to fund only a portion of their operating costs through third-party reimbursement. Nationally the majority of school-based health centers are barely able to capture 10% of operating budget expenses from insurance reimbursements.<sup>61</sup> National experience shows that in order to preserve the unique and comprehensive nature of SBHCs which is at the heart of their effectiveness, a secure base of core funding will be essential.

In Rhode Island all seven health centers had billing and collection systems in place during the 1999-2000 school year, and billed for \$257,906 of services. Collected reimbursement, however, amounted to only \$54,610. Rhode Island's experience with reimbursement collection mirrors the challenges faced by SBHCs nationally in realizing Medicaid reimbursement in a managed care environment. SBHCs in most states have experienced significant declines in reimbursement revenues as Medicaid managed care replaced Medicaid fee-for-service.

Rhode Island has taken some clear steps towards increasing its ability to bill, collect and maximize cost-sharing. The Department of Human Services which administers the RIte Care program, requires the three participating health plans, Neighborhood Health Plan of Rhode Island (NHPRI), United Health Care and Blue Cross, to include SBHCs in

their provider networks so that they can bill for services provided.<sup>62</sup> However, SBHC ability to bill and collect is often limited by their ability to obtain pre-authorization from the primary care physician (PCP), as required by RIte Care. This potential barrier exists whenever the PCP is not the health care entity which runs the SBHC.

NHPRI, the only plan that reimburses on a capitated basis, recognizes that the historical capitation payment for adolescents does not meet the cost of providing care to adolescents enrolled in an SBHC. Utilization rates at SBHCs are higher, averaging 3 or more visits per year as compared with .8 annual visits in other settings. In order to supplement the capitation paid to the health centers or hospitals running SBHCs, NHPRI began paying them a monthly stipend in FY 2001. The payment is based on FY 2000 utilization rates by students who are members of NHPRI.<sup>63</sup>

In FY 2000 Rhode Island enacted legislation allowing schools to obtain federal cost sharing for health services provided to students enrolled in RIte Care or Medicaid. Schools can also receive reimbursement for the administrative costs of providing these services. Schools can thus receive federal funds for services that were previously paid for with local dollars, potentially freeing up funds to support other health care efforts, including SBHCs.<sup>64</sup>



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### **Rhode Island KIDS COUNT Staff**

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**Elizabeth Burke Bryant,**  
Executive Director

**Catherine Boisvert Walsh,**  
Deputy Director

**Wilsa Galarza,**  
Administrative Assistant

**Olinda Matos,** Program Associate

**Dorene Bloomer,** Finance Director

**Laura Beavers,** Research Analyst

**Veronika Kot,** Policy Analyst

**Dorothy Stamper,**

Covering Kids Project Director

**Sonia Rodrigues,**

Pawtucket Covering Kids Coordinator

**Theresa Hancock,** Policy Associate

**Royce Conner,** Policy Associate

**Raymonde Charles,** Program Assistant

### **Rhode Island KIDS COUNT**

---

One Union Station  
Providence, RI 02903

401-351-9400

401-351-1758 (fax)

email: rikids@rikidscount.org

www.rikidscount.org



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