



Section Two

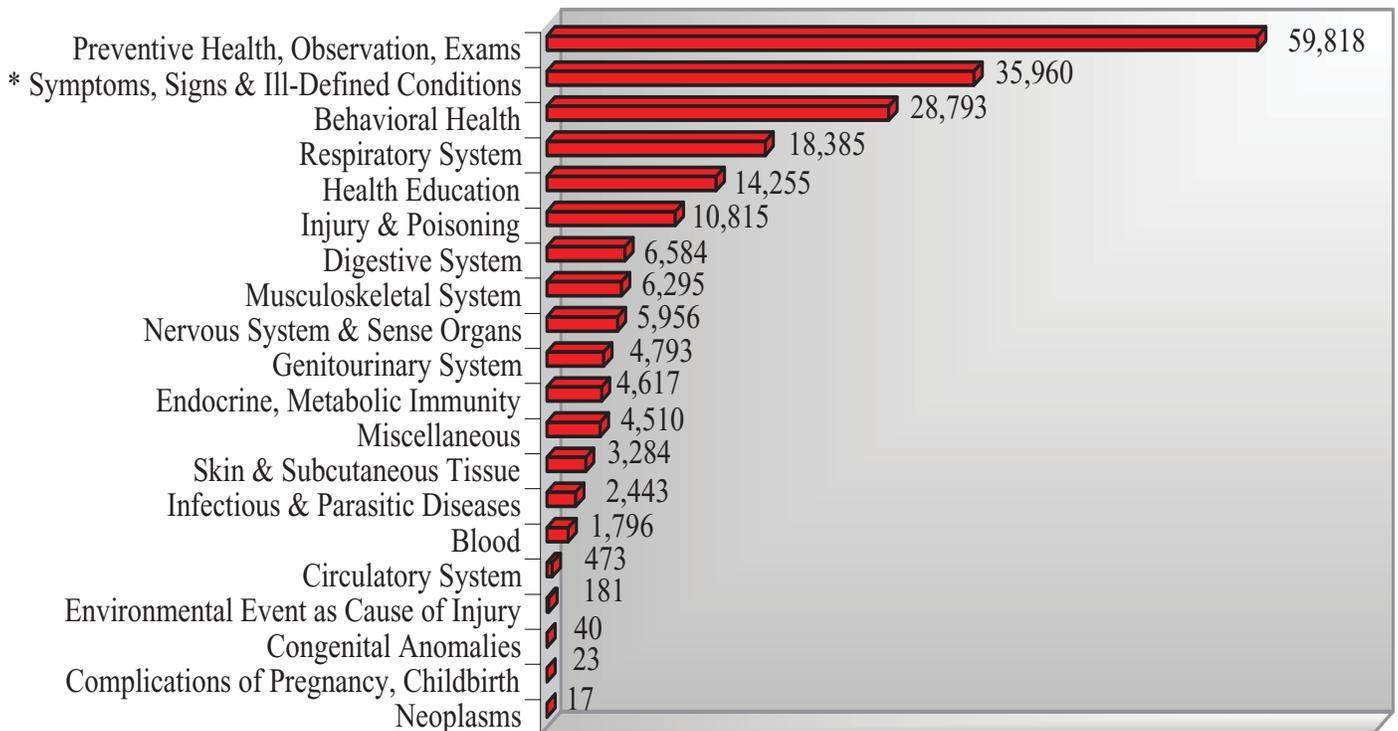
Who Visits SBHCs and Why



A Glance at 2009-2010 Utilization

47,133 Students Registered at SBHCs
 32,151 Students Received Services at SBHCs
 141,414 Total Individual Visits Made to SBHCs
 4.4 Average Number of Visits Per Student
 5,257 Total Visits For Group Counseling

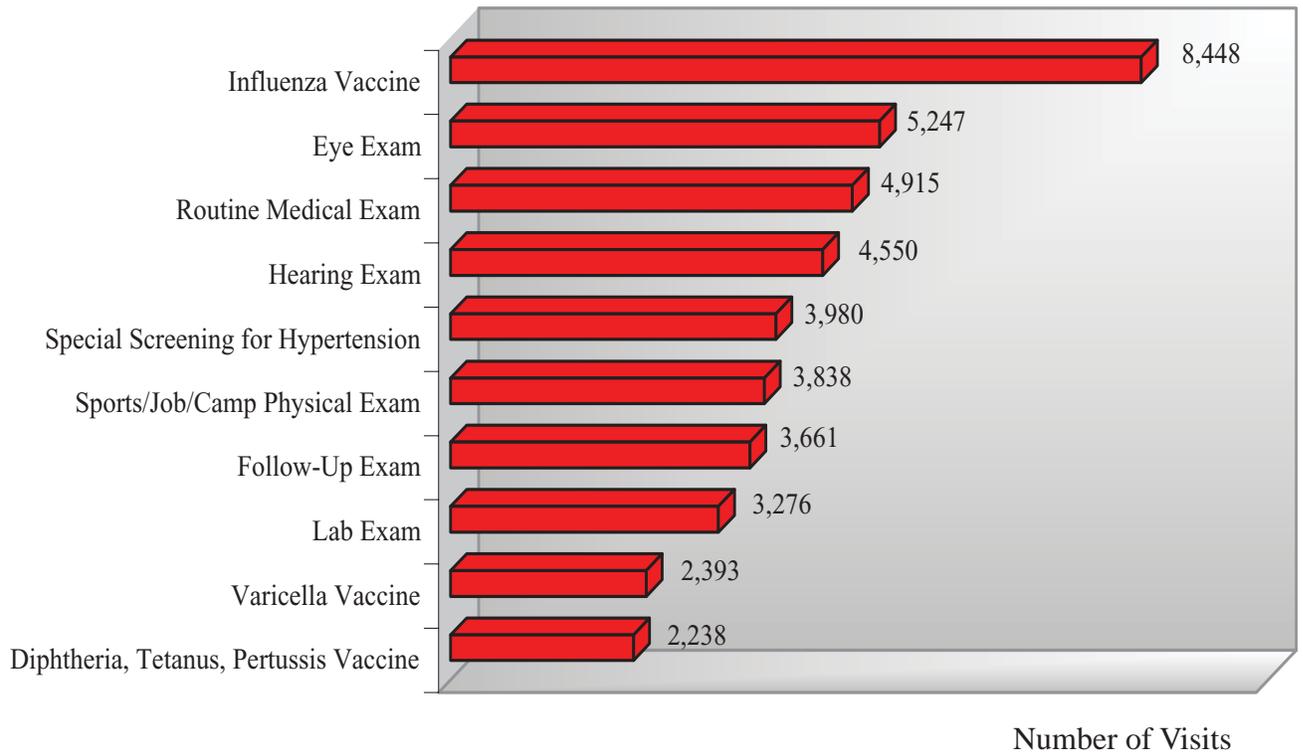
Number of Conditions Seen at SBHCs, by Category



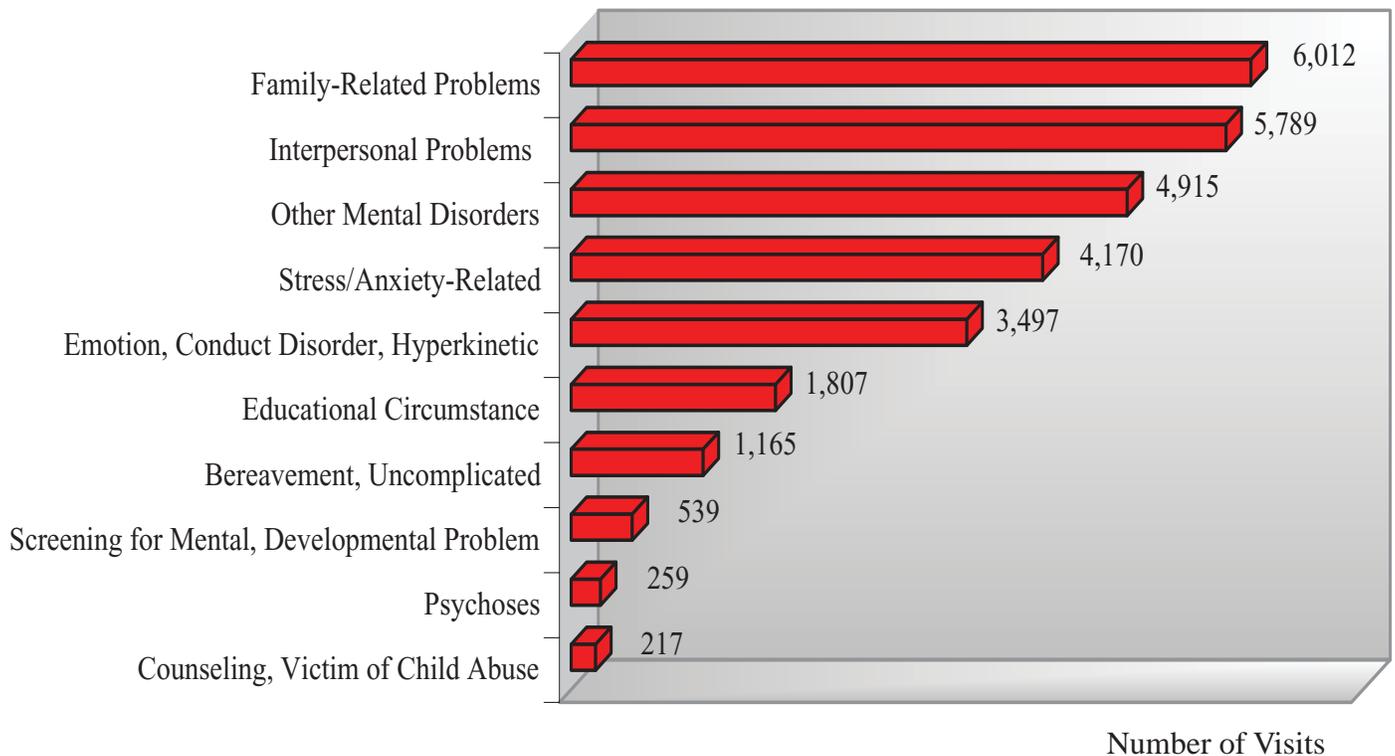
Number of Visits

* OPH-ASHP categories were changed 2008-2009 to reflect the ICD-9 code book categories. The Symptoms, Signs & Ill-Defined Conditions Category includes, but is not limited to the following conditions: abdominal pain, cough, headache and nausea.

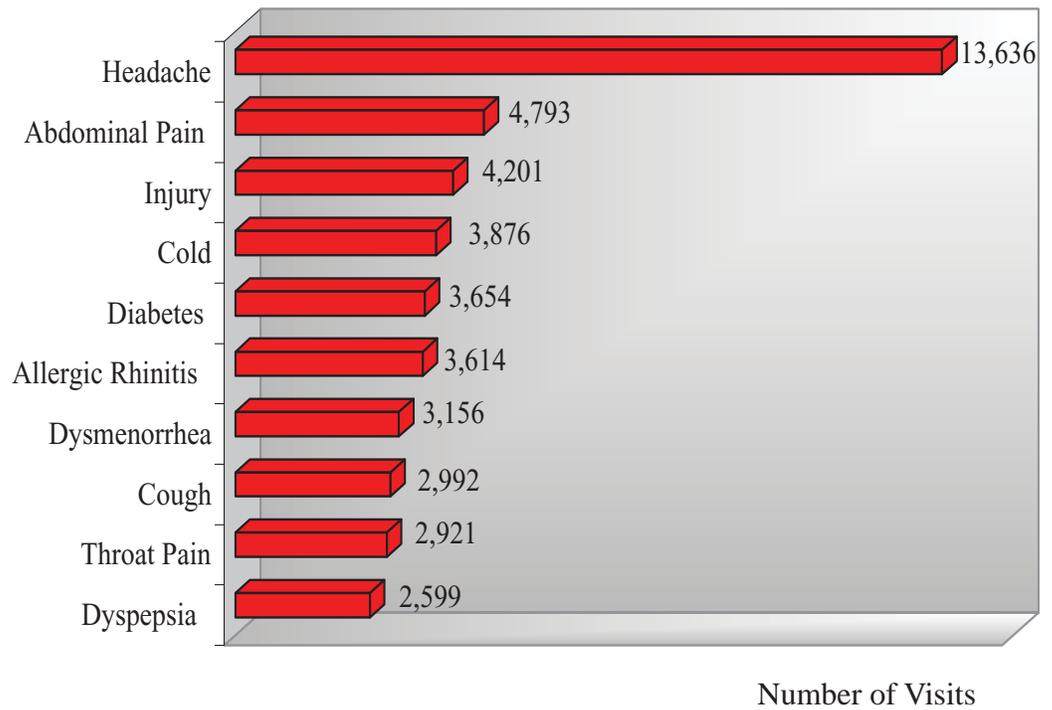
Leading Reasons for Preventive Health, Observation, Exams, Visits



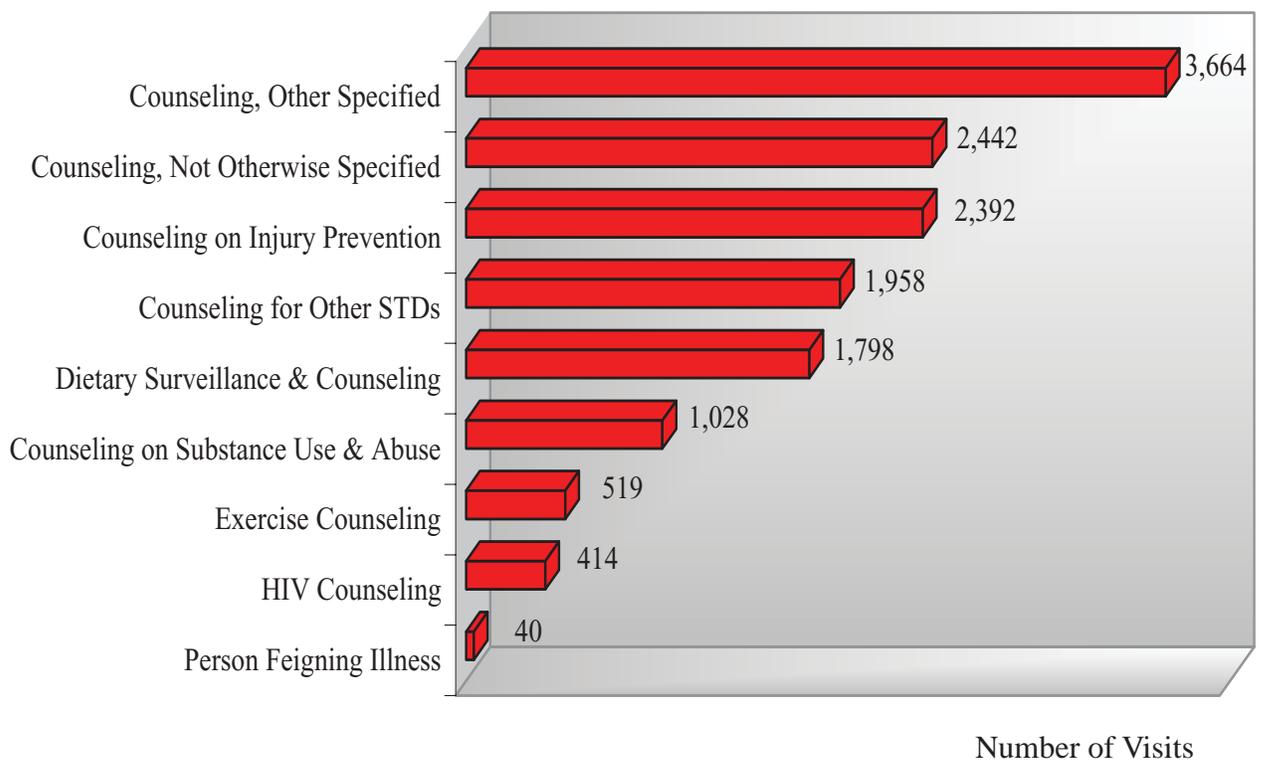
Leading Reasons for Behavioral Health Visits



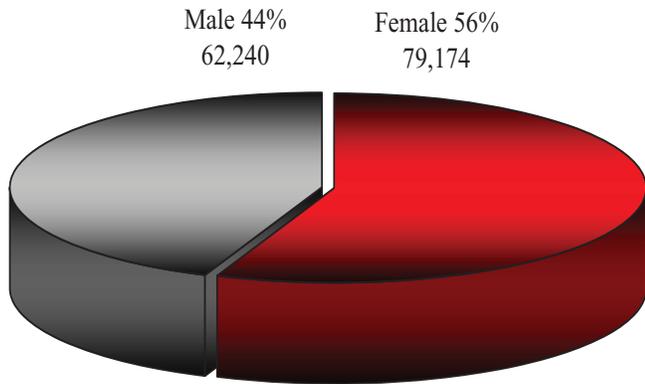
Leading Conditions for Injury and Illness Related Visits



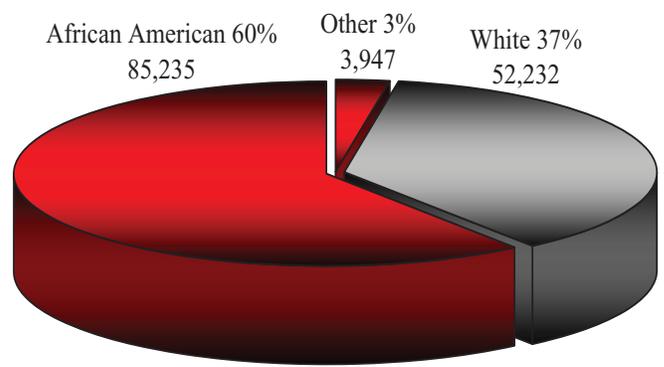
Leading Reasons for Health Counseling and Educational Visits



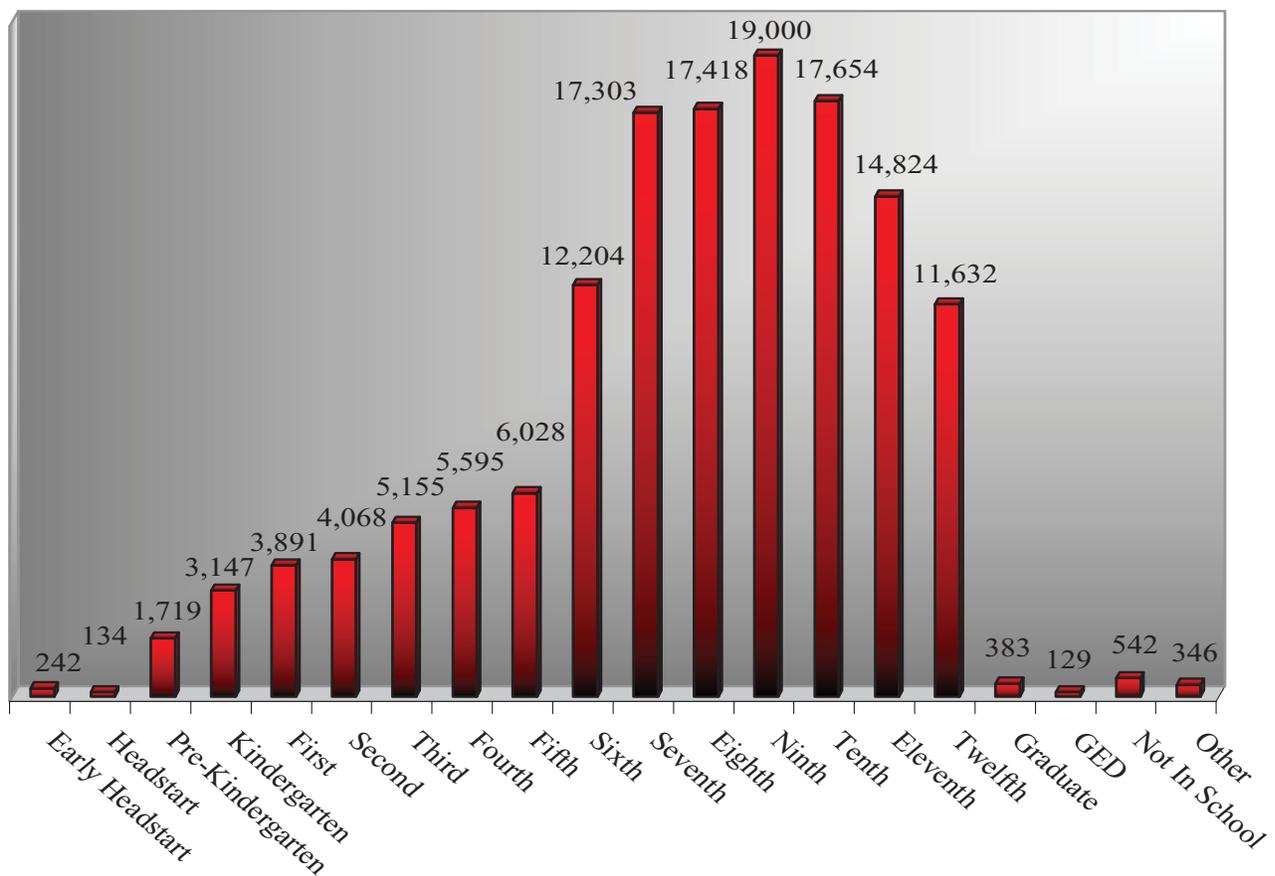
Total Visits by Sex, 2009-2010



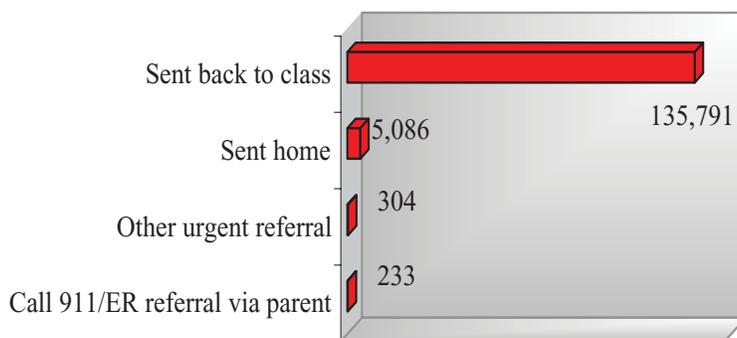
Total Visits by Race, 2009-2010



Total Visits by Grade for All SBHCs



Total Visits by Disposition, 2009-2010



Of the 141,414 visits to Louisiana SBHCs, students were sent back to class 96% of the time, thereby reducing time students are out of school.

Comparison Ranking of Top 10 Conditions, Rural versus Urban

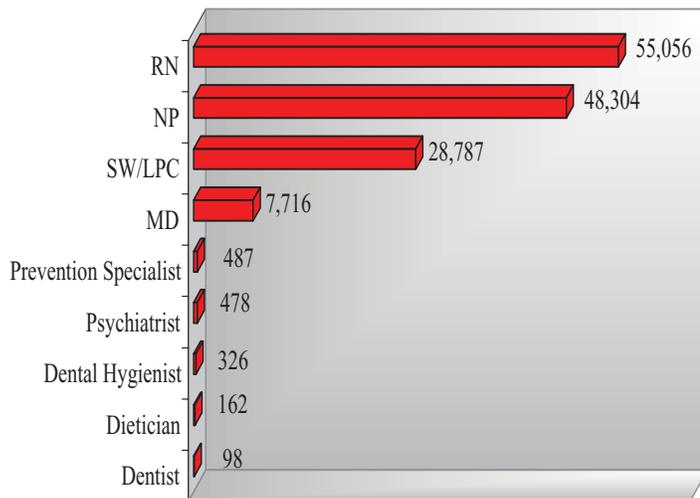
Rural

1. Preventive Health, Observation, Exams
2. Symptoms, Signs & Ill-Defined Conditions
3. Psychosocial & Economic Circumstances
4. Respiratory System
5. Injury & Poisoning
6. Health Education
7. Mental Disorders
8. Digestive System
9. Nervous System & Sense Organs
10. Musculoskeletal System

Urban

1. Preventive Health, Observation, Exams
2. Symptoms, Signs & Ill-Defined Conditions
3. Respiratory System
4. Health Education
5. Psychosocial & Economic Circumstances
6. Mental Disorders
7. Injury & Poisoning
8. Digestive System
9. Musculoskeletal System
10. Nervous System & Sense Organs

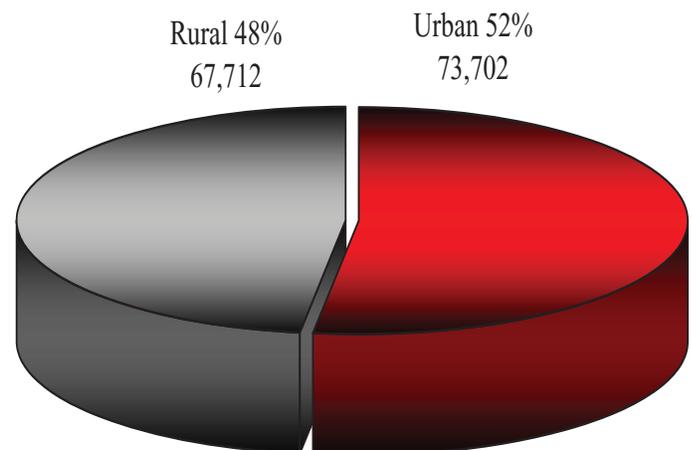
Total Visits by Provider Type, 2009-2010



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 licensed 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, 2009-2010

The Adolescent School Health Program 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 school-age youth otherwise lacking access to health care. While all young people experience similar needs, both the obvious and subtle differences can be addressed by the local SBHC, because it remains a community-based initiative.

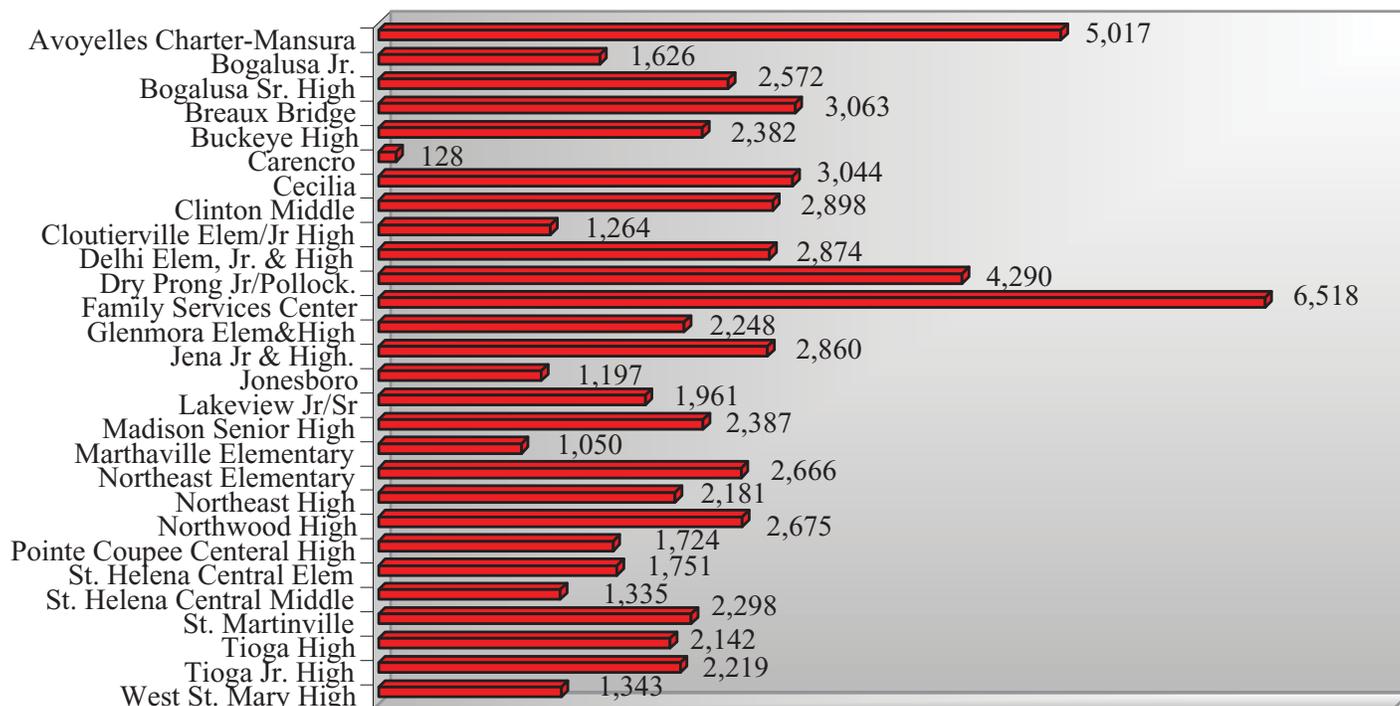


Total Student Visits by Site, 2009-2010

(This includes 5,257 visits for treatment intervention groups)

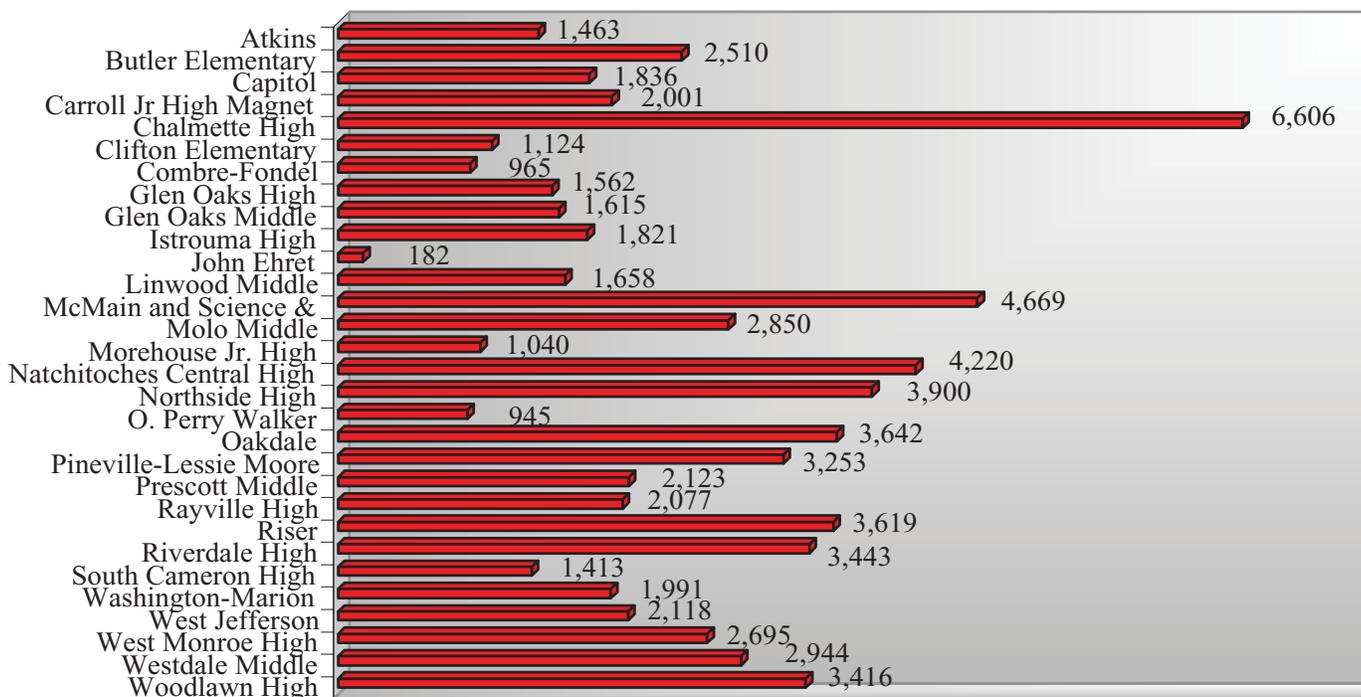


Rural Sites



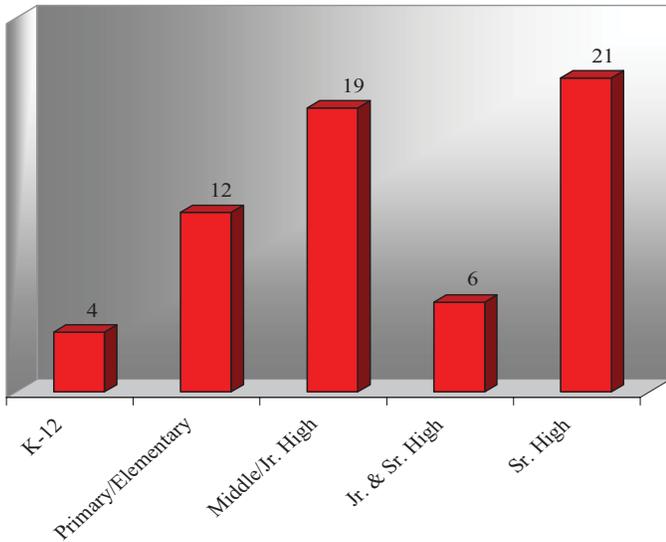
Number of Visits

Urban Sites



Number of Visits

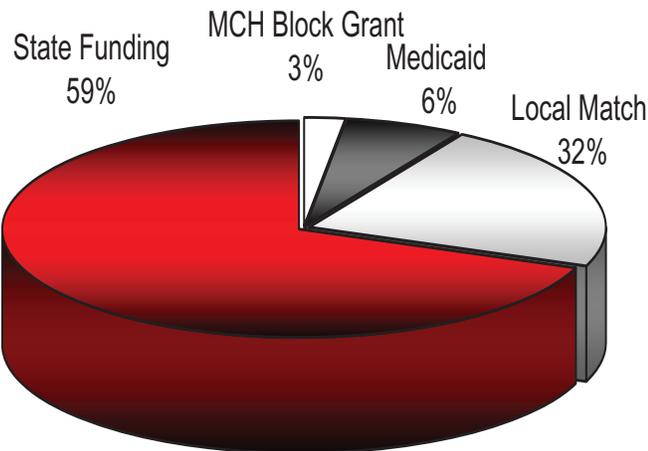
Type of Schools That House SBHCs



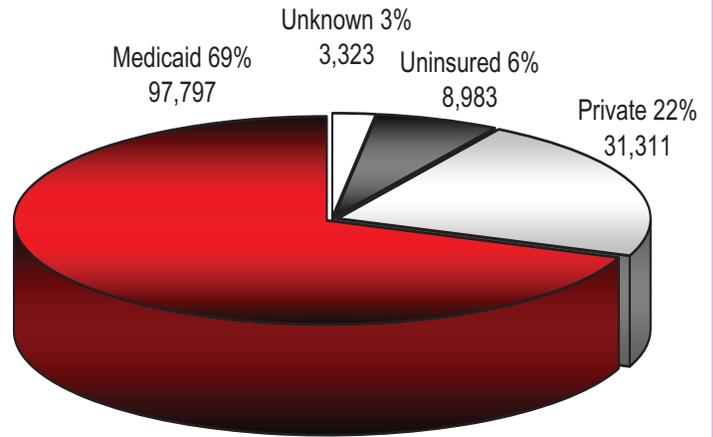
Although SBHCs are mandated to serve middle and high school students, primary/elementary schools serve as “feeder” locations, so that younger students also have access to SBHC services. In some areas, SBHCs are located on primary/elementary school campuses when no space is available at nearby middle or high schools.

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

Sources of SBHC Funding



Insurance Status of SBHC Patients



For every dollar the state invests in SBHCs, an additional 61 cents is provided by other sources, including 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

