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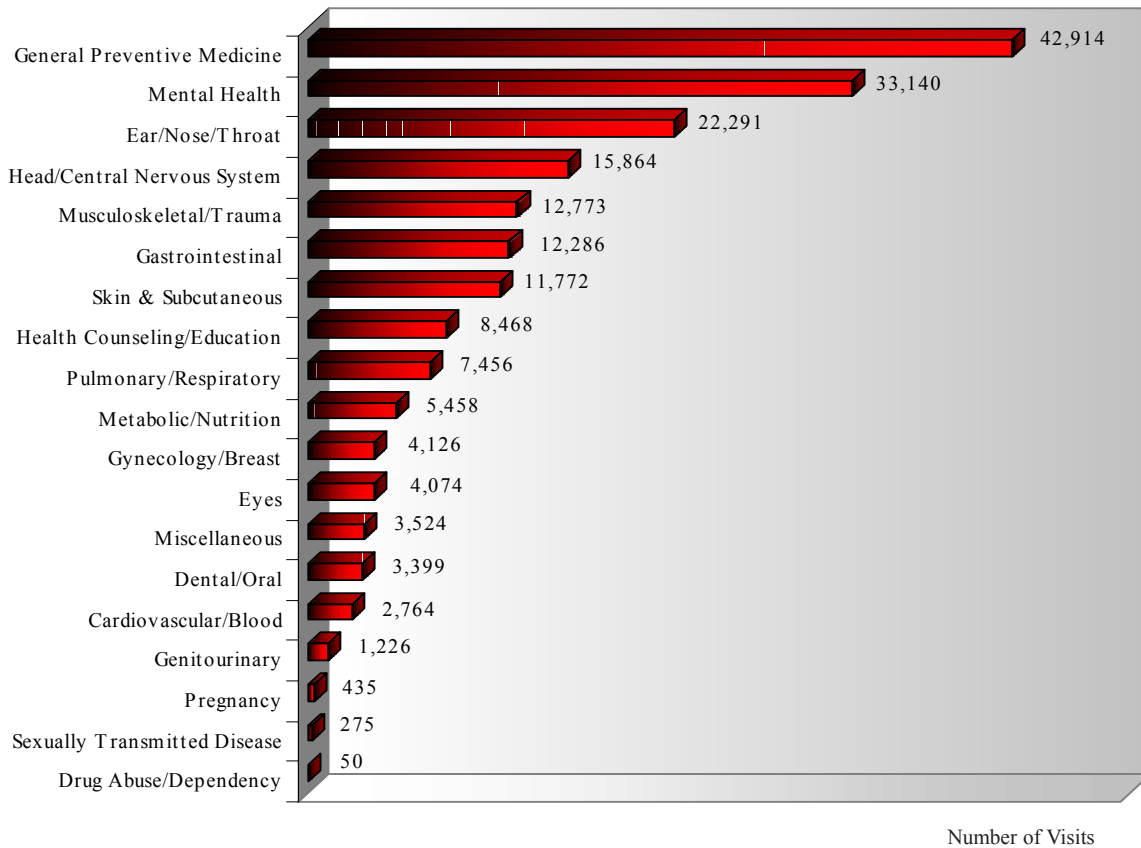
# Who Visits SBHCs & Why



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# *Louisiana School-Based Health Centers*

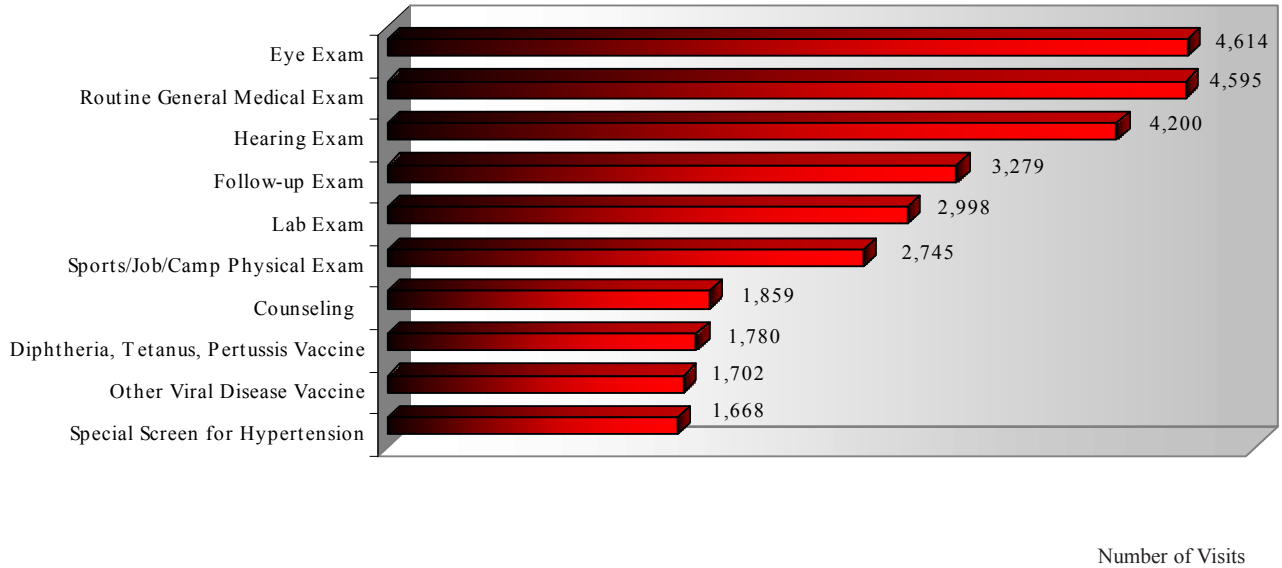
***Number of Conditions Seen at SBHCs, by Category***



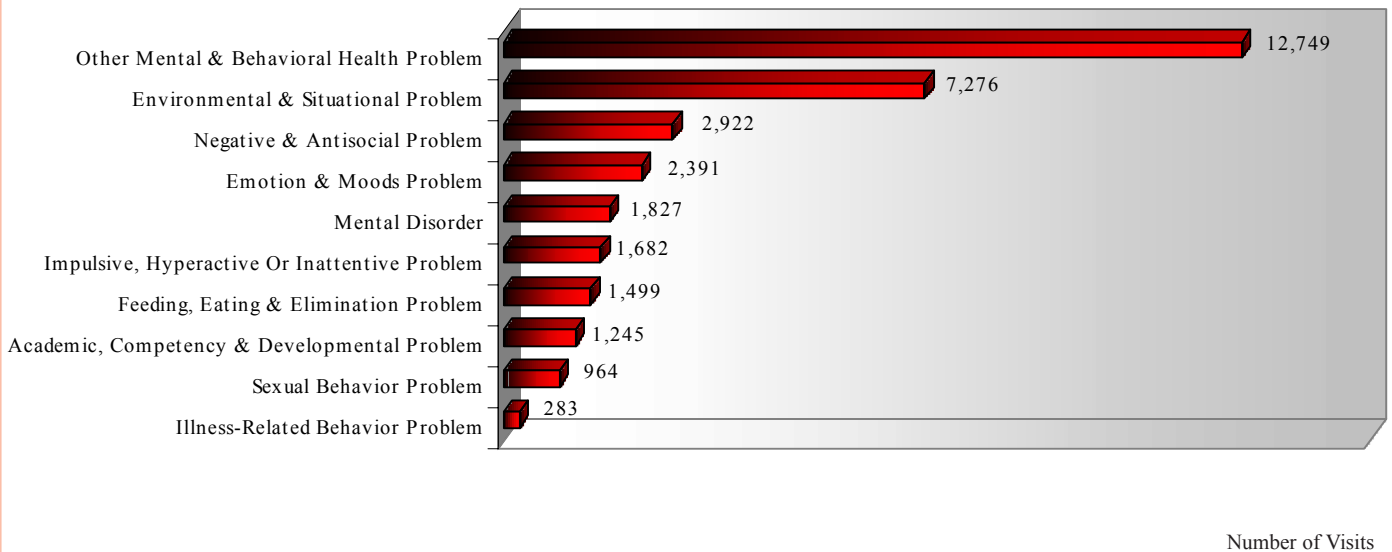
***A Glance at  
2007-2008 Utilization***

42,877 Students Registered at SBHCs  
 28,494 Students Received Services at SBHCs  
 141,930 Total Individual Visits Made to SBHCs  
 5.0 Average Number of Visits Per Student  
 8,149 Total Visits For Group Counseling

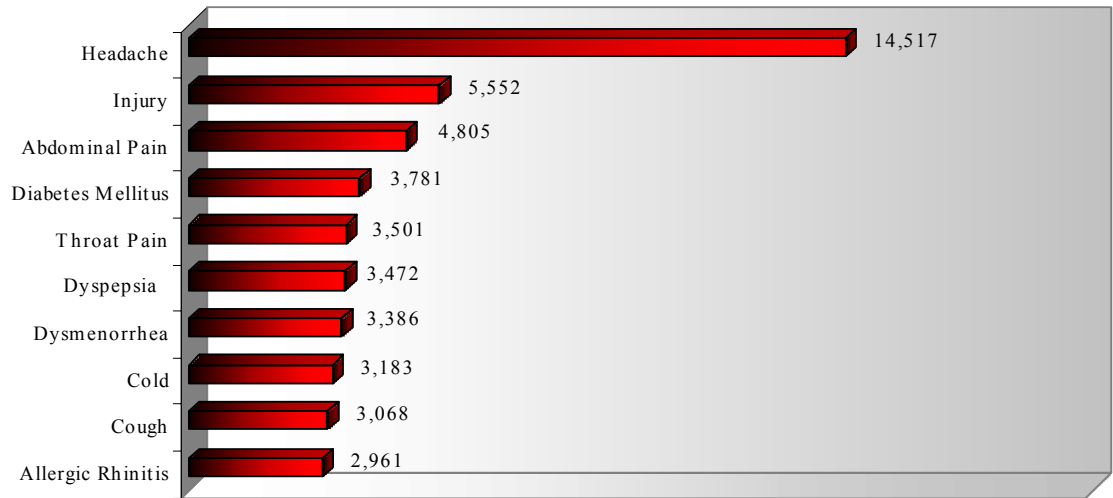
### Leading Reasons for General Preventive Medicine Visits



### Leading Mental & Behavioral Health Issues Addressed, By Category

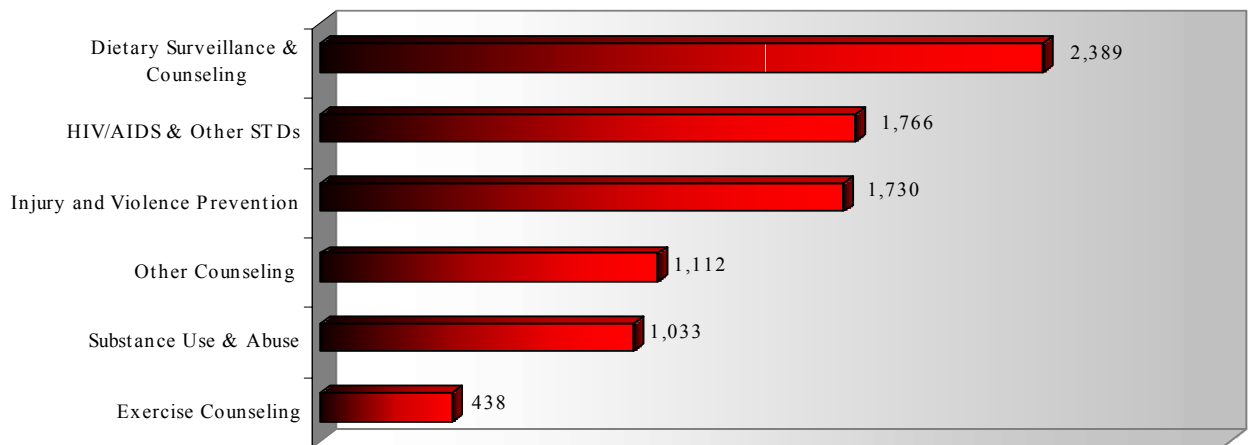


### Leading Conditions for Injury and Illness Related Visits



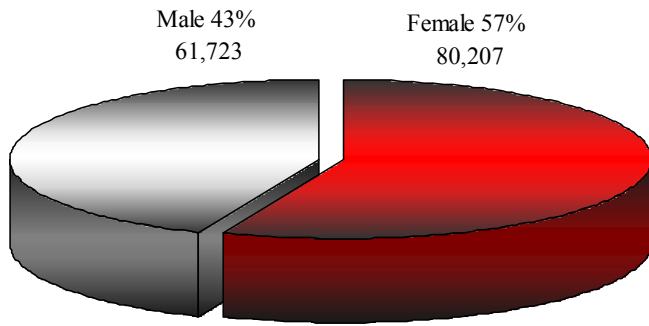
Number of Visits

### Leading Reasons for Health Counseling and Education Visits

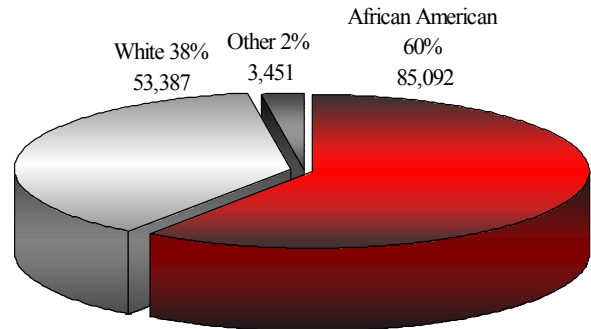


Number of Visits

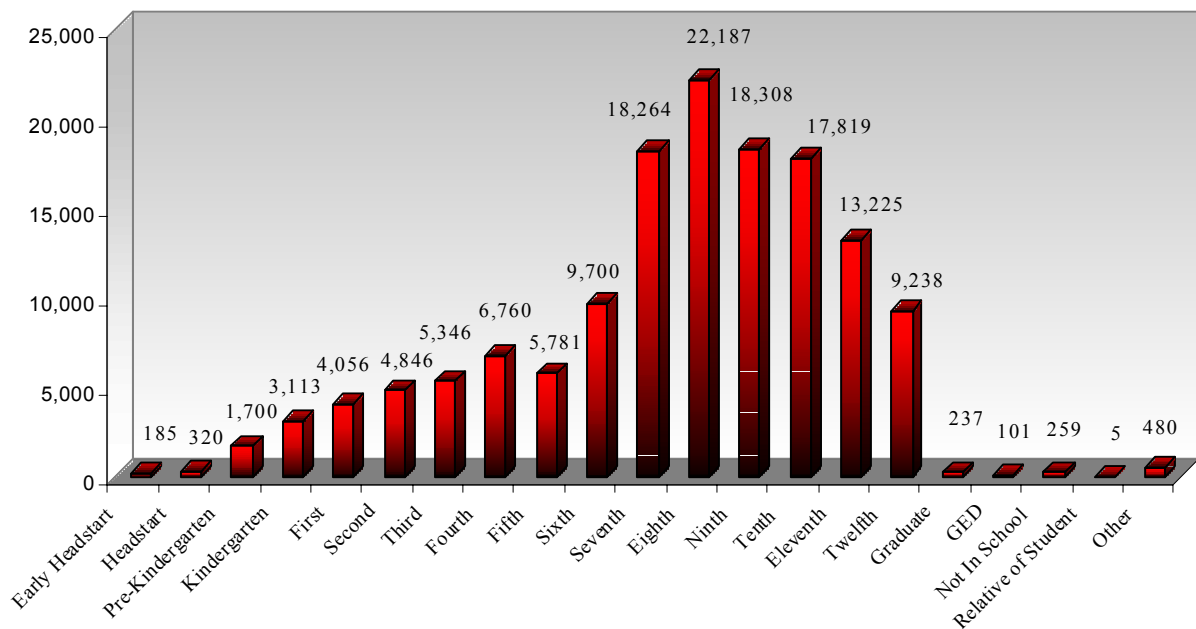
**Total Visits, by Sex, 2007-2008**



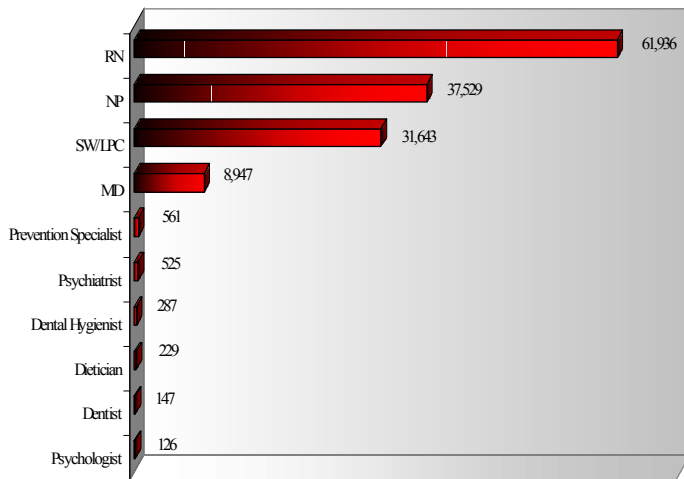
**Total Visits, by Race, 2007-2008**



**Total Visits by Grade for all SBHCs**

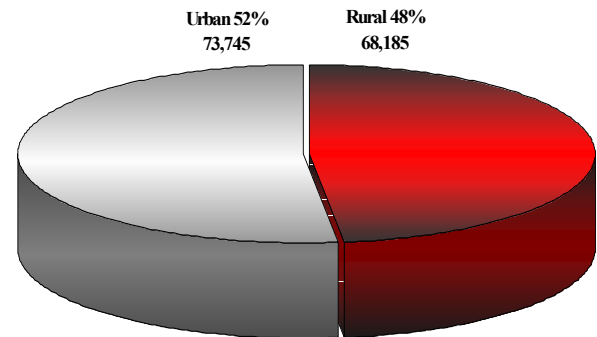


### Total Visits by Provider Type, 2007-2008



Services in SBHCs are provided by a multidisciplinary team of professionals who work together to address all aspects of the students' well being: physical, mental, and emotional. (See chart on the left.) All SBHCs are staffed with nurses, primary care providers (nurse practitioners and physicians), and master level behavioral health professionals. Some SBHCs also have psychiatrists and psychologists. A few SBHCs are able to offer dental services onsite.

### Total Visits by Rural and Urban SBHC Sites, 2007-2008



The Adolescent School Health Initiative began in urban schools with high concentrations of economically disadvantaged and uninsured students. However, immediately after its inception, rural communities recognized the immense value SBHCs have toward providing health care services to adolescents otherwise lacking access to such care. While all adolescents experience similar needs, both the obvious and subtle differences can be addressed by the local SBHC because it remains a community-based initiative.

### Comparison Ranking of Top 10 Conditions, Rural versus Urban

#### Rural

1. General Preventive Medicine
2. Mental Health
3. Ear, Nose & Throat
4. Head & Central Nervous System
5. Musculoskeletal & Trauma
6. Gastrointestinal
7. Skin & Subcutaneous
8. Pulmonary & Respiratory
9. Metabolic & Nutrition
10. Miscellaneous

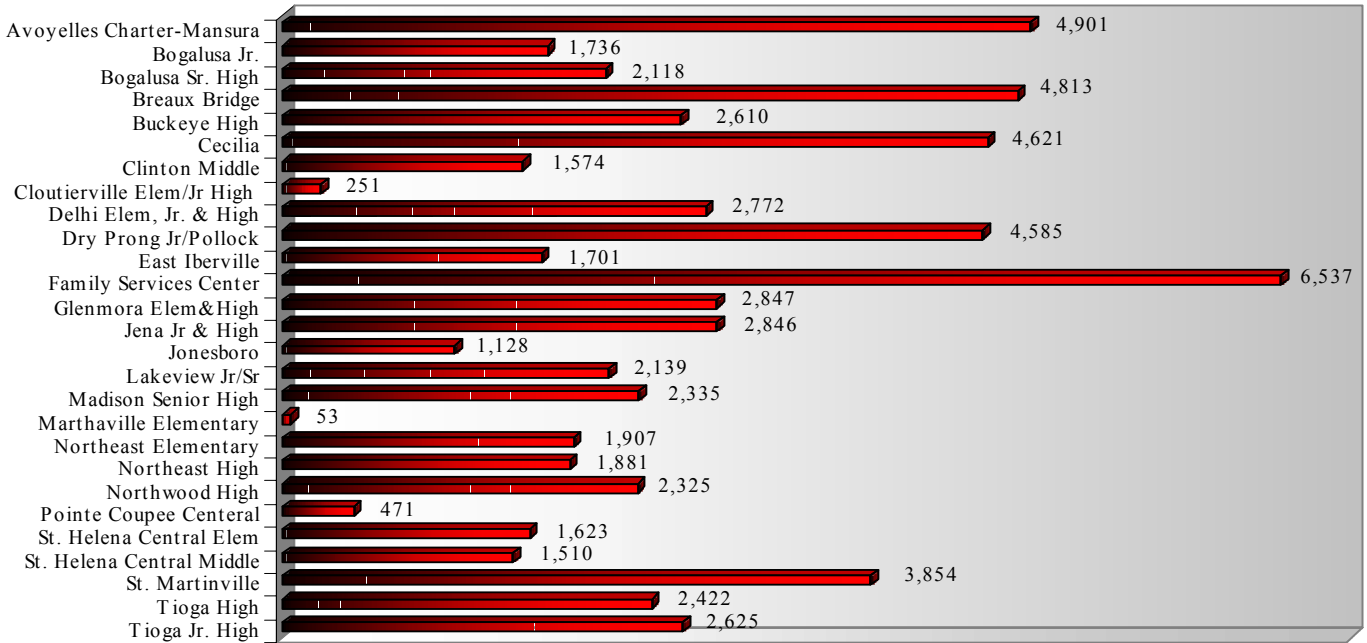
#### Urban

1. General Preventive Medicine
2. Ear, Nose & Throat
3. Mental Health
4. Head & Central Nervous System
5. Musculoskeletal & Trauma
6. Health Counseling & Education
7. Gastrointestinal
8. Skin & Subcutaneous
9. Pulmonary & Respiratory
10. Metabolic & Nutrition

## Total Student Visits by Site, 2007-2008

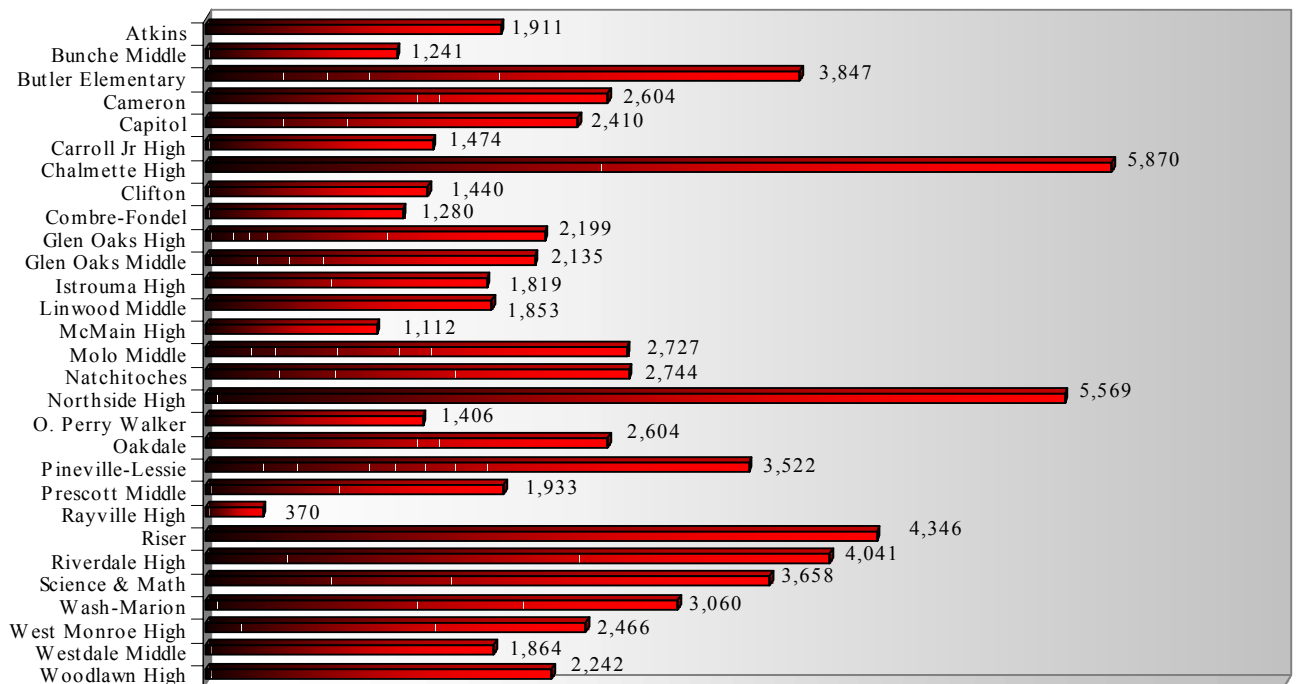
(This includes 8,149 visits for treatment intervention groups.)

### Rural Sites



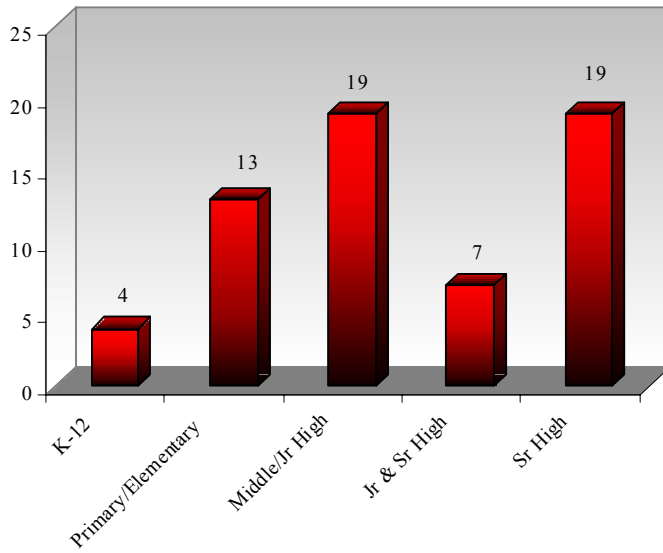
Number of Visits

### Urban Sites



Number of Visits

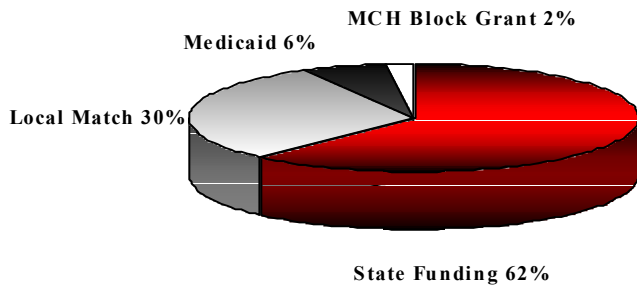
**Type of Schools That House SBHCs**



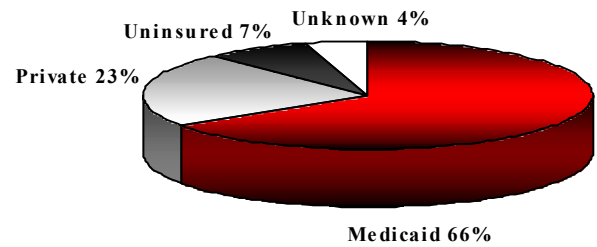
Although SBHCs are mandated to serve middle and high school students, children in primary/elementary schools are also served by these “feeder” locations. (See Visits by Grade on page 19.) In some areas, SBHCs are located on primary/elementary school campuses when no space is available at nearby middle or high schools (left).

The primary reasons OPH funds SBHCs are a demonstrated need and a lack of access to care.

**Sources of SBHC Funding**



**Insurance Status of Those Using the SBHC**



For every dollar the state invests in SBHCs, an additional 61 cents is provided by other sources, including the local communities, federal and private grants, and Medicaid. The local match of 20% is a requirement of the OPH grant, which these communities consistently exceed.

Recognizing that adolescents often delay or avoid seeking needed health services in traditional settings, the Louisiana Medicaid Program designated SBHCs as a unique provider type in Louisiana’s Community CARE Program in 2004-05.

**Type of Sponsorship for each SBHC**

