

May 1, 2022

Re: SF 4410, Article 1, Section 47, **MN School Health Initiative**



Dear Chair Liebling and Chair Abeler,

We appreciate your continued support of the MN School Health Initiative and in particular, expansion of school-based clinics (SBCs), dental care and mental health support for students. School-based clinics have been strongholds of accessible, equitable and comprehensive care in Minnesota for 50 years. If passed, this legislation would be the first dedicated state funding for SBCs, a proven model of cost-effective health care.

Today, over 2,200 school-based clinics operate across the U.S. There are 27 in existence and at least 10 in development in MN. The gold-standard for school-based clinics had its genesis here in St. Paul and is now codified in federal statute. This funding would support existing and new initiatives under guidance from MDH and the MN School Based Health Alliance. The Alliance is comprised of leadership from each school-based health system in MN and works hand in hand with MDH on temporary funding.

Throughout the pandemic, the mental health therapy, medical care, dental and nutrition services, health education, and parent support sustained in school-based clinics proved a durable part of our health care safety net. Evidence shows access to school-based care improves education outcomes and health of communities. Access to SBCs also correlates with decreased Medicaid costs and curbs health and education disparities.

School-based health care has strong bi-partisan support nationally. The **MN School Health Initiative** is a cost-effective investment in the infrastructure to support and evaluate school-based care so that we are ready to receive available funding here in MN, particularly where health care is more scarce.

Minnesota's SBCs provide training opportunities to build our mental health and nursing workforces. Care within SBCs is not a replacement for the allied health professionals in schools such as Licensed School Nurses, School Counselors, and Social Workers. In fact, their co-existence creates ease for families and optimizes learning. SBCs also assist families with health insurance benefits and generates referrals to local clinics.

A small investment in the infrastructure at MDH and the MN School Based Health Alliance, along with grants for school districts and sponsoring organizations, is an efficient investment in our workforce, schools, and kids.

Thank you,
Shawna Hedlund, ED.

SCHOOL HEALTH INITIATIVE ENDORSEMENTS

1. NorthPoint Health and Wellness, Stella Whitney West, CEO
2. NorthPoint Health and Wellness, Dr. Paul Erickson, Medical Director
3. RiseUp Clinics/ St. Catherine's University, Dr. Jessica Miehe, DNP
4. Park Nicollet Foundation, Beth Warner, ED
5. MN Chapter, American Academy of Pediatrics, Dr. Sheldon Berkowitz, FAAP
6. Twin Cities Medical Society Kate Feuling Porter, Senior Program Manager
7. St. Catherine University, Dr. Kara S. Koschmann, APRN, CPN
8. Minneapolis Health Department, Patty Bowler, Director of Policy
9. Minnesota Association of Community Health Centers, Rochelle Westlund, Policy Director
10. Minnesota Community Care, Reuben Moore, President and Executive Officer
11. Dr. Valeria Cristiani, Medical Director of Mayo Clinic's Rochester ALC School-Based Clinic

FAQ

What is a School-Based Clinic (SBC)?

A SBC is a student-focused health center located in or adjacent to a school where students can receive integrated medical, behavioral health, and other healthcare services such as dental care.

How are SBHCs operated and funded?

Collaboration SBCs are a collaboration between the community, the school, and a healthcare sponsor. The healthcare sponsor can be a community clinic or healthcare system, hospital, public health department, tribal program, or university. The sponsor staffs and manages operations of the SBC.

Funding SBCs may be funded through a mix of public funding, private donations, the community benefit contribution of healthcare sponsors, public and private insurance billing, and in-kind support.

Staffing. SBCs are staffed according to school needs and resources. SBCs typically include at minimum a primary care provider, behavioral healthcare provider, and a clinic coordinator or medical assistant. Dental and other health professionals may also provide services at the SBC. Some SBC services are provided through **telehealth**.

Hours of operation. SBCs are open during the school day to serve students where they spend much of their time. Ideally a SBC has a consistent presence, open for as many days of the week as students need and resources allow. Some SBCs are also open outside of school hours to serve families, school staff, or community members.

Insurance enrollment Students are seen regardless of their insurance status.

Coordination of care SBCs help students and families connect with primary care providers and other specialty providers as needed. SBCs coordinate care with other community service providers to address students' needs.

Coordination with school community. SBCs are integrated within the school community to optimize student and school-wide wellness. The SBC care team collaborates with students, families, teachers, the school nurse, counselors, social workers, and other school leadership to support student development and academic success.

What services do SBCs provide?

Integrated care SBHCs provide comprehensive primary medical care that may include well-child care, health screening and education, sports physicals, immunizations, chronic condition diagnosis, treatment of illness or injury, and laboratory tests. SBCs offer mental health care to address the whole child, from stress management to mental health therapy. SBCs may include dental or vision care, substance abuse services, nutrition counseling, and crisis response.

Complementary care SBCs provide clinical, diagnostic care that complements the school nurse role in student health. SBC providers and the school nurse work collaboratively to improve health and academic outcomes.

Who is served by SBHCs?

School needs. SBCs are typically located in schools where students have socioeconomic, geographic, or other barriers to accessing healthcare in the community.

Eligibility for services. SBC services are available to all students in the school. In some cases, SBHCs also serve students from other schools in the district, families of students, school staff, or community members.

Enrollment and consent. Students must be enrolled by their families to receive the full range of services provided by the SBC. State law observes some exceptions for urgent care. Every effort is made to involve students' families in their care.