

School-Based Health Care Policy Program Grantees Make Major Strides



W.K. Kellogg Foundation

School-Based Health Care Policy Program Grantees Make Major Strides

Students perform better when they attend class healthy and ready to learn.

Yet too often students are missing school because they are sick or experiencing mental distress and don't have the health care they need to get better. In fact, more than 8.3 million children and adolescents do not have access to quality health care due to financial access and cultural barriers.

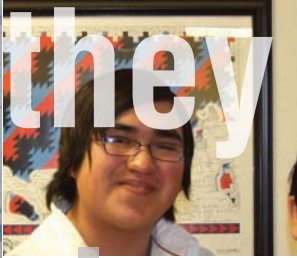
School-based health centers keep students in school and learning. School-based health centers are like a doctor's office in a school; they bring primary care and mental health services directly to students, and remove many of the barriers to health care that young people often face. School-based health centers provide physical and mental health services, including screenings, immunizations, sports physicals, counseling, and education on nutrition and the dangers of tobacco and alcohol. Some centers also provide oral health services. Overall, school-based health centers help students avoid health-related absences and get the support they need to succeed in and out of the classroom.

Launched in 2004, the W.K. Kellogg Foundation's School-Based Health Care Policy Program was created to help expand and stabilize the school-based health care model. Specifically stated, the program goal is "to promote the health of children, adolescents, and their families by developing their capacity to mobilize and engage communities – especially youth – to inform the quality, delivery, and financing policies of health care in school-based health centers and to explore models that financially secure the future of school-based health centers."

Under the program, grant awards were made to the National Assembly on School-Based Health Care and to nine of its affiliates, including one in Indian country. State affiliates partnered with up to five school-based health centers or programs to implement strategies to sustain school-based health centers, including grassroots advocacy, community organizing, collecting data, and raising public awareness with the purpose of impacting local, state, tribal, and federal policy. Working closely with community partners, the state associations were able not only to build public awareness of school-based health centers but also to engage and mobilize parents, youth, and other community members to represent and advocate for school-based health centers in what has become a national movement.

Four years into the program, grantees have made significant strides, securing policy changes in financing and programming, and implementing practices that have provided additional funding and resources for school-based health centers. The following highlights cover 2004 to 2008. Some examples represent accomplishments that are fully implemented. In others, there is work to be done to realize the full benefits of the policy changes. Additionally, grantees continue to pursue policy opportunities that will ensure that school-based health centers are financially stable, available, and accessible to children and families, and supported as a consumer-centered model of quality care.

Students perform



better when they attend class



healthy and ready to learn.

Financial Sustainability

School-based health centers have traditionally been funded by an inconsistent patchwork of local, state, and private philanthropic resources. Reimbursements by insurance companies have also posed a significant challenge. To sustain the model, grantees have focused on creating diverse and sustainable sources of financing at the local, state, and federal levels, and in seeking reimbursement from public and private insurance providers.

Seeking Medicaid Reimbursement and Support

Many students who use school-based health centers are eligible for or insured by Medicaid. Finding ways to work successfully within the Medicaid system is vital to the financial stability of school-based health centers.



- **School-Community Health Alliance of Michigan**, working with the state Medicaid office, secured \$9 million in federal funding to expand school-based health care for children and adolescents and in some cases the broader community. This resulted in the addition of more than 30 new school-based health centers and programs across the state.
- **School-Community Health Alliance of Michigan** also succeeded in working with the state Medicaid office and the state health department to create state policies and procedures that allow school-based health centers to bill Medicaid and commercial insurance carriers for services provided through school-based health centers. As a result, more than \$650,000 in new revenue has been generated on behalf of centers participating in a shared billing and reporting network.
- To support tribal communities, the **New Mexico Assembly on School-Based Health Care** achieved a policy change that allows school-based health centers to get reimbursed by Indian Health Services for services provided by the center. The Assembly also reversed a policy change that required people to re-enroll in Medicaid every six months. Now, people must re-enroll once a year, allowing them to focus on their health instead of paperwork.
- **Louisiana Assembly on School-Based Health Care** achieved a Medicaid exemption for children under 10 years of age. Previously, the State of Louisiana Medicaid program did not reimburse for these children. The Assembly also partnered with the state Medicaid office to include \$2.9 million in the budget request for the reimbursement of services provided by social workers at school-based health centers.
- **Massachusetts Coalition of School-Based Health Centers** joined other advocates to pass legislation to expand health coverage for uninsured and underinsured children, and to expand Medicaid eligibility up to 300 percent of the federal poverty level. Since that time, more children have enrolled in Medicaid and are using their school-based health centers.
- **New York State Coalition for School-Based Primary Care** achieved a policy change establishing a permanent Medicaid carve-out that enables school-based health centers to be reimbursed for medical services provided to children enrolled in a Medicaid Managed Care Plan.

Seeking Managed Care Reimbursement and Support

In addition to securing Medicaid-specific policy changes, grantees pursued other policies to ensure payment for their services.

- **California School Health Centers Association** has worked closely with LA Care Health Plan and Health Net to enable school-based health centers to work more effectively with managed care and obtain reimbursement for their services, improving their sustainability.
- **Maine Assembly on School-Based Health Care** negotiated an agreement with the state's private health plans to reimburse for services provided by school-based health centers, to certify center providers, and to continue waiving the requirement for prior authorization by primary care physicians.
- A long-term collaborative relationship has been established through six school-based health centers affiliated with **Maine Assembly on School-Based Health Care** and the insurers Anthem, Cigna, Aetna, Harvard Pilgrim, and the Maine Association of Health Care Plans to ensure claims are being reimbursed.



Reimbursement for Mental Health Services

Mental health services are in high demand across the country. Historically, funding for mental health services has been difficult to secure, and school-based health centers have faced challenges getting reimbursed for the mental health services they provide. Many grantees have secured policy changes to support the availability of mental health services in school-based health centers.

- **California School Health Centers Association** advocated for funding to provide mental health services in schools. In 2008, the state will invest \$24 million in a four-year, Student Mental Health Initiative that will establish comprehensive mental health programs in K-12 schools.
- **Massachusetts Coalition of School-Based Health Centers** helped secure a \$50,000 earmark from the state's Mental Health & Substance Abuse Services to evaluate mental health and substance abuse services in five school-based health centers in 2006. In 2007, it secured \$300,000 for mental health and substance abuse services to be provided at school-based health centers. Now it is working with other coalitions and organizations dedicated to children's mental health care to identify additional funding sources.



- **New Mexico Assembly for School-Based Health Centers** secured \$100,000 in special funding to create a student peer-to-peer suicide prevention program. After seeing too many of their friends and family members attempt or commit suicide, students lobbied for the dollars and created the curriculum for the program. The first suicide prevention workshop held in May 2008 drew 100 students.
- **New York State Coalition for School-Based Primary Care** incorporated Medicaid reimbursement for counseling services provided by licensed social workers in school-based health centers into the new Medicaid payment methodology, Ambulatory Patient Groups, scheduled to go into effect in New York State by January 2009. This change will reduce emergency room use and hospitalization. Upstate, the Coalition successfully negotiated with a military insurance provider to reimburse for mental health services provided by the local school-based health centers to children of military families.
- **School-Community Health Alliance of Michigan** partnered with Michigan's Department of Education and Department of Community Health to win an 18-month, \$376,000 grant that will integrate schools with mental health systems, allowing care to be provided in schools more readily.
- **School-Community Health Alliance of Michigan** also worked with managed care behavioral health organizations to create a special contract to allow mental health professionals with masters degrees to provide services without an on-site psychiatrist, marking the first time the centers could bill for mental health services.

Securing State Funding and Support

All grantees have worked to achieve increased financial support for school-based health centers at the state level.

- **Oregon School-Based Health Care Network** succeeded in increasing its state budget by \$2 million – a 40 percent increase over the past budget. There was a 20 percent increase for existing centers and planning grants for 17 new school-based health centers – 12 of which will be open by February 2009 – and additional staff added to the state program office.
- **California School Health Centers Association** worked successfully with the Governor’s office on the release of the Governor’s White Paper on School-Based Health Centers that calls for an expansion of 500 elementary schools.
- In 2006, the **California School Health Centers Association’s** bill to create the state’s first office for school-based health centers was signed into law by Gov. Arnold Schwarzenegger. In 2008, the legislature passed the Association’s second bill creating a state grant program for school-based health centers. The governor signed the measure stating, “California’s public schools are the center of our communities and school-based health centers are an efficient and effective way to provide critical health services.” SB 564 establishes the framework for a grant program for school health centers. California School Health Centers Association will work to establish the funding to implement the grant program.
- In the 2005 legislative session, **Maryland Assembly on School-Based Health Care** saw more than \$400,000 cut from the FY2006 budget, which directly impacted the ability to provide services. The Maryland Assembly mobilized school-based health centers statewide to reach out to legislators and met with the state superintendent of schools to solicit support and request that the funding be housed in the education department budget. The funding was restored in the 2007 budget and the line item was transferred to the Maryland State Education Department where it is expected to receive priority attention.
- **Massachusetts Coalition of School-Based Health Centers** and its partners secured a \$3 million increase in the state budget for school-based health centers to expand and enhance services provided.



- **School-Community Health Alliance of Michigan** succeeded in securing a commitment from the state Medicaid office, Departments of Community Health and Education to allocate 1 percent of the total state funding allocation for school-based health centers toward the ongoing operations of the School Community Health Alliance of Michigan.
- **Maine Assembly on School-Based Health Care** secured a \$500,000 increase in state funding for school-based health centers resulting in expanded funding for existing centers and planning grants to communities to start new centers.
- **New York State Coalition for School-Based Primary Care** obtained \$7 million in state-directed funding from the New York State Health Care Financing Reform Act budget. It also secured \$3.25 million in Temporary Assistance to Needy Families (TANF) funding for non-reimbursable services through legislative action followed by a 5 percent increase in subsequent years by executive action. This was the first school-based health center supplement supported by then-Gov. George Pataki.



W.K. Kellogg Foundation Supports Post-Hurricane Rebuilding in New Orleans Area

A recent Henry J. Kaiser Family Foundation Commission report said that, before Hurricane Katrina hit the Gulf Coast on August 29, 2005, Louisiana had some of the poorest health statistics in the nation, with the second-highest infant mortality rate; high incidence of chronic diseases such as heart disease, diabetes, and AIDS; and below-average immunization rates. The magnitude of these health issues became even more dramatic in the aftermath of Hurricane Katrina, the most costly and destructive natural disaster in the history of the United States.

Today Louisiana is rebuilding and a coalition of concerned educators, providers, and community leaders is working to ensure that the health and academic needs of the area's most vulnerable populations are met. Using the highly adaptable model of school-based health care, which provides primary care where students are most of the time – in school – this partnership is dedicated to the notion that children and families are best served by easily accessible community-based services, and that services can be delivered in schools since every community has a school.



An Oasis After the Storm

An estimated 5,400 health providers were displaced in three storm-affected parishes: Orleans, Jefferson and St. Bernard. And, the school-based health centers in operation before Hurricane Katrina, serving children and youth with primary physical and mental health care, were forced to close due to flood damage.

With these closures and an overtaxed emergency response system, the majority of metropolitan New Orleans residents were left without access to primary health care. The threat

of additional health issues, especially mental health issues of children, continued to grow.

Using information and experiences gained in working with grantees on the mental health needs of children and the critical role that is played by school-based health centers in providing primary care and disaster responsiveness, the W.K. Kellogg Foundation granted Louisiana Assembly on School-Based Health Care \$1.05 million to meet the urgent physical and mental health needs of displaced children, youth, and families throughout Louisiana. The Assembly provided desperately needed services, including comprehensive physicals and refilling of prescriptions for chronic ailments like asthma. In many cases, school-based health center staff had to identify medical needs without the benefit of medical records.

In April 2006, the W.K. Kellogg Foundation invested an additional \$8.7 million with a grant to School Health Connection – a program that coordinates the development and expansion of school-based health centers within Orleans, St. Bernard, Plaquemines, and Jefferson Parishes. As physical structures are built in the area, students are able to get comprehensive primary care, acute care, sports physicals, immunizations, mental health services, and the assessment, diagnosis, and treatment of clinical symptoms and conditions such as hypertension, diabetes, and asthma.

“The enthusiasm so far has been contagious,” said School Health Connection Program Director Marsha Broussard. “During the most vulnerable time in this city’s history, we are building services our community has never seen before and they are making a positive impact.”

Access to Consistent Care

School-based health centers, according to Angie Ruiz, coordinator of Jefferson Parish School-Based Health Centers, were necessary before the storm, but they became critical after Hurricane Katrina because of the lack of available health care in metropolitan New Orleans. Doctors and other medical professionals, especially those who provided care to the uninsured or underinsured, were gone, as were the facilities that provided services to those individuals. “We are reconnecting with students that we saw before the hurricane and it really shows what we were able to accomplish with our school-based health clinics,” said Ruiz. “Some of these children have not received any care since they evacuated and it shows. We are working to get them back into the system and get them the help they need.”

For example, Ruiz said that staff had contact with two young boys who both failed more than two grades in elementary school. Before Hurricane Katrina, both boys were diagnosed by school-based health center staff with Attention-Deficit Hyperactivity Disorder, a neurobehavioral developmental disorder. Both boys were referred to specialists who were able to provide them with counseling and needed medication. After evacuating with their families and being away for more than a year, neither boy received the necessary therapy and medicine. “Happily, we have reconnected with both these students to get them the help they need and they are doing much better,” Ruiz said.

Warning Signs

One of the less visible challenges left in Hurricane Katrina’s wake was the mental health needs of students. Disaster trauma studies show that children are more likely than adults to suffer post-traumatic stress disorder, but they often express their trauma in ways that adults can misinterpret: sleep problems, separation anxiety, avoidance of things that remind them of the trauma, depression and failing grades in school.

However, children can recover quickly if they get help, according to Dr. David Schonfeld, director of the Division of Developmental and Behavioral Pediatrics and the National Center for School Crisis and Bereavement at Cincinnati Children’s Hospital Medical Center, who visited Louisiana in January 2006. And so, after Hurricane Katrina, school-based health center social workers began the desperate and arduous task of dealing with the mental health issues faced by students: anxiety, depression, and post-traumatic stress.

Today, the School Health Connection program is focused on increasing the availability and funding of much-needed, long-term mental health services for children and families who continue to experience post-hurricane distress, having lost loved ones, their homes and their sense of stability. As each new school-based health center has opened, the mental health needs of the community have remained a priority. In some communities, the only mental health service providers are the ones affiliated with the school-based health centers.

Snapshot Of School-Based Health Centers in Metropolitan New Orleans – 2007/2008 Academic Year

SBHC location	Parish	Grades served	SBHC providing service since	School enrollment plus feeders	% of students enrolled in SBHC	% of students who use SBHC	% behavioral health visits	% physical health visits
Craig Elementary	Orleans	PK-8	4/08	591				
McMain Secondary School	Orleans	6-12	9/06	783	67.8%	44.3%	36.4%	63.2%
McDonogh 35	Orleans	7-12	3/06	968				
Science and Math H.S.	Orleans	9-12	3/06	370	99.7%	85.1%	20.2%	79.8%
O. Perry Walker	Orleans	9-12	11/07	827	50.4%	91.6%	38.4%	61.6%
Bunche Elementary	Jefferson	K-8	9/08	1,354	23.1%	46.3%	38.4%	61.6%
Butler Middle	Jefferson	6-8	1/01	2,076	67.1%	51.4%	11.7%	88.3%
Riverdale H.S.	Jefferson	9-12	9/06	1,425	49.5%	86.2%	18.4%	81.6%
West Jefferson H.S.	Jefferson	9-12	9/07	1,417	52.9%	51.6%	15.5%	84.7%
Chalmette H.S.	St. Bernard	9-12	8/07	1,463	68.2%	94.3%		
TOTAL				9,598			22.53%	85.30%

Data source: School Health Connection

 = Gray areas signify where data is unknown or is not applicable.

Intervention Is Key to Student Success

Providing intervention therapy before a situation gets out of control is just one way that School Health Connection is helping children in metropolitan New Orleans. By partnering with the Seton Resource Center, a health ministry program of the Daughters of Charity Services of New Orleans, classroom-based intervention therapy is now available at five area elementary schools.

“With the help of School Health Connection, we are now able to bring much-needed services into the schools,” said Karen Nelkin, LCSW, assistant director for Seton Resource Center. “To change potentially destructive behavior, you have to get to children early and often to reinforce positive behavior. In the schools where Seton Resource Center services are available, we are having a profound impact so we know these services are vital to the healthy emotional development of our youth.”



For example, teachers of a sixth-grade boy realized their young student was in need of help for anger management and asked Seton Resource Center to provide him with individual counseling. Over the course of a few weeks, the student began to understand his emotions and more importantly, learned how to recognize when he was reaching his boiling point. With therapy, he began to quickly recognize his anger warning signs. Now instead of just lashing out, he has a means of controlling his anger.

Making Steady Progress

Three years after the hurricane, School Health Connection is making solid progress. New permanent and temporary school-based health centers have opened.

In Orleans Parish, the Community Health Clinic-Frederick Douglass Senior High, a school-linked health center, opened in March 2008. The clinic serves the public as well as the students from Douglass Senior High and Dr. Charles R. Drew Elementary. Also in Orleans Parish, the O. Perry Walker School-Based Health Center opened in October 2007, and modular school-based health centers have been set up at both McMain and McDonogh high schools. Warren Easton Senior High School demonstrated its commitment to school-based health care by donating all proceeds from its March 2008 fundraising festival to the planned Easton School-Based Health Center.

In St. Bernard Parish, Chalmette High School opened a school-based health center in a temporary modular facility. In Jefferson Parish, West Jefferson High School, a large school with 1,350 students, has opened its school-based health center in a modular building donated by a neighboring hospital. A permanent building to house the school-based health center is expected in early 2009. In rural Plaquemines Parish, School Health Connection is planning a school-based health center for South Plaquemines Elementary and High School.

Lessons From Hurricane Katrina: Preparations For Hurricane Gustav

On September 1, 2008, the much-anticipated Hurricane Gustav hit Louisiana as a Category 2 storm, with the eye of the storm making landfall approximately 90 miles from New Orleans. Due to the potential devastation, a mandatory evacuation of approximately 95 percent of all area residents took place the weekend before, and they were asked to stay out of the city until September 4, 2008. In New Orleans, the storm caused heavy rain, gusts of tropical storm force winds, and most significantly, widespread power outages.

School Health Connection staff had learned from their experiences with Hurricane Katrina, and made the necessary preparations prior to Hurricane Gustav's landfall to ensure that records and medications were secure and could be easily accessed once people returned to the area and required health care. After the storm, School Health Connection staff re-engaged with its partners and conducted site visits to assess the damage. Thankfully, due to their careful planning before the storm, staff found they could largely resume business as usual.

Today in Louisiana – an area that continues to be in the path of hurricanes – school-based health centers strive to be an active provider in the face of future natural disasters and other unforeseen disasters. School Health Connection continues to respond to current needs while orchestrating a sustainable health care system for the future. In fact, the Robert Wood Johnson Foundation has invested in electronic medical record (EMR) technology in 12 school-based health centers in metropolitan New Orleans to help these health centers improve the delivery of health care, increase patient flow, reduce medical errors related to poorly hand-written records, eliminate costs associated with housing paper records, provide integration of health care facilities, and enable public health surveillance. EMR is particularly vital for disaster prone areas, such as those affected by hurricanes. The W.K. Kellogg Foundation has provided funds to train staff on EMR technology.

Louisiana continues to make progress on both the rebuilding of physical structures to house school-based health centers, as well as creating health care access for surrounding communities. And students are not the only ones helped by the centers; the doors are open to their families, school faculty and staff, and members of surrounding communities. “Children have to go to school and educators have to go back to work. We’re here when they do,” said Broussard. But, there is much still to do. “School Health Connection is working together with community leaders and health policymakers to address the challenge of funding school-based health centers for future generations,” Broussard said. ■

Seeking Federal Policy Changes

Throughout the program, grantees and their local community partners have worked with the **National Assembly on School-Based Health Care** to secure federal support for school-based health centers. Awareness of school-based health centers among federal legislators was so low during the first year of the program, grantees focused on cultivating relationships on Capitol Hill. In that year, school-based health centers gained the support of 54 percent of Congress for specific federal financial support of school-based health centers. While that was not enough to secure policy change, it indicated a favorable environment for school-based health centers.

To gauge national support for school-based health centers, the W.K. Kellogg Foundation commissioned a national poll in 2006 that was augmented in 2007. It showed that two-thirds of all voters supported the idea of school-based health centers. Armed with that knowledge, the National Assembly, along with state associations and community partners, increased efforts to expand congressional support for school-based health centers.



- The National Assembly was successful in getting the School-Based Health Clinic Establishment Act, which would authorize federal funding for school-based health care, introduced by members of the House and Senate. The National Assembly gained the support of the National Association of Community Health Centers in pursuing the bill that would authorize funding for more school-based health centers across the country. As the congressional session neared a close, it appeared the bill was not going to move forward; however, all signs point to its reintroduction in the 111th Congress. Additionally, the recently passed Health Care Safety Net Act of 2008 calls for a study by the General Accounting Office that will look at the impact of federal funding on school-based health centers and the potential effect on student health.
- Along with its state affiliates the National Assembly was able to get language inserted into a massive disaster preparedness/emergency relief bill. The language will guarantee that sites selected for a pilot study on school preparedness will include schools with school-based health centers. The study will help measure levels of preparedness for handling disasters and emergencies, comparing schools with school-based health centers to schools without school-based health centers.
- Grantees of the W.K. Kellogg Foundation School-Based Health Care Policy Program supported colleagues in the Native American community who worked feverishly to pass the Indian Health Care Improvement Act and will do so again in the new Congress.
- Additionally, federal work included working with various coalitions to oppose proposed regulations by the Centers for Medicaid and Medicare Services that would have limited Medicaid reimbursement for various health care services. A moratorium on these regulations was successfully passed before Congress broke for recess.
- Finally, Sen. Ron Wyden (D-OR) introduced the Healthy Americans Act, a sweeping piece of health care reform legislation that includes school-based health centers and requires adequate reimbursement for services delivered in the centers.

Community-Driven Care

Grantees are working with local communities to secure services in their school-based health centers that best meet the needs of the students they are serving.

- **Oregon School-Based Health Care Network's** community partner, **Kids Health Connection in Medford**, redesigned its staffing model to allow for a nurse practitioner from a federally qualified health center to rotate through the school-based health center. This change saved \$150,000 and makes medical services for families of the students enrolled at the school-based health center available year-round.
- **Ingalls Elementary School, a community partner of the Massachusetts Coalition of School-Based Health Centers**, secured a new playground area, gym equipment, including kick balls and soccer balls, and a 10-minute increase in recess time. Community partner Barnstable High School changed school policy to make breakfast available to more students to prepare for a day of successful learning.
- As a result of the work of **New York State Coalition for School-Based Primary Care's** community partner **Montefiore Medical Center's School Health Program**, New York City schools now only serve 1 percent skim milk and skim chocolate milk.
- Partnering with the Michigan Department of Community Health Oral Health Division, **School-Community Health Alliance of Michigan** secured resources for oral health screenings and services for the many children and youth seen in Detroit-area school-based health centers who lack regular dental care.
- Student leaders from **Balboa High School, a community partner of California School Health Centers Association**, succeeded in creating a policy change that will impact all high school students in California. Effective as of fall 2008, the public health school education curriculum included information about students' right to receive confidential health care under California law, a provision about which many students were not aware.
- **School-Community Health Alliance of Michigan's** community partner Henry Ford Health System's School-Based Health Center Program met with the Board of Trustees for the Henry Ford Health System and successfully advocated for increased funding for school-based health centers.



- Since the inception of the School-Based Health Care Policy Program, two community partners in California, **Elsie Allen High School Health Center in Santa Rosa and Oakland Unified School District**, have obtained permission from the school board to provide comprehensive reproductive health services.
- **School-Community Health Alliance of Michigan** succeeded with a policy change that extends the age range of people served through school-based health centers from birth to 21 years of age. Community partner Baldwin Teen Center successfully petitioned the school board to make family planning information and reproductive health services available in their schools.
- **Maine Assembly on School-Based Health Care's** community partner **Deering High School Health Center Outreach Team** changed a policy between the school and its mental health provider to allow students to receive mental health services confidentially and without parental permission.

W.K. Kellogg Foundation Policy Impact Areas

1. Strengthen school-based health care centers with stable and diverse funding streams that more appropriately support this model of health care delivery.
2. Improve and sustain access to quality services for children and adolescents, and in some cases, the broader community.
3. Strengthened ability to promote quality health care, inform policy, share best practices nationally, and serve the operational and programming needs of members.
4. Local communities, including youth, shape the content, quality, delivery, and financing of health care in their communities.
5. State and national health care policy supports school-based health centers as appropriate models of consumer-centered health care.
6. Strong, sustained national and state visibility of the issues affecting school-based health centers.
7. Provide efficient and high-quality delivery of health care by school-based health centers.

Vision

School-based health care will be financially stable, available, and accessible to children and families, and supported as a consumer-centered model of quality care in communities throughout the United States.

Grantees work

to create a

favorable

environment for

school-based

health centers.



W.K. Kellogg Foundation School-Based Health Care Policy Program Grantees



California School Health Centers Association
www.schoolhealthcenters.org

Louisiana Assembly on School-Based Health Care
(a grantee until January 2008)
www.lasbhc.org

Maine Assembly on School-Based Health Care
www.measbhc.org

Maryland Assembly on School-Based Health Care
www.masbhc.org

Massachusetts Coalition of School-Based Health Centers
www.mcsbhc.org

National Assembly on School-Based Health Care
www.nasbhc.org

New Mexico Assembly on School-Based Health Care
www.nmassembly.org

New York State Coalition for School-Based Primary Care
www.nystatesbhc.org

Oregon School-Based Health Care Network
www.osbhcn.org

School-Community Health Alliance of Michigan
www.scha-mi.org

This document was printed on Mohawk Options 100% PC paper, made from 100% post-consumer waste, processed elemental chlorine-free, manufactured 100% by windpower and certified by the Forest Stewardship Council (FSC). With this choice, we saved 6 trees and 4,250,000 BTUs of energy, and prevented the release of 2,549 gallons of wastewater flow, 282 lbs of solid waste and 555 lbs of greenhouse gases. Savings from the use of wind-generated electricity are equivalent to not driving 313 miles, or to planting 20 trees.



One Michigan
Avenue East
Battle Creek, MI
49017
USA
269-968-1611
TDD on site
Telex: 4953028
Facsimile: 269-968-0413
www.wkkf.org

Item# 569
November 2008
2.5M
MET