AN OVERVIEW OF SCHOOL-BASED HEALTH CENTER SERVICE DELIVERY MODELS

School-based health centers (SBHCs) emerged in the United States in the 1960s as a means of addressing the healthcare needs of children in a setting that eliminates the barriers common to obtaining health services: transportation, accessibility, and cost.

Whom an SBHC serves is at the discretion of the school and community – and the operation of an SBHC requires both parental/legal guardian consent at the individual student level and community buy-in at the operational level. At a minimum, an SBHC serves the students in the building where the center resides (with parental/legal guardian consent). SBHCs can also choose, with community buy-in, to serve teachers and staff within the school and/or families of students in the school.

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Service Delivery Models

In Georgia, three service delivery models are most prominent:

- Within the walls of an existing school building
- A modular unit on the school campus but not attached to an existing building
- A mobile unit that services several schools on varying days of the week

A fourth possibility is:

- An add-on to an existing school building

The following table shows a comparison of pros and cons of each service delivery model.

Service Delivery Model	Pros	Cons
Within the walls of an existing school building	• Easy access • Less time away from classroom instruction • School safety procedures easily followed • Heightened ability to mesh with the school culture (staff meetings; parent-teacher conferences, etc.) • Easily available for medical emergencies	• Renovations within the school are likely to be needed to create the SBHC, which could take some time • Modified school safety procedures may be needed if services are open to the community • Outside funding must be identified to support the repurposing of current space
Modular unit on school grounds but not attached to an existing building	• In close proximity to the school • May provide more privacy for students accessing the SBHC • Preferable for SBHCs that will care for the community in addition to students and school staff	• Modified school safety procedures (students must leave the school building to access the modular unit) • Students exposed to weather elements upon exiting • Requires a defined walkway (preferably with covering) between the modular unit and the school building – outside funding would be needed • Cost of the modular unit and maintenance – outside funding would be needed • Cost of establishing utility lines (initial & monthly) – outside funding
Mobile unit servicing multiple schools	• Effective when only one medical provider is identified for multiple schools • Cost of mobile unit is supported by the medical provider • No financial support necessary from the LEA. All services provided on the mobile unit.	• Limited hours/days at each school • No strong connection with school culture
Add-on to an existing school building	• Immediate access to the main school building • See option 1 above	• Likely to be more costly than other service delivery models • Modified school safety procedures if services are open to the community.

The overarching purpose of SBHCs is to eliminate barriers to healthcare for children and adolescents. While each service delivery model meets that goal, each comes with unique benefits and challenges. The LEA, in consultation with the medical provider/sponsor, should make the decision as to the best model for their school community.

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