

The Local Control Funding Formula (LCFF) opens the door to new investment in school health services. The state has identified eight “priority areas” to evaluate school districts’ use of LCFF dollars. By linking school health services to the “**student engagement**” priority, you can explore opportunities to increase funding for your school or district’s health programs.



### What is “STUDENT ENGAGEMENT”?

Under LCFF, student engagement will be measured by:

- School attendance rates
- Chronic absenteeism rates
- Middle and high school dropout rates
- High school graduation rates
- Other local measures

### What is the connection between student health and school attendance, absenteeism, and dropout?

- Asthma and related respiratory illness are a leading cause of absenteeism: in 2002, California children missed nearly 14.7 million school days due to these conditions.<sup>1</sup>
- Children between 5 and 17 lose about two million school days per year due to untreated dental problems.<sup>2</sup>
- Students with unmet mental health needs have greater absenteeism and higher school dropout rates than peers who are receiving appropriate treatment and support.<sup>3</sup>

### How do school health services improve attendance and reduce dropout?

- Students enrolled in a school-based health center are absent three times less often than those students not utilizing a school-based health center.<sup>4</sup>
- Using school-based health center services is associated with reduced likelihood of high-school dropout.<sup>5</sup>
- Students who receive mental health services on campus report greater school assets (such as caring relationships with adults, opportunities for meaningful participation, and strong connection to school).<sup>6</sup>
- High School assets link directly with good attendance and high academic performance.<sup>7</sup>
- Over 70 percent of students receiving mental health services are getting them at school, resulting in less out-of-school time.<sup>8</sup>

## How can your school health programs improve attendance and reduce dropout?

- Participate in multi-disciplinary team to receive referrals and coordinate care for chronically absent students.
- Reach out to chronically absent students and their families to address barriers to attendance (e.g. conduct home visits, connect to social and health services).
- Help screen and assess the level of unmet physical and mental health needs among students to ensure poor health is not a barrier to attendance.
- Provide ongoing mental health counseling, medical and/or dental care for chronically absent students and families.
- Assess the attendance of students receiving school health services, and alert school administrators to attendance concerns.
- Work with the school to establish incentives for good or improved attendance.

### TIPS:

- Find out how your school defines an “absence” (e.g. missed morning classes, missed entire day, more than 30 minutes tardy to class).
- Obtain data on student absenteeism rates at your school.
- Determine the school target around improving chronic absenteeism.
- Count visits to the school-based health center or mental health provider as a “day of school NOT missed” because health services were received on campus.
- Demonstrate how your services increase Average Daily Attendance for referred students.

For help engaging with your district, or for additional resources, please contact the California School-Based Health Alliance, [www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)

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<sup>1</sup> Joelle Wolstein, Ying-Ying Meng, and Susan H. Babey, *Income Disparities in Asthma Burden and Care in California* (Los Angeles, California: UCLA Center for Health Policy Research, 2010). Available at <http://research.policyarchive.org/96076>.

<sup>2</sup> U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, (Rockville, Maryland: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000). Available at <http://profiles.nlm.nih.gov/ps/access/NNBBJV.pdf>.

<sup>3</sup> Sheryl H. Kataoka, Brian Rowan and Kimberly Eaton Hoagwood, “Bridging the Divide: In Search of Common Ground in Mental Health and Education Research and Policy,” *Psychiatric Services* 60, no. 11 (2009): 1510-1515. doi: 10.1176/appi.ps.60.11.1510.

<sup>4</sup> Maureen Van Cura, “The relationship between school-based health centers, rates of early dismissal from school, and loss of seat time,” *Journal of School Health* 80, no. 8 (2010). 371-377. doi: 10.1111/j.1746-1561.2010.00516.x.

<sup>5</sup> Suzanne E.U. Kerns et al., “Adolescent Use of School-Based Health Centers and High School Dropout,” *Archives of Pediatric and Adolescent Medicine* 165, no. 7(2011): 617-623. doi:10.1001/archpediatrics.2011.10.

<sup>6</sup> Susan Stone et al., “The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets,” *Journal of Adolescent Health*. Published online July 10, 2013. doi: 10.1016/j.jadohealth.2013.05.011.

<sup>7</sup> Stone et al., “The Relationship Between Use of School-Based Health Centers and Student-Reported School Assets.”

<sup>8</sup> Laura Hurwitz and Karen Weston, *Using Coordinated School Health to Promote Mental Health for All Students* (Washington, D.C.: National Assembly on School-Based Health Care, 2010). Available at <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2011/07/NASBHC.CSH-Mental-Health.pdf>.