

Demonstrating the Impact of School-Based Health Centers

Key Measures That Highlight ROI



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Contents

- Introduction..... 1
- Health Outcomes and Service Utilization..... 2
- Cost Savings and Economic Impact 2
- Educational and Social Outcomes 3
- Reach and Access 3
- Evaluation and Reporting Examples..... 3
 - Medicaid Reimbursement and Reinvestment 3
 - Standardized Data Collection 3
 - Sample Measure Utilization 4
- Conclusion..... 4
- References 5



Report Summary:

This document outlines key measures used to demonstrate the health, educational, reach, and economic impact of School-Based Health Centers (SBHCs), with a focus on illustrating ROI for states and school districts. It also highlights the role of state health agencies and cross-sector partnerships in accessing and aligning data across systems to support effective SBHC evaluation and sustainability.

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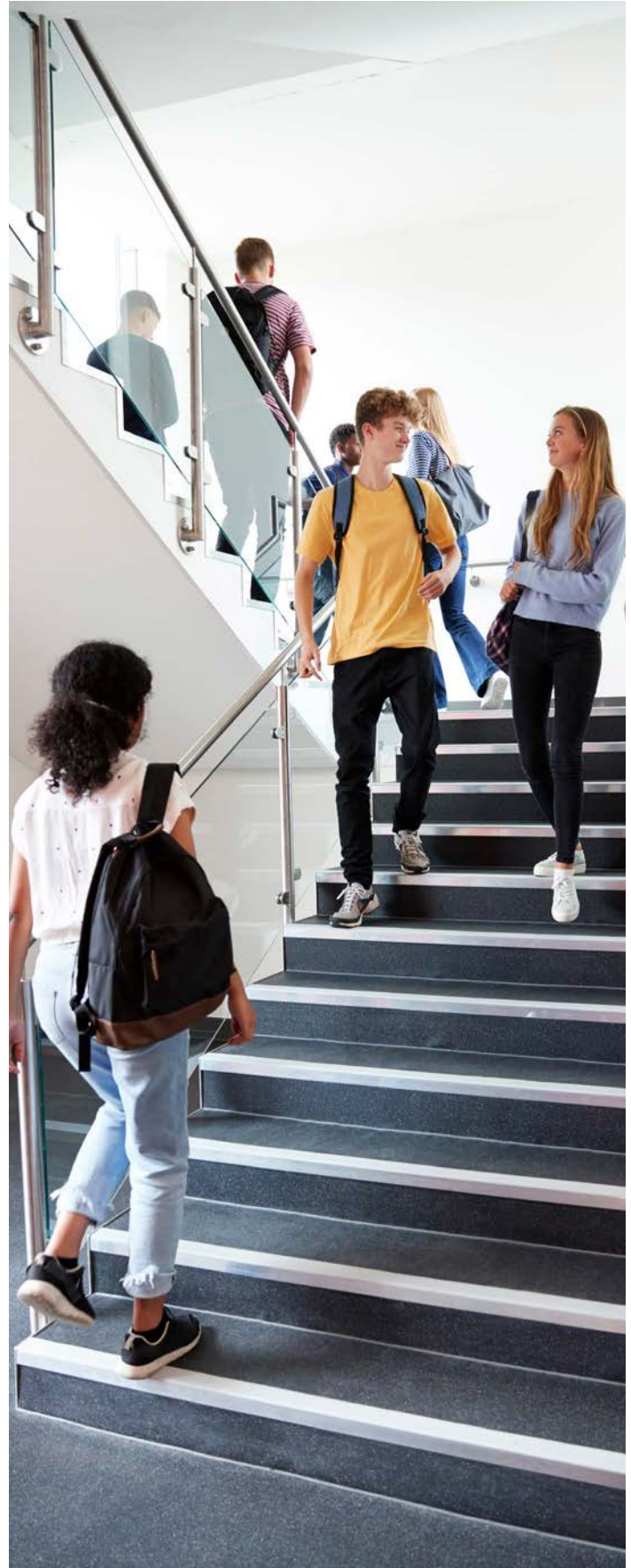
Introduction

School-Based Health Centers (SBHCs) improve health and educational outcomes by reducing barriers to care, preventing emergency and hospital visits, and supporting student success.^{1,2} Across states, SBHCs demonstrate both the health impact and fiscal ROI through measurable outcomes tied to Medicaid savings, reduced absenteeism, and improved academic achievement.^{3,4} Agencies external to schools, including state health agencies and Medicaid agencies, collect many of these data points (i.e., Medicaid claims, emergency department use, hospitalization rates, etc.). Therefore, one challenge in articulating the full impact of SBHCs is navigating these external data systems and establishing partnerships to access and analyze health outcome data alongside education data.

State health agencies (SHAs) are uniquely positioned to support and advance school-based health efforts and play an important role in the SBHC ecosystem:

- SHAs often collect and manage adolescent health data, maintain relationships with Medicaid agencies, local health departments, and community-based organizations, and are well suited to serve as conveners across the education and health sectors.
- In many jurisdictions, SHAs have established partnerships with state departments of education to improve adolescent health outcomes and may already be engaged in coordinated school health initiatives.
- In some states, SHAs provide financing to support the creation and operations of SBHCs or serve as the credentialing body to ensure successful service delivery.
- At a local level, some SBHCs develop partnerships with local health departments to help administer clinical services, manage data and support sustainability efforts. These roles position state health agencies to help identify, interpret, and align the data needed to demonstrate the impact of SBHCs.

ASTHO has consolidated measures and data points to help identify what data can be used to illustrate the impact and ROI of SBHCs.



Health Outcomes and Service Utilization

SBHCs play a critical role in keeping students healthy by providing timely, accessible care that prevents more serious health issues. The following measures illustrate how SBHCs reduce acute care use and strengthen connections to preventive and ongoing health services, as students with access to these centers...

- Use emergency departments less often to manage their asthma or other chronic conditions.^{3, 4, 5}
- Require fewer in-patient hospitalizations for asthma or other preventable health concerns.^{3, 4, 5}
- Complete a higher number of well-child visits, immunizations, and physical exams.^{6, 7}
- Have increased access to and utilization of mental health services and a reduction in untreated behavioral health conditions.^{4, 16}
- Report higher rates of dental/vision screening and preventive service.⁴
- Have improved control of chronic conditions such as asthma, diabetes, and seizures.^{3, 8}

State Examples

Illinois SBHCs save \$585K–\$855K annually by reducing asthma hospitalizations.³ Similarly, it is estimated that Ohio SBHCs reduced Medicaid costs by \$35 per student per year and closed disparities in accessing care.⁴

Cost Savings and Economic Impact

Evidence shows that SBHCs not only keep students healthy but also save money for families, schools, and state Medicaid programs.^{3, 4, 8} The following measures highlight how SBHCs reduce costly care and generate meaningful financial returns:

- Students with access to SBHCs generate lower overall Medicaid costs due to reductions in hospitalization, emergency department, and prescription drug claims.⁴
- Students with access to SBHCs generate overall cost savings by avoiding teen pregnancies and pelvic inflammatory disease, increasing immunization rates, and reducing dropout-related income loss.^{3, 11, 12}
- National estimates show SBHCs generate net savings for health care payers ranging from \$30 to \$969 per visit and \$46 to \$1,166 per person. New Mexico estimates an ROI of \$7 for every \$1 spent on SBHCs.^{13, 14}
- Parents whose children have access to SBHCs experience cost savings by avoiding time off work and travel normally required for their child’s medical appointments.^{3, 4}
- Schools with SBHCs can increase their Medicaid reimbursement dollars and reinvest those dollars into additional services such as school health staffing, behavioral health, and prevention programs.¹⁰

State Examples

Illinois estimates \$98M lifetime savings from reducing high school dropout rates (including reduction in costs associated with incarceration, reduced tax revenue, etc.).¹¹

Educational and Social Outcomes

SBHCs help ensure that health issues do not become obstacles to learning, resulting in stronger school engagement and improved academic outcomes. They support students' success both inside and outside the classroom, as schools with SBHCs...

- Often experience lower dropout rates and higher graduation rates compared with schools without SBHCs.^{7,11}
- Typically experience improved daily attendance and reduced chronic absenteeism.^{3,7}
- See higher test scores and GPAs, driven by improvements in student health and attendance.^{2,12}
- Have students that self-report improvements in stress, stronger relationships, and increased readiness to learn.⁷

Reach and Access

SBHCs play a critical role in expanding access to care for students who face the greatest barriers to services. The following measures highlight how SBHCs support health care access by improving insurance coverage, broadening geographic reach, and focusing efforts on the populations and locations where SHAs can have the most impact in increasing access to health care — as schools with SBHCs can...

- Utilize the percentage of students served who are Medicaid-enrolled or uninsured to demonstrate reach of services.^{6,15}
- Track the number of schools or districts served, as well as the number of students per site, to demonstrate the reach of services and assess whether SBHCs are accessible to students across different communities.⁴
- Document demographics of students served, including race/ethnicity, income, and disability status, to illustrate whether services are reaching populations that often face barriers to care.⁴
- Demonstrate how they reach students where there is the most potential for impact, closing the gaps in care access.^{4,15}



Evaluation and Reporting Examples

Medicaid Reimbursement and Reinvestment

Colorado offers a strong example of how states evaluate and report the impact of school-based health services through Medicaid reimbursement and reinvestment. In the state, SBHCs that enroll as Medicaid or Child Health Plan Plus providers receive reimbursement for eligible services through Medicaid or managed care organizations.

Likewise, the state's School Health Services program allows providers to draw down federal Medicaid funds for services delivered to Medicaid-enrolled students with an Individualized Education Program, Individualized Family Service Plan, or other documented medical plans of care.⁹ Initial SBHC or School Health Services funding is often provided by the Colorado Department of Public Health and Environment or through local tax dollars and state general funds.⁹ However, Medicaid reimbursement serves as a sustainable financing mechanism that allows districts to expand and maintain school health services over time.⁹

Local school districts are required to develop a local services plan, informed by community input, to identify student health priorities and guide how Medicaid reimbursement dollars are reinvested. These funds are commonly used to support school nurses, school psychologists, and social workers, and are a continued investment in the health of students.¹⁰

Standardized Data Collection

Similarly, Arkansas demonstrates how states can use standardized data collection to evaluate and inform school-based health services. In the state, school nurses complete an annual School Health Survey that captures detailed information on student health needs and services delivered across districts.⁸

Survey findings identify priority health needs among students at the local level, while informing the development of continuing education for school nurses at the state level.⁸ Collected data summarizes information on student chronic health conditions (i.e., mental health and substance use concerns), medications administered, injuries and emergencies occurring at school and referrals to external services.⁸ The survey also captures nurse-led health education activities for students and staff as well as clinical care provided to school staff — providing a comprehensive picture of how school health services contribute to student well-being and support workforce capacity within schools.

Sample Measure Utilization

Finally, the Healthy Schools Campaign emphasizes the importance of aligning objectives for school health services with sample measures. For example, if a school's objective is to expand access to school mental health services, sample measures could include the number of mental health visits at SBHCs and percentage of students with mental health diagnoses that accessed mental health services.⁶

Additionally, the Healthy Schools Campaign recommends tracking Medicaid billing, and service reach as core indicators for school health services, underscoring the importance of combining financial and service measures in comprehensive SBHC evaluation efforts.⁶



Conclusion

Collectively, these measures demonstrate how SBHCs improve student health, strengthen school engagement, expand access to care, and generate meaningful cost savings for state Medicaid programs and communities. State health agency staff can consider taking the following steps to evaluate and communicate the effectiveness of school-based health services:

- Partner with Medicaid agencies, state education agencies, and local health departments to access and align health, education, and claims data.
- Identify a core set of priority measures, such as service utilization, cost savings, educational outcomes, and indicators reflective of outcomes sought, which reflect state and local SBHC goals.
- Support consistent data collection and reporting by SBHCs and school health programs to track trends over time.

By using cross-sector data and leveraging existing partnerships, state health agencies can strengthen evaluation efforts, inform program improvement, and build a compelling case for sustained investment in school-based health services.

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