City Council of Philadelphia

School Based Family Services Centers

A Model to Support Academic &
Economic Outcomes
for Philadelphia Students & Families

School-Based Family Services Centers: An Overview

School-Based Family Services Centers (SBFS Centers) is a strategy to address the needs of the most vulnerable and in need among us - our children. In Philadelphia, 40% of school-age children (age 17 or younger) live in poverty, one of the highest rates in the nation. It is estimated that more than 30% of Philadelphia children who receive some form of medical care live with a chronic disease like asthma, and it is believed that statistic is likely higher because it fails to capture children who receive little or no medical care. Many of these children are unable to learn because they lack certain essentials such as adequate food and basic healthcare. We cannot declare that we have fulfilled our moral duty by giving these children desks, pencils, books and teachers. These children need far more in order to have positive academic outcomes. Their families often require support in order to have positive socioeconomic outcomes. The purpose of this program is to support these children so they can thrive.

The key elements of SBFS Centers are the following:

- Establishing health/social service centers that are located in or near schools, with the schools serving as the intake point to ensure that students have access to a comprehensive range of services that meet their specific physical, behavioral health and social service needs.
- Using a multidisciplinary team of providers to care for the students, including medical professionals, social workers, alcohol and drug counselors, and other health professionals.
- Affiliating centers with qualified health and social service providers, such as a hospital, health department, medical practice and social service agencies, to ensure through a referral process that the student receives the full complement of care.
- Providing services for students' families such as employment training, tax education, General Education Development (GED) preparation, and college readiness programs.
- Having an advisory board consisting of community representatives, parents, youth, medical professionals, social service providers and other community stakeholders whose purpose is to ensure that appropriate care is being offered to students and their families.

The remainder of this document makes the case for this approach and serves as an outline to developing a citywide program that seeks to support our children by removing barriers to basic health and social services. The plan for the proposed SBFS Centers will be further developed and refined based on input obtained from public hearings, students and their families, the School District of Philadelphia, Administration officials, education, medical and social service experts, legislators in Philadelphia, Harrisburg, and Washington, D.C. and other stakeholders. Effective implementation of the program will improve the socioeconomic outcomes of the families of our children for the betterment of communities across the City of Philadelphia.

Understanding the Need for School-Based Family Services Centers

Education is a fundamental element in helping youth develop to their full potentials. Yet, a child's ability to succeed academically is not limited to school buildings, teachers and books. Education has been linked to one's health, income and safety status, among other social factors. Key health, safety, educational, and economic indicators in Philadelphia lay the foundation for the proposed School-Based Family Services Centers.

Health Indicators

More than 30% of our children who receive some form of medical care live with a chronic disease. More than 30% of these children have asthma. There is evidence that indicates access to school-based health programs reduces hospitalization rates and increases the number of days in school among children with asthma. One fifth of Philadelphia youth experience childhood obesity.[1] School-based health services have been associated with increased physical activity and consumption of healthy foods.

Reproductive health indicators among Philadelphia youth are also cause for concern. The rate of chlamydia and gonorrhea among youth 15-19 year olds are 3.5 times and 3 times the national rate, respectively.[2] Compared with the national average, our youth are more likely to report having had sexual intercourse prior to age 13 years, having had sexual intercourse with four or more persons during their lifetime, and not using any methods to prevent pregnancy during their last sexual encounter.[3] Early and appropriate education, prevention and intervention programs and services can help mitigate the social and economic impact of sexually transmitted infections and teenage pregnancy.

Alcohol and Other Drug Use

According to data from the National Survey on Drug Use and Health (NSDUH) for the Metropolitan Statistical Area (MSA) that includes Philadelphia, 16.6% percent of individuals aged 12 years or older used an illicit drug in the past year, surpassing both the state (13.6%) and national rates (14.7%). One tenth of the MSA residents were classified as having substance use disorder, and more than 25% of people in the MSA participated in binge alcohol use at least once during the past month.[4] Data from Philadelphia's YRBS confirm alcohol and illicit drug use is a concern among Philadelphia's youth. One in four youth in our city reports current alcohol or current marijuana use. One third of youth (33%) reported they had at least one drink of alcohol or had used marijuana on at least one day during the 30 days before the survey. Almost

one fifth of youth (18.9%) had tried alcohol for the first time before age 13 years. One in four youth (25.1%) reported they had used marijuana on at least one day during the 30 days before the survey; 8% had tried marijuana for the first time before age 13 years.[3] Research has established an association between poor grades and substance use among youths. There is also compelling evidence demonstrating that parental substance or alcohol abuse increases a student's risk for drug and alcohol abuse and low educational attainment. Programs addressing both parental and youth substance-using behaviors are imperative for the academic success of our city's youth.

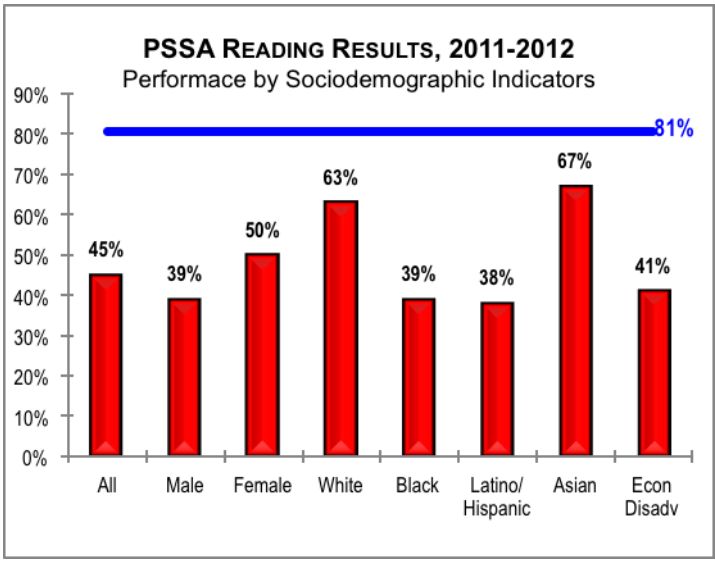
Safety Indicators

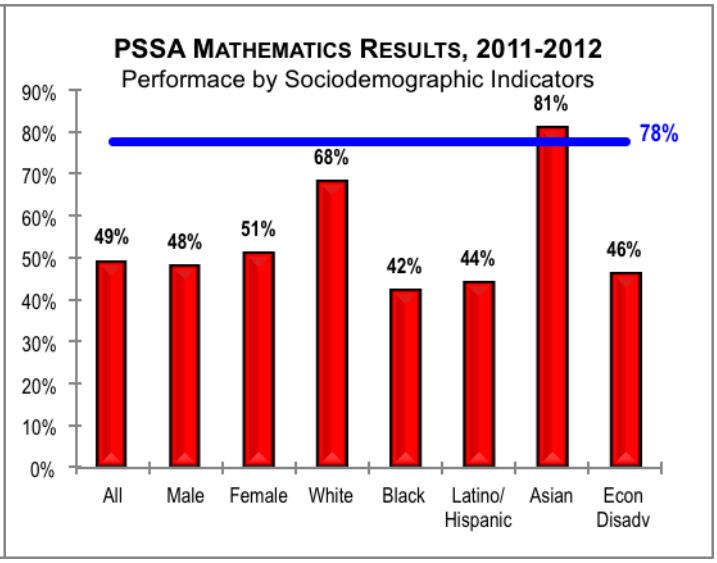
Crime rates in Philadelphia are trending downward, a promising sign for our city's residents. Unfortunately, Philadelphia's crime rate still far surpasses the U.S. average. Violence is concentrated in a number of our neighborhoods. The effects of concentrated violence on youth can be seen in our schools.

According to the 2013 Youth Risk Behavior Survey (YRBS), more than one third of Philadelphia youth were in a physical fight one or more times in the 12-month period preceding the survey. The proportion of youth who were in a physical fight on school property at least once during the year was double that of the U.S. average (16.2% versus 8.1%).[3] A reported 2,756 violent incidents were reported at schools during the 2012-2013 academic year.[5] Exposure to violence, including peer victimization and family and community violence, are damaging to our youth. Some studies suggest exposure to violence, directly or as witnesses, may be linked to poorer academic outcomes.

Academic Indicators

Philadelphia ranks first in the state for public school dropouts, with a rate that is more than triple that of the state average.[6] One fifth of our city's residents do not have a high school diploma or its equivalent.[7] Less than half of students scored proficient or above on math and reading, which falls short of the 78% and 81% federal No Child Left Behind goals for math and reading, respectively.[8] Minority students and students from economically disadvantaged backgrounds fared worse.





Economic Indicators

While trends in unemployment mirror that of Pennsylvania over the past decade, Philadelphia's unemployment rate has consistently surpassed that of the state (See Figure 1).[9] Our median income ($35,386) is a fraction of the state's average ($51,230).[10, 11] Consistent with national trends, ethnic and minority groups have lower median incomes than whites (See Figure 2).[10] Families affected by unemployment and low income are less likely to have health insurance, compromising their access to healthcare services and placing them at risk for poor health status.

Figure 1
Annual Unemployment Rates, 2004-2013
Philadelphia County and Pennsylvania State

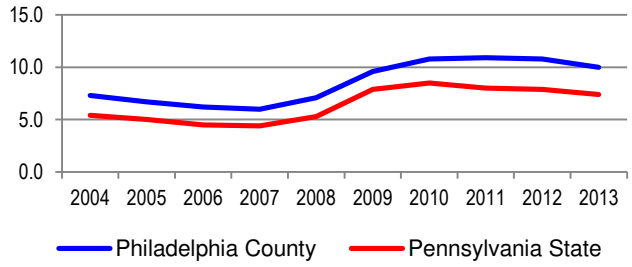
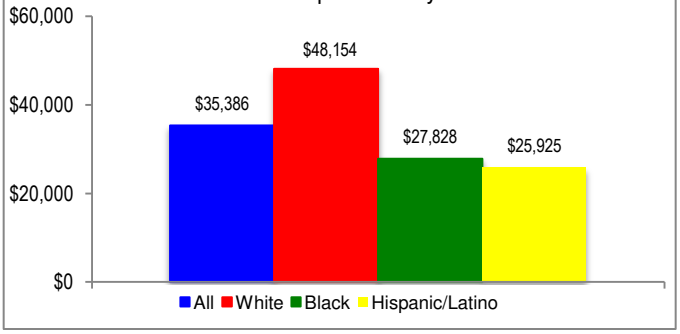


Figure 2
Median Income by Race & Ethncity, 2012
Philadelphia County

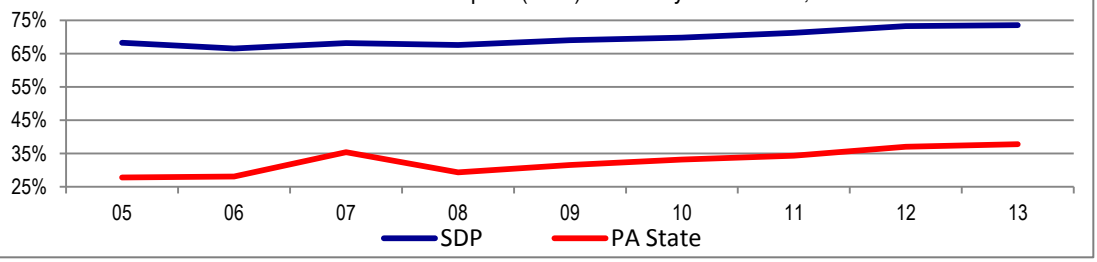


More than one quarter of our residents (26.9%) live below the federal poverty line.[12] The proportion of children 17 years and younger living in poverty is nearly 40%.[1] Children raised in poverty face daily overwhelming challenges that undermine academic performance. Data from the National Assessment of Educational Progress show that

more than 46% of average math scores and 40% of average reading scores across states is associated with child poverty rates.[13]

Disparities in socioeconomic status are evident in the School District of Philadelphia (SDP). The proportion of SDP children who qualify for free lunch far surpasses the state average (See Figure 3). Nearly 3 out of 4 children were eligible for free lunch in 2013.[14] A growing body of literature suggests less advantaged students are more likely to have behavioral problems at school and lower academic achievements than their more advantaged peers.

Figure 3
YOUTH ELIGIBILITY FOR FREE LUNCH
School DIstrict of Philadelphia (SDP) & Pennsylvania State, 2005-2013



DEMOGRAPHIC PROFILE

More than half of Philadelphia's residents are racial and ethnic minorities, with Blacks comprising 44%, Hispanics making up 13% and Asians comprising 7% of the total population. Twelve percent are foreign born, and 21% speak a language other than English in the home.[15] Seven percent of Philadelphia households are linguistically isolated.[16] Linguistic isolation refers to a household in which all members over the age of 13 speak a non-English language and have difficulty with English. This demographic composition highlights the need to engage culturally-competent, linguistically-appropriate providers in the delivery of health and social services to our city's diverse population.

Understanding the health, safety, educational, and economic challenges students and their families face and designing comprehensive programs to address these needs are critical to the academic success of our youth. The proposed School-Based Family Services Centers will ensure Philadelphia students and families can access a full array of health and social services in the city.

HEALTHY STUDENTS. HEALTHY FAMILIES. HEALTHY COMMUNITIES.

Effectiveness of School-Based Programs

The effectiveness of school-based programs has been documented in the scientific literature. Among the successes observed with school-based programs across the nation are:

- Improved childhood vaccination
- Improved asthma management and self-care
- Increased screenings for high-risk behaviors
- Higher satisfaction with health status
- Remediation of behavioral health issues
- Increased physical activity
- Greater consumption of healthier foods
- Decreased school absences
- Decline in school discipline referrals
- Greater increases in GPAs over time
- Improved promotion and graduation rates

School-Based Family Services Centers: Proposed Model

The proposed SBFS Centers will adopt the major tenets of a School-Based Health Center[a] model (See Table 1).[17] The centers will serve as a provider of well care that can complement primary care provider services. In the absence of a primary care provider, the center provides critical preventive and clinical care. Primary medical care, linkage to specialty medical care where needed, oral health care, and behavioral health will be among the services offered.

Table 1:
Common characteristics of the SBHC Model

- Being located in schools or on school grounds
- Working within the school to become an integral part of the school
- Providing a comprehensive range of services that meet the specific physical and behavioral health needs of the young people in the community
- Services can be expanded to include families of students and/or community where school resides
- Using a multidisciplinary team of providers to care for students, including nurse practitioners, registered nurses, physician assistants, social workers, physicians, alcohol and drug counselors, and other health professionals
- Providing clinical services through a qualified health provider, such as a hospital, health department, or medical practice
- Requiring parents to sign written consents for their children to receive the full scope of services provided at the SBHC
- Having an advisory board consisting of community representatives, parents, youth, and family organizations to provide planning and oversight

Recognizing the family as a constant and influential factor in the student's life, the proposed centers will expand the SBHC model to include additional services to the family. Expanded services will include general social service assessment, referral, and guidance to access eligible public assistance and other programs that provide basic needs including nutrition, housing and utilities subsidies; medical insurance; legal services; tax benefits; employment services; day care and elder care services. Key components of the proposed model are as follows.

Program Development and Organization

A Cabinet will be formed that will administer this effort. The purpose of the Cabinet is to establish citywide programmatic policies and strategies to support operations of the SBFS Centers. The cabinet will provide guidance on the implementation of SBFS

[a] California School Health Centers Association (2010), www.schoolhealthcenters.org

Centers to improve student well being, academic achievements and family socioeconomic outcomes. Cabinet members will include representatives from the leadership team of participating agencies including:

a. Department of Human Services
b. Department of Health
c. Philadelphia Housing Authority
d. Office of Supportive Housing
e. School District of Philadelphia
f. Mayor's Office
g. City Council
h. Family Court
i. Post-Secondary Institutions
j. Healthcare Facilities

Location

All services must be delivered in collaboration with Philadelphia public schools, parents, community partners, and public and private health and social services providers. It is essential that SBFS Centers be convenient to both students and parents and establish strong links with schools. When co-location for the service center within the school building is not reasonable, it must be placed within the community with strong linkages to the school.

Services

All SBFS Centers should perform assessments to determine medical and social services that families may be eligible for and to assist in accessing the services through education and enrollment. Baseline services, which will be available either through direct service delivery or referral, follows.

Social Services

SBFS Center social workers, who are knowledgeable about community-based resources, will link students and their families to community resources, programs and services. Referrals will be based on needs identified during the student/family need assessment. Social workers will serve as case managers, not only making appropriate service referrals, but providing follow-up to ensure the student and the family are connected with service agents.

Services should include general social service assessment, referral, and guidance to access eligible public assistance and other programs that provide basic needs including psychosocial risk assessments, nutrition counseling and assistance, housing placement, utilities subsidies, medical insurance, legal services, tax benefits, employment services, day care and elder care services, and substance abuse services. Additionally, to aid our children in better coping with the violence they often encounter not only in their schools but in their homes and communities, linkage will be made with services that can help them better address and modify these behaviors. Families that require support in providing their child with more positive role models can be connected to mentoring programs and recreational services. In every aspect of service provision, the social worker will be cognizant of issues in the home or school that are negatively impacting the health, development and well being of the child and will link the child and the family to services essential to remediate these issues.

Medical Services

Health care services should include services comparable to that provided by primary care providers (PCPs). Services will include wellness exams; episodic acute care, including diagnosis and treatment of illness and injury; immunizations; basic laboratory tests; and follow-up and coordination of care for identified illnesses or conditions. Additional services should also include education related to nutrition and physical activity, chronic disease management, pregnancy tests and counseling as appropriate, testing and treatment for sexually transmitted infections as clinically indicated, and referrals for specialty care or other needed services not provided onsite.

In the delivery of acute care, SBFS Centers will develop policies and procedures for communicating with students' PCPs. These procedures are necessary to promote continuity of care, facilitate provider collaboration, assure appropriate utilization of health resources, minimize duplication of services and ensure appropriate protection of confidentiality.

Behavioral Health Services

Behavioral health services should include age-appropriate, culturally competent screening and assessment to facilitate early identification of substance abuse, domestic/dating violence, and mental health disorders. Additional services should include mental health and substance abuse awareness and prevention education; individual, family and/or group therapy/counseling provided by a qualified staff person; crisis intervention/counseling; and case management/client advocacy. Clients will be referred to a continuum of mental health services for medications, emergency psychiatric care, community support programs, substance abuse services, and inpatient and outpatient mental health programs.

Oral Health Services

Oral health services should include oral health screenings, fluoride varnish, sealants, dental cleanings, oral health education and referrals to local dental treatment and specialty services off-site.

Vision Health Services

Vision services should include vision screenings and referrals to off-site specialty vision services.

Staff

All staff should have the appropriate training and knowledge to educate and provide or connect families with the services for which they may be eligible. Additionally, staff should have appropriate credentials to practice, including active certification or current licensure, as appropriate to their position. Staff should be expected to maintain their licensure through appropriate professional standards.

Enhanced Services

Local community colleges and universities should coordinate with SBFS Centers to provide programs to help improve socioeconomic outcomes of students and their families. Offerings should include English as a Second Language (ESL), GED and college readiness programs. Other enhanced services may be offered as additional needs are identified.

Advisory Committee

SBFS Centers should establish and maintain a local advisory committee that meets periodically. The committee membership should include representatives from the school staff, parents, students (if middle or high school) and community. The committee should also include health care and social service providers outside the school center, public agencies, post-secondary institutions, and local community-based organizations. The function of the committee is to:

a. Inform the project of social issues affecting the community
b. Provide input on school or community issues that might be or are affecting student health and social services
c. Make recommendations for new services, service expansion, and termination based on student and family needs
d. Make recommendations for policies and procedures
e. Develop an annual summary or report card of the SBFS Centers' work outcomes for public consumption

References

[1] Philadelphia Department of Public Health. Community Health Assessment, May 2014. Available online: http://www.phila.gov/health/pdfs/CHAreport_52114_final.pdf

[2] Philadelphia Department of Public Health (2011). Philadelphia Youth in Crisis: Adolescents and Sexually Transmitted Infections. Available online: http://www.phila.gov/health/pdfs/Adolescents%20and%20STIs.pdf

[3] Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available online: http://nccd.cdc.gov/youthonline/

[4] Substance Abuse Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

[5] School District of Philadelphia, Office of School Safety. Violent Crime Index District Wide, Year to year Comparison Report. Available online: https://webapps.philasd.org/news-files/pr-files/Violent_Crime_Table.pdf

[6] Pennsylvania Department of Education. Dropout Data and Statistics, 2011-2012. Available online: http://www.education.state.pa.us/portal/server.pt/community/dropouts/7396

[7] United States Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey. Available online: quickfacts.census.gov

[8] Pennsylvania Department of Education, Bureau of Assessment and Accountability. District Report Card, Philadelphia City School District, 2011-2012.

[9] United States Bureau of Labor Statistics (2014). Local Area Unemployment Statistics Information and Analysis. Pennsylvania and Philadelphia. Available online: www.bls.gov/LAU.

[10] United States Census Bureau. American Community Survey, 2012. Median Income In The Past 12 Months (Table S1903), Philadelphia County. Available online: http://factfinder2.census.gov

[11] United States Census Bureau. American Community Survey, 2012. Median Income In The Past 12 Months (Table S1903), Pennsylvania State. Available online: http://factfinder2.census.gov

[12] United States Census Bureau, American Community Survey, 2005-2012. Poverty Status In The Past 12 Months (Table S1701), Philadelphia County. Available online: http://factfinder2.census.gov

[13] National Center for Education Statistics. Average National Assessment of Educational Progress (NAEP) mathematics and reading scale score. Available online: http://nces.ed.gov

[14] Pennsylvania Department of Education. Yearly Reports: % Students Eligible for Free and Reduced Lunch, 2005-2013. Available online: http://www.portal.state.pa.us/portal/server.pt/community/national_school_lunch/7487

[15] United States Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey. Available online: quickfacts.census.gov

[16] United States Census Bureau. American Community Survey, 2009. Linguistic Isolation (Table S1602), Philadelphia County. Available online: http://factfinder2.census.gov

[17] School-Based Health Alliance. About School-Based Health Centers. Available online: http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.7528935/k.84EA/About_SBHCs.htm